

Inflammation of the mammary gland

Non-specific inflammations

In practice, we divide them into inflammations in the puerperium (six weeks of pregnancy) and beyond.

Mastitis puerperalis

Nosocomial infection shortly after childbirth in connection with breastfeeding due to insufficient emptying of the gland and the appearance of small ragads on the nipples. The causative agent is usually *Staphylococcus aureus*. Clinically, we find an increase in body (above 38 °C) and local temperature with palpable pain and chills. Later, there may be an inflammatory infiltrate, redness and edema of the breast, inflammatory nodules in the axilla. We treat ATB according to sensitivity in combination with metronidazole or try to empty the gland (atraumatically), then oxytocin.

Breast abscess

Palpable fluctuation with local soreness and signs of inflammation. In diff.dg. simple retention of milk (temperature below 38 °C) must be distinguished. An incision, event, is offered as therapy. counterincision and evacuation with drainage and lavage. The incisions are made in an arc at the point of greatest pain.

Mastitis nonpuerperalis

A rare inflammation most often at the age of 20-40 years. It is caused by ductectasia, periductal mastitis, or arises secondary to infection of cysts and hematomas - these inflammations are mostly around the areola. Clinically, we find focal redness with symptoms of non-specific inflammation.

Due to the rare occurrence of this inflammation, it is necessary to consider inflammatory carcinoma in the differential diagnosis.

We treat with puncture, incision, drainage and ATB.

Specific inflammations

In practice, tuberculosis and actinomycosis are important.

Tuberculosis

Clinically, we find a stiff, bumpy, painless infiltrate, often moving against the surroundings. After tissue necrosis , a cold abscess develops , possibly. fistulas are formed. BK fails to cultivate.

We treat with antituberculosis drugs, local excision, possibly. mastectomy.

 *For more information see Tuberculosis.*

Actinomycosis

A rare disease of the breast caused by actinomycetes. However, it is often a metastasis of the primary disease in another part of the body (lungs). We feel tumorous induration, sometimes we see an abscess with fistulas.

We treat with megadoses (10-20 million) of crystalline penicillin. Residual tumors are widely extirpated.

 *For more information see Actinomycosis.*

Links

Related Articles

- Infiltrating mammary carcinoma (preparete)

Source

- BENEŠ, Jiří. *Studijní materiály* [online]. ©2008. [cit. 2011-03-10]. <<http://jirben2.chytrak.cz/materialy/chira/obecka.doc>>.