# **Breast Abscess Management Guideline**

### Presentation:

- Breast pain
- Swelling
- Erythema



#### Workup:

- Exam
- Labs
- Ultrasound demonstrating fluid collection

#### **Antibiotic Recommendations:**

- Common bacteria include Staph and Strep species. Non-lactational abscesses are more likely to include anaerobic bacteria.
- Lactational
  - Oral: clindamycin 450mg TID
  - o IV: clindamycin 900mg TID
- Non-lactational
  - o Oral: clindamycin 450mg TID
  - IV: clindamycin 900mg TID



#### **Patient Status: Stable**



# **Outpatient Treatment:**

- Empiric oral antibiotics for 10-14 days.
- Abscess drainage via ultrasound guided aspiration
  - During business hours, ultrasound guided aspiration can be performed by a breast radiologist. Order "Mammography, US Breast".
  - After hours, ultrasound guided aspiration can be performed by a surgery resident.
  - Send fluid for culture
- Discharge home with outpatient follow up.

## **Patient Status: Unstable**

- Signs of sepsis
- Signs of necrotizing infection



#### Admission:

- Empiric IV antibiotics
- Abscess drainage via ultrasound guided aspiration unless hemodynamic instability or signs of necrotizing soft tissue infection then proceed with incision and drainage.
  - Send fluid for culture.
- Discharge once stable with outpatient follow up and oral antibiotics.



## **Recommended Follow-Up:**

- Follow up in 7-10 days for reassessment with Breast Health or PCP
- If persistent symptoms, check culture results, adjust antibiotics if needed, and repeat aspiration. If persistent abscess after 3+ aspirations, consider incision and drainage.
- Smoking cessation risk factor for recurrent and bilateral abscesses
- Mammogram recommended for all patients over 35, once abscess has completely resolved

## **Red Flag Symptoms:**

- Chronic course
- Lack of response to antibiotic treatment (maximum of 2 rounds)

Note: Inflammatory breast cancer should be considered in these patients and they should be referred for mammography and biopsy.

## **Lactational Abscesses and Breastfeeding:**

• Continued breastfeeding is encouraged unless contraindicated due to need for antibiotics that are dangerous to newborns.