Breast Abscess Management Guideline

Presentation:
- Breast pain
- Swelling
- Erythema

Workup:
- Exam
- Labs
- Ultrasound demonstrating fluid collection

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.

Approved by UCDH Pharmacy and Therapeutics Committee 4/2019.