

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
 - IV: clindamycin 900mg TID
- Non-lactational and Not Pregnant
 - Oral: doxycycline 100mg BID
- *Necrotizing Skin Soft Tissue Infection Pregnant
 - IV clindamycin 900 mg and IV piperacillin/tazobactam IV vancomycin

Patient Status: Stable



Outpatient Treatment:

- Empiric oral antibiotics for 10-14 days.
- Abscess drainage via IR or 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, or necrotizing infection



Emergency Department (after 1800):

- Observation unit, antibiotics, and IR aspiration in am if no need to urgent surgery

Admission:

- Surgery consult and antimicrobials for necrotizing soft tissue infection*
- Abscess drainage via IR or ultrasound guided aspiration unless hemodynamic instability or signs of necrotizing soft tissue infection then proceed with surgery consult.
 - 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, i.e., doxycycline is contraindicated

