



PATIENT LEAFLET - PERIDUCTAL MASTITIS

WHAT IS PERIDUCTAL MASTITIS?

Periductal mastitis occurs when the ducts under the nipple become inflamed and sometimes infected. It's a benign condition (not cancer), which can affect women of all ages but is more common in younger women.

Symptoms include:

- the breast becoming tender and hot to the touch
- the skin may appear reddened
- discharge from the nipple, which can be bloody or non-bloody
- a lump near the nipple
- a pulled-in (inverted) nipple.

Occasionally, an abscess (collection of pus) or fistula (a tract that develops between a duct and the skin) may develop.

People who smoke have an increased risk of being affected by periductal mastitis, because substances in cigarette smoke can damage the ducts behind the nipple. Nipple rings (piercings) can increase the chances of infection and make periductal mastitis more difficult to treat.

HOW IS PERIDUCTAL MASTITIS DIAGNOSED?

Your GP will refer you to Miss Bright-Thomas who can make a definite diagnosis. To do this you will probably have a breast examination, mammogram and/or ultrasound scan. If you have discharge from the nipple a sample may be looked at under a microscope, especially if it's bloody, to help confirm the diagnosis.

WHAT IS THE TREATMENT FOR PERIDUCTAL MASTITIS?

Some people may not need any treatment for periductal mastitis as it can clear up by itself. However go back to your GP if your symptoms return or if you have any new symptoms. Smoking can slow down the healing process, so if you smoke it's a good idea to try to cut down or to stop. If you need treatment, this will usually be with antibiotics. You may also want to take pain relief, such as paracetamol, if your breast is painful.

If you have developed an abscess and/or a fistula, Miss Bright-Thomas will decide the best way to treat it. This may involve using a fine needle and syringe to draw off (aspirate) the pus, or sometimes an opening is made in the skin to allow the pus to be drained. This can be done under either local or general anaesthetic.

If periductal mastitis doesn't get better after taking antibiotics or if it comes back, you may need to have an operation to remove the affected duct or ducts. However, we try to avoid surgery as there is at least a 50% chance of the problem recurring after surgery and the nipple can lose sensation, so the best option is normally to stop smoking first.

WHAT IS THE PROGNOSIS FOR PERIDUCTAL MASTITIS?

Having periductal mastitis does not increase your risk of breast cancer. However, it's still important to be breast aware and go back to your GP if you notice any further changes in your breasts regardless how soon these occur after having periductal mastitis.