

What this means for you

You may feel anxious about having periductal mastitis. Even though you may be relieved that it's a benign condition, you may still worry about breast cancer.

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

You can find out more about being breast aware in our **Your breasts, your health: throughout your life** booklet.

If you'd like any further information or support, call our free Helpline on **0808 800 6000** (Text Relay **18001**). You may also find it helpful to chat to someone who's had a similar experience to you by visiting our online benign breast conditions forum at **www.breastcancercare.org.uk**

A large print version of this leaflet can be downloaded from our website, **www.breastcancercare.org.uk**. It is also available in Braille or on audio CD on request by phoning **0845 092 0808**.

This leaflet has been produced by Breast Cancer Care's clinical specialists and reviewed by healthcare professionals.

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Breast Cancer Care is here for anyone affected by breast cancer. We bring people together, provide information and support, and campaign for improved standards of care. We use our understanding of people's experience of breast cancer and our clinical expertise in everything we do.

We promote the importance of early detection of breast cancer and provide accurate answers to questions about breast health. We believe that up-to-date information, based on clinical evidence, builds confidence and helps people take control of their health. Our training, workshops and resources explain how to be breast aware and what changes to look and feel for.

For any breast health concerns, visit **www.breastcancercare.org.uk** or call our free Helpline on **0808 800 6000** (Text Relay **18001**).

Interpreters are available in any language. Calls may be monitored for training purposes. Confidentiality is maintained between callers and Breast Cancer Care.

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Benign breast conditions

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Periductal mastitis



Call our Helpline on **0808 800 6000**

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About this leaflet

This leaflet tells you about periductal mastitis. It explains what periductal mastitis is, how it's diagnosed and what will happen if it needs to be treated.

Although it is much more common in women, men can also get periductal mastitis, but this is very rare.

What is periductal mastitis?

Breasts are made up of lobules (milk-producing glands) and ducts (tubes that carry milk to the nipple), which are surrounded by glandular, fibrous and fatty tissue. Sometimes the ducts under the nipple become inflamed and infected. This is periductal mastitis.

Periductal mastitis is benign (non-cancerous). It can affect people of all ages but is much more common in younger women.

Periductal mastitis can make the breast feel tender and hot to the touch, and the skin may appear reddened. It can also lead to a discharge from the nipple, which can be either bloody or non-bloody. Periductal mastitis is a key cause of infection around the nipple and the infected ducts may feel painful. Sometimes a lump can be felt behind the nipple, or the tissue behind the nipple can become scarred. This can eventually pull the nipple inwards so it becomes inverted. Occasionally an abscess (a collection of pus) or a fistula (a tract that develops between a duct and the skin) may develop.

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

How is it diagnosed?

After a breast examination your GP (local doctor) is likely to refer you to a breast clinic where you'll be seen by specialist doctors or nurses. You'll also have some tests so that a definite diagnosis can be made.

At the breast clinic you will have a breast examination and a mammogram (breast x-ray) and/or ultrasound scan (which creates a picture of the breast using high-frequency sound waves).

If the breast is very tender or you are under 35, you're more likely to have an ultrasound scan than a mammogram. This is because younger women's breast tissue is too dense to give a clear image on a mammogram.

If you have discharge from the nipple this may also be tested, especially if it's bloodstained, to help confirm the diagnosis.

Please call our free helpline if you'd like more information about any tests you may be having, or see our **Referral to a breast clinic** booklet.

Treatment

Some people may not need any treatment for periductal mastitis as it can clear up by itself. However it's important to go back to your GP if your symptoms return as it can come back, or if you have any new symptoms.

Usually you'll be treated with antibiotics to clear up any infection. 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 your specialist will decide the best way to treat it. This may involve using a fine needle to draw off (aspirate) the pus. This is usually done in the clinic using a local anaesthetic.

If your periductal mastitis doesn't clear up after taking antibiotics or if it comes back, you may need to have an operation to remove the affected duct or ducts. You may be offered removal of just the affected duct or ducts (known as a microdochectomy) or removal of all the major ducts (known as a Hadfield's procedure).

The operation is usually done under a general anaesthetic, and you'll be in hospital for the day or overnight. You'll have a small wound near the areola (darker area of skin around the nipple) with a stitch or stitches in it, and your doctors will tell you how to care for it afterwards.

If your breast is painful after the operation you may want to take pain relief such as paracetamol. The operation will leave a small scar but this will fade in time.

After the operation your nipple may be less sensitive than before.

The operation should solve the problem, but if it comes back more ducts may need to be removed, as finding all the ducts can sometimes be difficult. Research into periductal mastitis has shown that smoking can slow down the healing process, so if you do smoke it's advisable for you to stop.

Visit www.breastcancercare.org.uk

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