

## About this leaflet

**Periductal mastitis** was written by Breast Cancer Care's clinical specialists, and reviewed by healthcare professionals and members of the public.



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Breast Cancer Care doesn't just support people affected by breast cancer. We also highlight the importance of early detection and answer your questions about breast health. Our publications and website provide up-to-date, expert information on breast conditions and looking after your breasts.

If you have a breast cancer or breast health query contact our Helpline on **0808 800 6000** or visit [www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)

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## Periductal mastitis

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.

Benign breast conditions



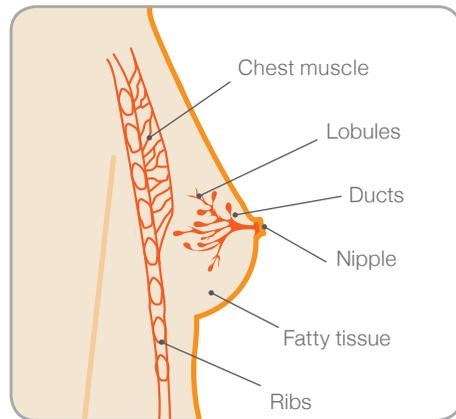
## What is periductal mastitis?

Periductal mastitis is a benign (not cancer) breast condition. It can affect people of all ages but is much more common in younger women.

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

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.

### The breast



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.

Sometimes a lump can be felt behind the nipple or the breast tissue behind the nipple can become scarred. This can 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 have an increased risk of being affected by periductal mastitis, because substances in cigarette smoke can damage the ducts behind the nipple. Smoking can also slow down the healing process after treatment. Nipple rings (piercings) can increase the chances of infection and may 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'll 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 you're under 40, you're more likely to have an ultrasound scan than a mammogram. This is because younger women's breast tissue can be too dense to give a clear image on a mammogram. Similarly, if your breast is very tender, a mammogram may be uncomfortable. However, for some women under 40 mammograms may still be needed to complete the assessment.

If you have discharge from the nipple a sample may be sent to a laboratory to be looked at under a microscope to confirm the diagnosis (this is more likely if the discharge is bloody).

Call us free on **0808 800 6000** if you'd like more information about any tests you may be having, or see our **Your breast clinic appointment** booklet.

## Treatment

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, as it can come back.

If you need treatment, this will usually be antibiotics. You may also want to take pain relief, such as paracetamol, if your breast is painful.

If you develop an abscess and/or a fistula, your specialist will decide the best way to treat it. This may involve using a fine needle and a syringe to draw off (aspirate) the pus using an ultrasound scan for guidance. This may need to be repeated (over a period of time) until all the pus has been removed. 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. 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 total duct excision).

The operation is usually done under a general anaesthetic, and you'll be in hospital for the day or overnight. If your breast is painful after the operation you can take pain relief like 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.

## 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 regardless of how soon these occur after having periductal mastitis.

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 us free on **0808 800 6000** (Text Relay 18001).