EUROPEAN JOURNAL OF BIOMEDICAL AND PHARMACEUTICAL SCIENCES
http://www.ejbps.com

ISSN 2349-8870
Volume: 9
Issue: 5
396-398
Year: 2022

PROBABLE CAUSES OF OCCURRENCE OF BREAST ABSCESS IN LACTATING AND NON LACTATING WOMEN: A REVIEW

Dr. Trushna Tembhekar[1*], Rupali Selukar[2] and Vrushalee Dodke[3]

[1]Professor and HOD, Department of Shalya Tantra, Mansarovar Ayurved Medical College & Hospital, Bhopal, India.
[2]Assoc. Professor, Department of Rognidan evum vikriti vigyan, Bhausaheb mulak Ayurved mahavidyalaya, Nagpur, India.
[3]Assoc. Prof., Stree Rog evum Prasuti Tantra Department, LN Ayurved College, Bhopal, India.

***Corresponding Author: Dr. Trushna Tembhekar**
Professor and HOD, Department of Shalya Tantra, Mansarovar Ayurved Medical College & Hospital, Bhopal, India.

Article Received on 21/04/2022 **Article Revised on 11/04/2022** **Article Accepted on 01/05/2022**

ABSTRACT
Breast abscesses are serious and life threatening problem which mainly occurs in lactating women. The breast abscesses which occur commonly are benign in nature in lactating women but breast abscess in non-lactating women may possess characteristics of inflammatory carcinoma. Diabetes, infections, injury, surgical trauma, breast implants, autoimmune diseases, skin diseases, nipple piercing, smoking and alcoholism, etc. are major causes of breast abscess. The major symptoms of breast abscesses are low milk production, warmth area, pain in breast, discharge, flushed skin, flu-like symptoms, burning sensation and fatigue, etc. The medical science recommended many therapeutic and preventive measures to cure such conditions including oral and topical medicines along with natural purification measure, etc. Present article emphasizes probable causes of breast abscess in lactating and non lactating women.

KEYWORDS: Lactating, Breast, Abscess, Medical, Disease.

INTRODUCTION
Breast abscesses are pathological conditions associated with solitary, unilateral hard lump, pain, discharge, fatigue and burning sensation, etc. Breast abscesses mainly caused by infections associated with bacteria especially *S. aureus* that colonize in skin. *Staphylococci* also considered responsible for same but majorly involve organism is *S. aureus*. Polymicrobial breast infections also induces breast abscesses, sometimes unusual breast infections occurs due to the HIV and foreign material infection. Nipple piercing, breast implant, silicone implants and surgical interventions, etc. also causes breast abscesses. Inflammatory disease involving mammary duct, blockage with peri-ductal inflammation and duct rupture, etc. are involves in chronic cases of breast abscesses.[1-4]

Symptoms
- Low Milk Production
- Warmth and pain in the breast area
- Discharge from nipple
- High temperature and flu like symptoms
- Headache and fatigue
- Nausea and vomiting

Lactational abscesses involving breast inflammation that spread through infection. The major risk factors for lactational breast abscess follows.
- First pregnancy at age over 30 years
- Pregnancy of more than 41 weeks of gestation
- Mastitis
- Localized infection

Lactose-rich milk offers favorable conditions for the bacterial growth therefore lactational breast abscess occurs in common practices. The lactating breast with loose parenchyma offers rapid spread of infection, the milk ducts may also involve in this process.

Non-lactational breast abscesses are sub-areolar and can be described as fistulas of lactiferous ducts. This form associated with lactiferous duct epithelium, obstruction of duct and duct ectasia. This condition associated with inflammation of surrounding duct, infection of lactiferous ducts, rupturing of duct and subsequent peri-areolar fistula, etc. Smoking, alcoholism, poor dietary habits and diabetes mellitus, etc. are major risk factors for non-lactational abscesses.[3-7]

CAUSES

Lactational breast abscesses

- *Lactational breast abscesses* occur due to the infection of *Staphylococcus aureus* and *Streptococcal* bacteria. This may occurs during the first 10 to 12 weeks of breastfeeding.
- The main risk factor includes breastfeeding during the postpartum period.
- Maternal fatigue
- Past history of mastitis
- Maternal age over 30 years
- Gestational age greater than 41 weeks and damaged nipples

Non-lactational breast abscesses

- *Non-lactational breast abscesses* may occur due to the mix infection of *S. aureus*, *Streptococcal* and anaerobic bacteria.
- The infection may occurs when bacteria enters through cracks in the nipple.
- Foreign material enters with a nipple piercing or breast implant and milk duct get clogged.

Major risk factors

- Diabetes
- Autoimmune disease
- Eczema or other skin condition.
- Nipple piercing.
- Tobacco addiction
- Cracked and sore nipples
- Improper latching and breastfeeding technique.

The bacteria on skin or saliva enter into breast tissue through a milk duct or crack of the skin, infection also occurs when milk backs up due to a blocked milk duct. Stagnant milk induces favorable conditions for bacterial growth therefore risk is more with nursing mother. The subareolar breast abscess occurs due to the blockage of duct or gland of breast.[6-8]

Pathophysiology

Abscesses associated with lactation may occur due to the abrasion that provides entry point for the invasion of bacteria. *S. aureus*, *Streptococci* and *Staphylococcus epidermidis* are main organism involve in pathogenesis. The pathological events depicted in **Figure 1**.

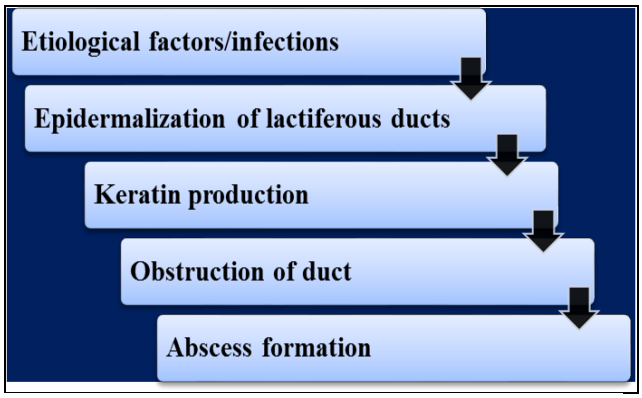

Figure 1: Pathophysiology of Breast Abscess.

TREATMENT

- ✓ Drainage of fluid from the lump
- ✓ Antibiotics
- ✓ Anti-inflammatory medicines
- ✓ Applying a moisturizer to prevent cracking
- ✓ Avoidance of abrasion and nipple piercing

AYURVEDA VIEW[9-10]

There are different types of breast abscesses as per Ayurveda:

- *Vataja*, these types of breast abscesses occurs due to the vitiation of *Vata.*
- *Pittaja*, these types of breast abscesses occurs due to the vitiation of *Pitta*
- *Kaphaja*, these types of breast abscesses occurs due to the vitiation of *Kapha*
- *Sannipataja*, these types of breast abscesses occurs due to the vitiation of all *Doshas*
- *Abhighataja*, these types of breast abscesses occurs due to the trauma

Medicines can be recommended for breast abscesses as per Ayurveda

- *Pancha tiktaka guggulu Ghrita*
- *Makatiktaka Ghrita*
- *Sukumara Ghrita*
- *Ullivettadukadi Kashaya*
- *Ghanvantari Ghrita*

CONCLUSION

Breast abscesses are conditions involving solitary, hard lump with pain and discharge in breast. Breast abscesses mainly occurs due to the bacterial infection i.e.; *S. aureus* and *Staphylococci*, etc. Low milk production, high temperature and flu like symptoms, headache and fatigue, etc. are symptoms of breast abscesses along with pain and discharge. Lactational abscesses may occur during first pregnancy at age over 30 years and pregnancy of more than 41 weeks of gestation. Non-lactational breast abscesses associated with inflammation of surrounding duct, infection of lactiferous ducts and rupturing of duct, etc. Smoking, diabetes mellitus, autoimmune disease, eczema or other skin condition, etc. are major risk factors for non-lactational abscesses along with abrasion and itching. The treatment involves drainage of fluid from the lump, uses of antibiotics, anti-inflammatory medicines and moisturizer, etc.

REFERENCES

1. Amir LH. ABM clinical protocol #4: Mastitis, revised March 2014. Breastfeed Med, 2014; 9: 239-243.
2. Efrat M, Mogilner JG, Iujtman M, Eldemberg D, Kunin J, Eldar S. Neonatal mastitis--diagnosis and treatment. Isr J Med Sci, 1995; 31: 558-560.
3. Dixon JM, Khan LR. Treatment of breast infection. Bmj, 2011; 342: d396.
4. Scott-Conner CE, Schorr SJ. The diagnosis and management of breast problems during pregnancy and lactation. Am J Surg, 1995; 170: 401- 405.

5. Foxman B, D'Arcy H, Gillespie B, Bobo JK, Schwartz K. Lactation mastitis: occurrence and medical management among 946 breastfeeding women in the United States. Am J Epidemiol, 2002; 155: 103-114.
6. Betzold CM. An update on the recognition and management of lactational breast inflammation. J Midwifery Womens Health, 2007; 52: 595-605.
7. Marchant DJ. Inflammation of the breast. Obstet Gynecol Clin North Am, 2002; 29: 89-102.
8. AbdelHadi MSA, Bukharie HA. Breast infections in non-lactating women. J Family Community Med, 2005; 12: 133-137.
9. Hamit HF, Ragsdale TH. Mammary tuberculosis. J R Soc Med, 1982; 75: 764-765.
10. Sushruta Samhita, Ayurveda Tatva Sandeepika, Hindi Vyakhya, Commentary by Ambika Datta Shastri, Chaukambha Bharati Academy, Nidana stan chapter Vidradhinam nidana, 9.
11. Sushruta Samhita, Ayurveda Tatva Sandeepika, Hindi Vyakhya, Commentary by Ambika Datta Shastri, Chaukambha Bharati Academy, Nidana stan chapter Visarpa nadi stanaroga nidana, 10.