

**SKIN AND SOFT TISSUE INFECTIONS****Mastitis and Breast Abscess****([CKS](#) mastitis and breast abscess)****Organisms**

- *Staphylococcus aureus*
- Beta-haemolytic Streptococci (e.g., *Streptococcus pyogenes*)

Mastitis and breast abscesses affect women but can also affect men in rare cases. Please seek specialist advice if a male patient presents with symptoms.

**Mastitis** (both lactational and non-lactational):

Suspect mastitis in a woman who presents with:

- A painful breast.
- Fever and/or general malaise.
- A tender, red, swollen, and hard area of the breast, usually in a wedge-shaped distribution.

Arrange hospital admission if:

- There are signs of [sepsis](#) (such as tachycardia, fever, and chills).
- The infection progresses rapidly.
- The woman is haemodynamically unstable or immunocompromised.

Patient advice:

- Breast should return to normal size and shape.
- Use simple analgesia to relieve pain and discomfort.
- Use a warm compress, bathe, or shower in warm water to relieve pain and aid milk flow.
- Continue breastfeeding if possible. Or express sufficient milk to match infant needs.

Patient information leaflet - [Mastitis](#)**Breast Abscess:**

Suspect a breast abscess if the woman has:

- A history of recent mastitis, or prior breast abscess.
- Fever and/or general malaise — these may have subsided if the woman has taken antibiotics for suspected infectious mastitis.
- A painful, swollen lump in the breast, with redness, heat, and swelling of the overlying skin.
- On examination, the lump may be fluctuant with skin discolouration.

Patient information leaflet - [Breast abscess](#)**Lactational mastitis management and treatment:**

Antibiotics are indicated if symptoms have not improved or are worsening after 12-24 hours of effective milk drainage, or there is clinical evidence of an infected nipple fissure.

Culturing breastmilk is not usually required; however, in cases where there has been no response to treatment within 48 hours, recurrent mastitis, or in patients unable to take flucloxacillin, send breastmilk (expressed into a sterile container) for MC&S.

Please note, patients and/or breastfed babies may be being treated for oral or cutaneous thrush at the same time or after a course of antibiotics. See [oral candidiasis](#) and [cutaneous candidiasis](#) local guidelines. Be aware of the serious interaction between fluconazole and erythromycin or clarithromycin.

**Mastitis and Breast Abscess**

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Antibiotic <sup>1</sup>	Dosage (14 years onwards)	Duration
First line choice:		
Flucloxacillin	<b>Adult:</b> 500mg-1g four times a day	14 days
<b>In penicillin allergy:</b>		
Erythromycin <sup>2</sup> Preferred in pregnancy	<b>Adult:</b> 250mg-500mg four times a day	14 days
OR Clarithromycin	<b>Adult:</b> 500mg twice a day	14 days
<b>If no improvement after 48 hours and an alternative cause or an abscess requiring drainage excluded, consider</b>		
Co-amoxiclav	<b>Adult:</b> 625mg three times a day	14 days
<b>Review with culture and sensitivity results.</b>		
<sup>1</sup> See <a href="#">BNF</a> and <a href="#">BNFC</a> for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy, and breastfeeding.		
<sup>2</sup> Withhold statins whilst on erythromycin course.		

**Non-lactational mastitis management and treatment:**

Prescribe an oral antibiotic for *all* women with non-lactational mastitis. Advise the woman to seek immediate medical advice if symptoms worsen or fail to settle after 48 hours of antibiotic treatment.

Antibiotic <sup>1</sup>	Dosage (14 years onwards)	Duration
First line choice:		
Co-amoxiclav	<b>Adult:</b> 625mg three times a day	14 days
<b>In penicillin allergy:</b>		
Erythromycin <sup>2</sup> <b>Or</b> Clarithromycin <sup>2</sup>	<b>Adult:</b> 250mg-500mg four times a day  <b>Adult:</b> 500mg twice a day	14 days  14 days
<b>PLUS</b> Metronidazole	<b>Adult:</b> 500mg three times a day	14 days
<sup>1</sup> See <a href="#">BNF</a> and <a href="#">BNFC</a> for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy, and breastfeeding.		
<sup>2</sup> Withhold statins whilst on erythromycin/clarithromycin course.		

**Breast abscess management and treatment:**

Refer **all** patients for an **urgent** General Surgical or Breast Clinic assessment, to allow for appropriate investigations plus drainage and samples sent for culture to guide antibiotic choice if abscess confirmed.

Mastitis and Breast Abscess			
Version	Author(s)	Date	
V2.1	Nichola Butcher – Specialist MO interface pharmacist	18/05/23	Added symptoms, referral criteria, self-care advice, patient leaflets and link to sepsis. Treatment tables generated for both lactational and non-lactational mastitis as per NICE. Comment added post APC that patients may also have candidiasis and to be aware of interactions with fluconazole. Statement to refer men added.