

ETIOLOGY AND TREATMENT TACTICS OF MASTITIS, A COMMON DISEASE IN WOMEN

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Abstract

The article describes the methods of early detection of mastitis, a common disease of the mammary gland in women. The significance of the currently conducted examinations is revealed. The methods of self-examination of women in everyday life are discussed.

Keywords: Mastitis, mammary gland diseases.

Introduction

Mastitis is swelling and redness, called inflammation, of breast tissue. It sometimes involves an infection. Besides causing swelling and redness, mastitis causes breast pain and warmth. An infection also can cause fever and chills.

Mastitis most often affects people who are breastfeeding. This is called lactation mastitis. But mastitis can happen to people who aren't breastfeeding.

Lactation mastitis can cause you to feel run down, making it hard to care for your baby. Sometimes mastitis causes people to wean their babies earlier than they meant to. But continuing to breastfeed is better for you and your baby. This is true even if you're taking an antibiotic.

Milk that is trapped in the breast is the main cause of mastitis. Other causes include:

- **A blocked milk duct.** If a breast doesn't empty all the way during feedings, one of the milk ducts can get clogged. Then milk backs up, leading to breast infection.
- **Germs going into the breast.** Germs from the skin's surface and baby's mouth can enter the milk ducts. This can happen through a crack in the skin of the nipple or through a milk duct opening. Germs can grow in milk that stays in a breast that isn't emptied.
- Mastitis that isn't treated or that is due to a blocked duct can cause pus to build up in the breast. This is called an abscess. An abscess most often needs to be drained surgically.
- To avoid this complication, talk with your healthcare professional as soon as you get symptoms of mastitis. You may need to take a course of antibiotics.

Before you start breastfeeding, think about meeting with a breastfeeding specialist, called a lactation consultant. This can help you avoid complications such as mastitis.

Lower your chances of getting mastitis by following these tips:

- Feed your baby on demand or let out milk with your hand, called expressing, often.
- Fully drain the milk from your breasts while breastfeeding.
- Let your baby empty one breast all the way before switching to the other breast during feeding.
- Change the position you use to breastfeed from one feeding to the next.
- Make sure your baby latches on well during feedings.
- If you smoke, talk with your healthcare professional about how to quit.





If left untreated, mastitis could lead to a blocked milk duct, resulting in a breast abscess. When this happens, surgical drainage is required. To avoid abscess formation, patients should discuss this with their doctors as soon as they detect any mastitis symptoms.

Antibiotics – The doctor will prescribe a 10-day course of antibiotics for the infection. The course of medication should be fully finished to reduce the chance of recurrence. Follow up with the doctor If the symptom doesn't improve after the antibiotic treatment.

Pain relievers – The doctor will recommend pain relievers, such as acetaminophen or ibuprofen, to help relieve the pain.

Breastfeeding can be continued even with mastitis, as breastfeeding can help clear the infection. Weaning the baby from breastfeeding in the middle of mastitis could worsen the symptoms.

The doctor may refer the patient to a breastfeeding specialist for guidance and support. Suggestions for proper breastfeeding techniques are as follows:

Avoid leaving an overfilled breast untapped for an extended period before the subsequent breastfeeding.

Make sure the baby latches properly — This may be difficult if there are blocked milk ducts. Expressing some breast milk manually first before each breastfeeding may help.

Massaging the breast while pumping the milk – Focusing on the area under the nipple.

Ensure the breast is adequately emptied with each breastfeeding – Apply warm and moist heat to the breast before pumping out the milk if the patient has trouble draining out the milk.

Breastfeeding is on the problematic side first when the baby is hungry and sucking vigorously.

Change breastfeeding positions.

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