

## Breast Abscess: Case Observation During Post Partum Period in Urban Slum

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### Abstract

Abscesses in the breast are common among nursing mothers and are usually nonmalignant. In this case report we have discussed case management of a primigravida female who developed breast abscess. During history collection we found poor attitude related to breast feeding and breast hygiene. Needle drainage was performed to relieve edema and antibiotics therapy was also initiated. Health education was delivered to this female regarding cleaning of breast, importance of Exclusive breast feeding and manual expression of breast milk.

**Keywords:** Breast Abscess; Post-Natal Mother; Primigravida; Breast Hygiene; Breast Feeding.

## INTRODUCTION

Abscesses in the breast are observed many times among nursing mothers and are usually nonmalignant.<sup>1</sup> Breast abscess pathophysiology includes nipple entrance of staphylococcus aureus or streptococcus, epidermalization of lactiferous ducts, and blockage of the ducts, all of which lead to the formation of an abscess. Abscess formation after a pierced nipple has been reported in women

who was not breastfeeding after her normal vaginal delivery. Breast abscess due to non-breast feeding is less often seen and is reported here.

## CASE REPORT

During Community Health posting in Urban CHC, a 28-years old female patient who was a primigravida mother complained of recurrent pain in left breast 9-10 days after her delivery. She also complained of heaviness of the breast for last 6 days and mild fever. Under supervision of General Physician we have performed physical examination and we observed redness, edema below the nipple which includes a localized collection of pus and stagnant breast milk, no involvement of areola is observed. During palpation with the pads of the fingers we felt moderate tenderness in breast tissues with gland involvement around the nipple but no axillary node edema was observed. During subjective data collection she told that she is unable to feed the baby after delivery and this tenderness

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is progressing regularly. On the basis of subjective and objective history and examination, the General Physician in Medicine OPD at Community Health Centre has diagnosed Breast abscess. The Physician has ordered wet dressing on abscess area on alternate days. She has referred to Emergency minor OT Room and following procedure was done by student nurses under supervision of Medical Physician

1. Inj. Diclofenac (1 ml) was administered in left leg over gluteal muscle through IM route to get relief from pain.
2. Then we have performed dressing, firstly we have cleaned the wound site with 3% Hydrogen Peroxide.
3. Then wound drainage was performed by senior nursing officer using the 10 ml syringe to drain the fluid from abscess through needle aspiration. The purulent fluid indicates the breast abscess and sample was sent for Lab Examination.
4. After removal of fluid, we have dried the drained area with dry gauze piece and cleaned the site with povidone solution and later observe for further bleeding.
5. Bleeding site was again cleaned with gauze piece and then the betadine ointment over gauze piece was applied on wound area.
6. Dressing was secured properly by adhesive cloth tape. Then patient was sent to Physician and he prescribed antibiotic Doxycycline, per oral for 5 days and ointment clindamycin, TDS.

Patient was asked for follow-up on third day for monitoring of wound and prevention of further complication such as mastitis.

Health Education was given to the patient. We have demonstrated the procedure of manual milk expression regularly whenever breast feels heavy. The patient was also educated on nipple hygiene and hand hygiene as *Staphylococcus aureus* may further cause recurrence of abscess. Physician strictly restricts breast feeding for 2 days. During follow-up dressing was again applied and wound was carefully observed. Patient feels less pain and no fever and was able to follow health education guideline for manual milk expression.

## DISCUSSION

Various Studies highlighted that Breast abscesses are a common problem mostly in lactating women and they are most of the time non benign.<sup>2</sup> In this case during post-natal period lack of proper breast feeding and breast hygiene has led to breast abscess which was rare in post-natal period. This case report highlights the need of awareness and enhancement of attitude regarding exclusive breast feeding and breast hygiene practices in urban slum areas. Breast feeding should be restricted for some period among diagnosed cases to prevent transmission of infection in neonate.<sup>2</sup>

## CONCLUSION

In evaluation of breast abscess, we can conclude exclusive breast feeding with breast hygiene practices are cheap and can be easily followed to prevent breast abscess.

### *Declaration of Patient Consent*

The authors certify that they have obtain all the data after patient consent and performed all procedure keeping in mind patient's safety and reduction of risk. Patient was informed that her information will be published in journal but name will not be published and identity will be concealed.

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Nil

### *Conflict of Interest*

There are no conflicts of interest.

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