Successful Management of Breast Abscess with Ongoing Breastfeeding

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Breast abscess is a painful and dreaded condition. Mother goes through intense pain and suffering. The baby also has feeding difficulty and in many instances, breastfeeding is acutely threatened (1). We hereby report successful management of breast abscess with ongoing breastfeeding in 4 cases. To our knowledge this is the first report in Indian literature on this aspect.

Case Reports

Table I provides the clinical details of the four cases. In *Case 1* the mother had a subalveolar abscess on the right breast and she had stopped breastfeeding on right side for 4 days. With reassurance, encouragement and supportive care, this mother was helped to express breastmilk manually from right side. She continued to breastfeed from the left side. She could overcome her problem and initiate breastfeeding by 5 days. She had an ulcer above the right nipple which started healing by 5 days. Positioning the baby in such a way that angle of the mouth was juxtaposing the ulcer was less painful to the mother. The baby settled down to exclusive breastfeeding and was discharged by 8 days.

In *Case 2* the mother had a large abscess on the left side and fissured nipples bilaterally. Manual expression of milk helped her to overcome pain. Spontaneous rupture of the abscess followed by drainage, further helped in releiving pain. By 8 days of hospital stay, the mother was able to initiate breastfeeding on both sides. This mother needed help in proper positioning of the baby. On- follow up, the child was doing well with almost exclusive breastfeeding.

In *Case 3* the mother had a breast abscess on the right side and chaffing of the nipples bilaterly more on left side. Drainage of the breast abscess and manual expression of breastmilk resulted in relief of pain. Mother was able to initiate breastfeeding in 4 days. The child was able to suck well at both breasts and was gaining weight in 10 days time. On follow up, the child further gained 800 grams in 20 days.

In *Case 4* the mother had twin babies. She had stopped breastfeeding from left side for 1 month and 5 days. There was an abscess with an ulcer in the upper half of the left breast. This mother was able to initiate breastfeeding on the 5th

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TABLE I–*Clinical Details of Cases*

Case No.	Sex	Initiation of breast-feeding (day)	Onset of breast abscess	Cessation of breast-feeding	Breast abscess		Lactation gap	Reinitiation of breast-feeding during hospital stay	Weight in Kg		
					Right side	Left side			Admi-ssion	Discharge	Follow up
1	M	1	26th day	26 days	Upper quadrant	-	4 days	3 days	2.86	3.1	-
2	F	3	2½ mo	2½ mo	Sore nipple	Lower quadrant	3 weeks	8 days	3.00	3.4	4.65
3	F	3	1 mo	1 mo	Lower quadrant	Sore nipple	17 days	4 days	2.80	3.5	4.30
4	M	3	3 mo	1 mo	-	Upper quadrant	1 mo	5 days	3.80	4.5	-
	M			5 days			5 days		4.20	4.6	-

day. The ulcer healed within 4 days. Both the babies were gaining weight on discharge and were on almost exlusive breastfeeding.

Discussion

Treatment of breast abscess in lactating mothers is a challenging situation. Surgical drainage of the abscess and advice to the mother to stop breastfeeding is usual(2-4). However, such advice can have disastrous effects on the child(5). The four cases described here record successful experience with ongoing breastfeeding, even when the mother had a breast abscess.

When the mother has a breast abscess, pain, fever and feeling of ill health deter her from continuing to breast feed. Some mothers are worried about the type of milk especially if it looks pus like. However, the main hurdle is pain, which results in cessasion of breastfeeding. This further worsens the situation due to milk stasis. The principle of treatment remains manual expression of breastmilk, antibiotics and analgesics(6). Proper encouragement of the mother and adequate psychological support can allay anxiety and, the relaxed mother can do better.

When the ulcer is near the areola, positioning the baby in such a way that the baby's angle of the mouth comes in line with the ulcer can assist the mother in better suckling. In *Case 4* it was possible to establish breastfeeding one month after the abscess had spontaneously rurptured. Infact the residual ulcer healed rapidly after initiating breastfeeding.

Mothers having sore nipples, fissures or cracked nipples can also develop mastitis and breast abscess formation(1). However, the commonest cause is duct-ectasia(7). When the mother has sore nipples, teaching her to slip a larger amount of breast tissue into the baby's mouth, results in relief of pain in the mother and the baby is able to extract more milk(8).

There have been some recent concepts in the management of breast abscesses. Needle aspiration followed by suitable antibiotic therapy is followed in some centres, totally avoiding the need for surgical incision and drainage(9,10). Repeated aspirations under ultrasound guidance has obviated the need for surgical intervention in some centres(7,10).

It can be concluded that, breastfeeding can be successfully continued even when a mother has breast abscess whether she is seen in the acute phase or several weeks later, wherein breastfeeding can be restarted. There appears to be no risk involved to the baby and also the breast abscess heals faster(7). Reassuring the mother and helping her to manually express breastmilk at frequent intervals relieves the pain and discomfort. Getting the baby back to the breast will hasten emptying and this contributes to better lactation management.

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Remediable Recurrent Meningitis

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Recurrent attacks of meningitis is a rare event in childhood and is usually associated with a predisposing factor.

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Recurrent attacks of bacterial meningitis usually follow in the wake of cranial trauma(l). However, other important factors like sinusitis, mastoiditis, congenital dermal sinuses(2-5) and immunological causes related to humoral immunity and the complement system(6) are also important. Recurrent bouts of meningitis may also be seen with intracranial dermoids(7). The published reports on recurrent meningitis are mostly of single cases and a large series of recurrent meningitis is scarce. The present description of 11 cases of recurrent meningitis includes 5 cases of post traumatic intermittent CSF rhinorrhea, 5 children with congenital dermal sinuses and a case of intracranial dermoid, all presenting with recurrent episodes of meningitis.

Case Reports

Elevent children under 14 years of