SYMPOSIUM S064

The Breast and Lactation

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I do not have any relevant relationships with industry.
Objectives

- Differential diagnosis and treatment of nipple dermatitis during lactation
  - “Chronic candidal mastitis”
  - Raynaud phenomenon of the nipple
Anticipated...

Reality...
Lactation consultants

- Assist with positioning head, body, and mouth to provide the best “latch” (problem in 95% of cases)
- The Lactation Consultant Directory:
  http://www.ilca.org/i4a/pages/index.cfm?pageid=3432
Breast Pain

- Problem with latch
- Underlying dermatologic problem (atopic dermatitis, psoriasis, or allergic contact dermatitis)
- Plugged ducts
- Fungal infection (Candida)
- Bacterial infection (Staph aureus)
- Vasospasm (Raynaud phenomenon)
Underlying dermatologic condition

- History of atopic dermatitis or psoriasis
Underlying dermatologic condition

- Contact allergy to bras or lanolin
- Tea bags (tannic acid), honey (spores of Clostridium botulinum), banana or papaya peels (high # microorganisms)
Blisters

- Critical to differentiate milk blisters from herpes simplex viral infection (life threatening, infant requires IV acyclovir)

Recurrent milk blisters:
- use lowest settings
- verify breast shield size

Milk blister (plugged lactiferous duct)


http://mybreastpump.com/PumpsGalore.html

Photo compliments of Dr. Honor Fullerton
- Galactoceles (milk cysts)
- Plugged duct
- Mastitis (inflammation of breast tissue)
- Breast abscess (S. aureus)

Mastitis:
- Fever and malaise
- Culture & rx amoxicillin, cephalosporins, clindamycin, erythromycin, or dicloxacillin 10-14 days
- Continue breastfeeding!

- No improvement in 48hrs, U/S for abscess; repeated aspirations
Axillary mammary tail

Mastitis (pt afebrile): A result of staph or candida?

- Burning, stabbing pain; flaky/shiny skin
- Most pts will be given diagnosis of "candidal" mastitis; 93% of MD’s do not cx

http://www.vashishtsurgicalservices.co.uk/images/pics/abscess2.gif
Recognizing candida in the infant

- 25% vaginally delivered infants are infected
- Half of infants (1 wk-18 mos) will culture positive, but only 25% exhibit sx
Bacteria vs. Candida

- Baby’s mouth: visual examination
- Bacterial culture of skin: swab any eroded areas, areola, on nipple, between breasts
- Bacterial culture of breast milk
  - Fungal cx not possible: requires special processing w/ iron to overcome effect of lactoferrin in milk.

Truly “candidal” mastitis?

100 women/infants at 2 wks pp

23% colonized (23/100)
- 87% sx (20/23)
- 25% none (5/20)

77% not colonized (77/100)
- 13% no (3/23)
- 16% sx (12/77)
- 84% no (65/77)

Note: sx = pain, skin changes
Clinically suggestive of mastitis

Most colonized w/ candida had sx of mastitis.
Most not colonized w/ candida did not have sx of mastitis.

Truly “bacterial” mastitis?

- 50% breast pain had positive staph culture
- If cx staph, treat with oral abx 4-6 wks
  - Works better: 79% imp w/ oral vs. 16% topical
  - Reduce risk of mastitis: 25% if not tx’d, 5% if tx’d
- Study of 69 women with deep breast pain
  - 50% + cx, 50% - cx: both improved at same rate on antibiotics!! (ave. 6 wks abx, 94% resolution)
  - 50% reported relief with antifungals

(Are we treating the inflammation or infection?)

Which patient will culture positive for staph?
Raynaud Phenomenon

- Reported in up to 20% of women of childbearing age in the hands and feet
- Of those presenting to a dermatology lactation referral center with nipple pain, 25% of women were diagnosed with Raynaud phenomenon
Raynaud Phenomenon

- **Diagnostic criteria**
  - Chronic deep breast pain (> 4 weeks) that responded to therapy for Raynaud phenomenon and had at least 2 of the following:
    - 1. Observed or self-reported color changes of the nipple, especially with cold exposure (white, blue, or red)
    - 2. Cold sensitivity or color changes of the hands or feet with cold
    - 3. Failed therapy with oral antifungals.

- **Nifedipine** 30 mg SR tab qhs in 2 wk courses, often require a few courses

- **Side effects:** postural hypotension, headaches

- **Avoid cold, caffeine, and tobacco**
History for nipple dermatitis

- Seen lactation consultant for latch?
- History of Atopy? Psoriasis (Koebnerize)?
- Any substances applied to breast (lanolin, tea bags)
- Temperature sensitivity (Raynaud’s symptoms)?
- Increase risk factors for candidal infection:
  - History of gestational diabetes?
  - On multiple antibiotics recently?
  - Diaper rash in infant or thrush in mouth?
- Increase risk factors for bacterial infection
Quality of Pain

- **Let down pain:** mild pain first few mins, then 12-15 mins after nursing; improves over weeks

- **Candida:** moderate pain worst w/ latch, throughout nursing, *radiating/hot* w/ refill; dramatic relief 1-3 days w/ oral antifungals

- **Raynaud’s:** moderate pain before/during/after nursing, *throbbing*, possibly color change
Multifactorial etiology:
Dermatologists are in an excellent position to diagnose, manage, and treat!

Concept courtesy of Dr. Honor Fullerton
Pain management

- Warm water compresses superior in reducing pain (vs. lanolin or applying breast milk)
- Ibuprofen 400 mg q4h (max 2400 mg/day)
- Hydrogels (glycerin breast pads)
  - Replace every 1-3 days, clean with soap/water
Management: topical therapy

- Eczematous dermatitis
  - Mid/low potency cortisone bid x 2 wks
  - Mometasone twice a day for 3 weeks

Mometasone twice a day for 3 weeks
Management: topical therapy

If suspect infection...

- Gentian violet 3-7 days [max 0.5%] or 1 ml nystatin susp baby’s mouth each feed
- Wash linens and bras in hot water/1 cup vinegar daily
Management: oral therapy

- Continue breastfeeding as pain allows even if infection is present
- Fungal infection: Fluconazole 400 mg x 1 then 100 mg bid for at least 2 wks
- Bacterial infection: Cephalexin (or amoxicillin) for 2 wks
- Raynaud: Nifedipine 30 mg SR tab qhs for 2 wks
Resources

- Comprehensive review article and patient questionnaire.
Pregnancy-Associated Hyperkeratosis of the Nipple

- Physiologic change of pregnancy
- May be symptomatic and persist postpartum

Photos courtesy of Dr. George Kroumpouzos
Take-home points

- Not possible to culture candida of breast milk in commercial lab ("chronic candidal mastitis")
- Consider candida, staph, and Raynaud phenomenon in cases of chronic mastitis.
References

Mastitis Articles


Lactation Consultant Reference Text

The IJWD publishes articles pertaining to dermatologic medical, surgical and cosmetic issues faced by female patients and their children.

Original Research Articles, Review Articles, Unusual Case Reports, New Treatments, Clinical Trials, Education, Mentorship & Viewpoint Articles.

Open Access Model
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