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MASTITIS DISEASE - SYMPTOMS, CAUSES, TREATMENT, PREVENTION OF BREAST INFLAMMATION

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Abstract: Mastitis- inflammation of breast tissue. Develops due to infection of the mammary glands by bacteria. At the same time, the breasts enlarge, swell, begin to hurt, become sensitive, the skin turns red, and the body temperature rises.

The incidence of mastitis among nursing mothers ranges from 1% to 16% depending on the region. On average, this figure corresponds to 5% of lactating women, and in recent years, measures aimed at reducing the incidence remain ineffective. The majority of women with mastitis (85%) are first-time mothers (or first-time breastfeeders). The reason for this is that milk is retained in the glands due to lack of milking skills. Women over 30 years of age who are breastfeeding for the first time suffer from mastitis due to a decrease in the body's protective abilities or concomitant chronic diseases. In such cases, the symptoms of mastitis are accompanied by clinical symptoms of the underlying disease.

Key words: Activities aimed at treating and preventing mastitis.

CAUSES OF MASTITIS

Mastitis is often caused by a staph infection. But if there is bacterial flora in the body (respiratory system, oral cavity, urinary tract, genital infections), mastitis can also be caused by them. Sometimes the mammary glands become infected with E. coli. Bacteria enter the mammary gland through the bloodstream and milk ducts.

Mastitis often develops as a result of prolonged pathological lactostasis (milk retention). If milk does not come out of any part of the mammary gland for a long time, a favorable environment for the development of bacteria, advanced infection and an inflammatory process appears in this area;heatand promotes the formation of pus.

CLASSIFICATION OF MASTITIS

Mastitis is distinguished by the nature of the existing inflammation: serous, infiltrative, purulent, abscessive, gangrenous and phlegmonous mastitis. Serous, infiltrative and purulent mastitis are successive stages of the inflammatory process and continue from swelling of the serous inflammatory area to the formation of infiltrate and the onset of the purulent process.

With abscessive mastitis, the purulent focus is localized and limited, while with phlegmonous mastitis, purulent inflammation spreads throughout the glandular tissue. With a prolonged course of the disease or a decrease in the body's protective abilities, the inflamed gland tissue undergoes necrosis (gangrenous mastitis). There are also clinical types of mastitis: the most common are acute postpartum mastitis, plasma cell mastitis and neonatal mastitis.

SYMPTOMS AND SIGNS OF MASTITIS

Acute postpartum mastitis is often an inflammatory complication of lactostasis in nursing mothers. Sometimes signs of milk retention develop unnoticed. The disease is manifested by painful swelling of the mammary glands, redness and temperature of the skin around them, increased body temperature

and symptoms of general intoxication. As the pain progresses, the pain intensifies and the breasts become larger and very hot. Breastfeeding and milking are very painful, and blood and pus can be found in the milk. Purulent mastitis is often combined with the development of a breast abscess.

Plasma cell mastitis is a rare disease that develops in multiparous women at the end of the lactation period. It is characterized by infiltration of tissues under the mammary gland with plasma cells and hyperplasia of the epithelium of the excretory ducts. This type of mastitis does not fester andmammary cancerhas similar general external symptoms.

Neonatal mastitis is a fairly common disease in children of both sexes, which is manifested by swelling of the mammary glands and discharge when pressed (usually as a result of the action of residual sex hormones of the mother). In case of acute purulent inflammation and abscess formation, surgical resection is performed in the purulent focus, but often the symptoms subside within three to four days.

DIAGNOSIS OF MASTITIS

The source of inflammation in the mammary gland is determined by palpation. An increase in the axillary lymph nodes on the side of the damaged mammary gland is also noted (sometimes there is pain on palpation). Suppuration is characterized by the detection of a symptom of fluctuation.

When performing an ultrasound examination of the mammary gland, a typical picture of inflammation of the mammary gland is observed. Serous mastitis is characterized by smoothing of differentiated structures of the gland on an ultrasound image, dilation of the milk ducts, thickening of the skin and subcutaneous tissue. The infiltrate in the mammary glands has the appearance of clearly demarcated areas of limited low echogenicity; with further development, a “bee’s nest” picture appears. With UTT, abscessive formations are also clearly visible, and areas of necrosis are determined. The specificity and reliability of the method reaches 90%.

Mastitis is usually not difficult to diagnose, so mammography is not usually performed. If UTT is suspected, an aspirate is taken for histological analysis (fine needle aspiration biopsy of the breast under ultrasound guidance). A milk sample can be taken from the gland for bacteriological examination.

Chronic mastitis is said to occur when inflammation slows down and a cushion of fibrous tissue forms around it. Clinical manifestations in this case are usually weak, but palpation reveals a dense lesion fused with the skin.

TREATMENT OF MASTITIS

Even at the slightest suspicion of inflammation in the mammary gland, you must immediately consult a mammologist, since when treating this disease it is very important to identify the causes of mastitis in a timely manner and take the necessary measures to eliminate them. suppress the infectious process. It is not recommended to self-treat or postpone a visit to a specialist, since inflammation of the mammary gland tends to develop more severely, form pus and abscess. With the development of purulent mastitis, surgical treatment is necessary.

If the disease is detected at the stage of serous inflammation or infiltration, conservative treatment is carried out. Broad-spectrum antibiotic therapy is prescribed, which has a pronounced effect. In this case, serous mastitis, as a rule, disappears in 2-3 days, resorption of the infiltrate can last up to 7 days. If inflammation is accompanied by severe general intoxication, detoxification procedures are performed (electrolytes, infusion of glucose solution). If lactation is clearly exceeded, medications are prescribed to prevent it.

Purulent forms of mastitis usually require surgical intervention. A developed breast abscess is an indication for emergency surgical treatment: the mastitis is opened and the purulent focus is drained.

Progressive mastitis, regardless of its stage, is considered a contraindication for further breastfeeding (including with healthy breasts), since breast milk is usually infected and contains tissue decay and

retains toxic substances. Pathologically altered milk in a childintestinal dysbiosisand causes functional disorders of the digestive system. Since treatment for mastitis includes antibiotics, breastfeeding during this period is also unsafe. Antibiotics can significantly interfere with the normal development and growth of organs and tissues. When treating mastitis, milk can be expressed, pasteurized and then given to the baby.

Indications for cessation of lactation: absence of dynamics of serous and infiltrative mastitis during antibiotic therapy for three days, development of a purulent form of the disease, location of the inflammatory focus directly under the breast, presence of purulent mastitis in the mother's history, and concomitant pathologies of organs and systems, poor health of the mother.

PREVENTION OF MASTITIS DISEASES

Measures to prevent mastitis are similar to measures to prevent lactostasis, since in most cases it is lactostasis that serves as the impetus for the development of this disease.

To prevent milk retention, the mammary glands must be completely emptied through regular breastfeeding and milking of excess. If the baby is satisfied with the milk from one breast, he should be fed from the other breast next time.

Don't let your baby breastfeed just for comfort, without milk. Inflammation of the mammary gland can also be caused by cracks in the breast, so it is necessary to prepare the breast for feeding, follow the rules of hygiene, and properly hold the breastfed baby.

One of the measures to prevent the development of mastitis is the timely detection of the disease and the sanitation of foci of infection in the body, however, it should be remembered that general antibacterial therapy during breastfeeding is contraindicated.

Recommendations

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