

Consequences of Treatment in Lactating and Non- Lactating Women with Breast Abscess in Surgical Department of Jinnah Hospital Lahore

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ABSTRACT

The aims and objectives of this study were to observe the consequences of treatment in lactating and non- lactating women with breast abscess in the surgical department of Jinnah hospital Lahore. Total 150 lactating and non- lactating women patients were selected and equally divided them into Group A and Group B. The patients of Group A, were treated with ultrasound-guided needle aspiration method and patients of Group B were treated through the procedure of incision and drainage. In both Groups (n=9%), (n=1%) early and (n=15%), (n=4%) later complications were seen. While level of recurrent disease (n=4%) in Group A was lesser than (n=20%) Group B.

Key words: Breast abscess, ultrasound-guided needle aspiration, incision and drainage.

INTRODUCTION

Collection of infected fluid in the tissues of breast is called abscess. Breast acute inflammation may occur in both lactating and non-lactating women. It has seen in many studies by different researchers that high percentage of breast abscess found in lactating women than non-lactating (Al Nazer., 2003). In another study researchers concluded that breast abscess mostly located in the women of reproductive age than the menopausal (Jain et al 1994). It is also proved in a study that female reproductive hormones can increase the chances of breast abscess (Jun et al., 2003). Lactational breast abscess in women developed during breast feedings.

Red, hot, sore and painful condition of the breast is called mastitis. Different researchers described that the main cause of mastitis is collection of milk in blocked duct. In some cases bacteria enter into the milk ducts and develop infections (Nguyen et al., 2000). The difference between mastitis and frank abscess is very important for the treatment of patients, because the management of these two entities varies from antibiotics to drainage either by aspiration or classical incision (Berna-Serba and Madrigal. 2004).

Many medical regimes considered for effective treatment of breast abscess but acceptance is only for those which have proper evidences of effectiveness (Leborgne, 2003). Mainly the time of abscess healing is more important for different types of treatments. Different researchers described in their

studies number of regimes of antibiotics for the treatment of breast abscess (Segura et al, 2015). In the same Petron some researchers compare antibiotics treatment versus no antibiotics in lactating and non- lactating women with breast abscess (Trop et al, 2011). The outcome of these all studies was better resolution of breast abscesses.

MATERIALS AND METHODS

This study was conducted in surgical department of Jinnah hospital Lahore. The patients selected for this study were with breast infections and all have their pathological, cultures sensitivity reports as well as operative notes. Total 150 lactating and non-lactating women patients were selected in this study and equally divided them into Group A and Group B. The patients of Group A, were treated with ultrasound-guided needle aspiration method, the abscesses size of these patients were smaller than 3 cm, while the patients of Group B were treated through incision and drainage and abscesses size of these patients were about 4-6 cm. A course of antibiotics were given in both Groups. Clinical raw data was expressed bio- statistically by applying SPSS.

RESULTS

In this study the patients of Group A, where treated with ultrasound-guided needle aspiration method. The abscess size of these patients where about 3 cm and procedure performed by giving them local anesthesia. It has seen that (n=9%) early and (n=15%) later complications were diagnosed in the total number of patients including lactating and non-

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lactating women of Group A, while level of recurrent disease was (n=20%).

In Group B, all the lactating and non-lactating women patients were treated through incision and drainage method. The abscess size of all the patients was about 5 cm. It has observed that (n=1%) early and (n=4%) later complications were diagnosed in the total number of patients of Group B, while level of recurrent disease was (n=4%). Antibiotics given in the both groups to the patients.

Group A: patients treated with ultrasound-guided needle aspiration method (n=75)

ultrasound-guided needle aspiration	n	P value
Early Complications	9	0.006
Later Complications	15	0.007
Recurrent disease	20	0.008

<0.005

Group B: patients treated through incision and drainage method (n=75)

Incision and drainage method	n	P value
Early Complications	1	0.000
Later Complications	4	0.002
Recurrent disease	4	0.001

<0.005

DISCUSSIONS

Current reported evidence showed that timely management of breast infections is so important for the protection of serious complications (Irusen et al., 2015). Breast tissues are very delicate in nature any delay or inadequate management can cause chronic infections, periductal fistulas, breast deformities and carcinoma. Different studies showed that *Staphylococcus aureus* in notorious pathogen involved in majority of the cases. In some non handling cases primary breast lymphoma and ductal carcinoma have been reported (Khalil et al., 2008).

In this study the results are very clearly showed that incision and drainage method of treatment which is conventional was more protective and result oriented in case of both lactating and non-lactating patients that the ultrasound-guided needle aspiration method. It has seen that (n=9%) early and (n=15%) later complications were diagnosed in the total number of patients including lactating and non-

lactating women of Group A, while level of recurrent disease was (n=20%) and results are non significant (0.005) as compared to the Group B.

In Group B, all the lactating and non-lactating women patients were treated through incision and drainage method. It has observed that (n=1%) early and (n=4%) later complications were diagnosed in the total number of patients of Group B, while level of recurrent disease was (n=4%). The results are significant (0.005) as compared to the Group A.

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