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Breast Problems **(Breast lumps, breast pain, development, breast abscess, gynecomastia)**

Patient and family information, brought to you by the Education Committee of APSA

Overview - “What is it?”

Breast problems affect infants, children, and adolescents and can impact males as well as females. There are a variety of problems seen, including infection (mastitis or breast abscess – a pocket of pus), masses (fibroadenomas and other lumps), and fibrocystic changes (the normal lumpy nature of the developing breast). Also seen is early development of breast tissue (premature thelarche), and benign breast enlargement in males (gynecomastia).

Signs and Symptoms - “What symptoms will my child have?”

Early signs include breast discomfort, enlargement of the entire breast, or development of a breast lump. Nipple discharge may also be a presenting symptom.

Late signs include further enlargement and increasing pain. In the case of an infection or abscess (pocket of pus), the overlying skin may become red and fever may be present.

Diagnosis - “What tests are done to find out what my child has?”

Before any testing, the child should have a physical exam by a qualified provider and the patient’s temperature should be taken.

- **Ultrasound:** This test involves no radiation and provides a lot of information and therefore is the primary diagnosis tool. Ultrasound can detect fluid (in the case of an abscess) or solid structures (lump or mass).
- **Blood tests:** A white blood count may be useful in instances of infection. In a girl with premature breast development, blood tests can be helpful to help diagnose early (precocious) puberty.

- **Mammograms:** Although common in adults, plain x-rays such as mammograms are not warranted in children due to the risks of radiation.

Treatment - “What will be done to make my child better?”

As the breast tissue develops in young girls, the tissue can be lumpy and tender at times. Non-cancerous breast lumps are common in teenagers as their breast develops. The most common lumps are called fibroadenomas and usually do not require treatment.

Medicine: Pain may be relieved by acetaminophen (Tylenol) or ibuprofen (Motrin or Advil).

Surgery: If lumps that get bigger, cause a lot of pain, anxiety, or show worrisome signs of cancer may need to be removed. The lump can usually be removed using a cut around the nipple.

Preoperative preparation: Your child will have to stop eating several hours before the procedure in order to have an empty stomach for anesthesia.

Informed consent: A consent form is a legal document that states the tests, treatments or procedures that your child may need and the doctor or practitioner that will perform them. Before surgery, your doctor should tell you what the operation is, the goal of the surgery and other possible treatment options that are available. Your doctor should explain the risks and benefits of the surgery. You give your permission when you sign the consent form. You can have someone sign this form for you if you are not able to sign it. You have the right to understand your child’s medical care in words you know. Before you sign the consent form, make sure all of your questions are answered. It is important to know that during surgery, there are things that can happen that your doctor may have not predicted before going in. He or she will explain these to you after the surgery.

Postoperative care: You will likely have to do some simple wound care following any surgical procedure. Your child will be told about any limitations to activities after the surgery.

Risks/Benefits: The risk of a breast cancer in a breast mass in a child is very low but regardless, children with breast masses should have regular follow-up examinations. The benefit of surgical excision of breast lumps is often relief of pain, anxiety, and worry.

Breast Pain can be felt as the breast is developing. The tenderness may be a few days before and during a girl’s menstrual period.

Medicine: Pain may be relieved by acetaminophen (Tylenol) or ibuprofen (Motrin or Advil). Use of supportive bra is helpful. Decreasing caffeine and salt intake may help with the pain. Some people recommend naturopathic treatments such as vitamin E

(1,200 IU per day), evening primrose oil (3,000 mg per day), or a combination of both may be helpful in breast pain associated with menstrual period.

Breast Development can sometimes be seen in young children. This can happen with one side or both sides and in girls or boys. Observation and routine follow-up examination may be needed.

When breasts develop in pre-teen and teenage girls, the breasts are typically firm, lumpy and can be painful especially just before the menstrual period starts. This is normal. It is recommended that decreasing caffeine and salt intake makes the symptoms of breast heaviness and pain better.

Medicine: Pain may be relieved by acetaminophen (Tylenol) or ibuprofen (Motrin or Advil).

Breast Abscess is an infection in the breast that will often require antibiotic treatment along with drainage of the abscess. If there is breast infection without an abscess, antibiotics alone may be the sole treatment.

Surgery: Abscesses will sometimes require incision and drainage along with antibiotic therapy. This can be done by sucking out the pus through a needle or through a cut, depending on the size and location of the infection as well as the age of the child. The surgeon may leave a small drain after the procedure.

Preoperative preparation: If incision and drainage will be performed in the operating room, your child will have to stop eating several hours before the procedure in order to have an empty stomach for anesthesia.

Postoperative care: You will likely have to do some simple wound care following any surgical procedure. If a drain was placed in the wound, you may be asked return to clinic to have it removed.

Gynecomastia is breast development in boys that can occur on one or both sides. It can be seen commonly in obese boys. Sometimes the breast tissue can get smaller. However, if there is significant breast tissue growth, it can cause pain/sensitivity or anxiety and distress.

Surgery: Removal of the breast tissue can be done usually through a cut around the nipple. Regional removal of fat (liposuction) may be required with simple mastectomy (removal of breast tissue, usually through an incision around the nipple).

Preoperative preparation: Your child will have to stop eating several hours before the procedure in order to have an empty stomach for anesthesia.

Postoperative care: You will likely have to do some simple wound care following any surgical procedure. Your child will be told about any limitations to activities after the surgery.

Home Care - “What do I need to do once my child goes home?”

Diet: Your child may eat a normal diet after surgery.

Activity: Your child should avoid strenuous activity and heavy lifting for the first 1-2 weeks as the cut is healing.

Wound care: Surgical incisions should be kept clean and dry for a few days after surgery. Most of the time, stitches used in children are absorbable and do not require removal. Your surgeon will give you specific guidance regarding wound care, including when your child can shower or bathe.

Medicines: Medicines for pain such as acetaminophen (Tylenol) or ibuprofen (Motrin or Advil) or something stronger like a narcotic may be needed to relieve pain for a few days after surgery. Stool softeners and laxatives are needed to help regular stooling after surgery, especially if narcotics are still needed for pain.

What to call the doctor for: Any fevers, redness, or drainage from the incision site or for increased pain/discomfort.

Follow-up care: You should follow up with the surgeon and pediatrician for ongoing monitoring of the breast problem.

Long Term Outcomes - “Are there future conditions to worry about?”

The prognosis (expected course of the disease) is very good for children with breast masses. Most breast lumps or enlargement will go away on their own. For non-cancerous lumps that are removed, the likelihood of having the lump come back is low. The likelihood of a breast mass being or becoming cancerous is also low.

Boys that undergo removal of enlarged breast tissue typically have resolution of their pain and psychological trauma. The chance for the breast enlargement to return is very low.

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