

MASTITIS IN WOMEN OF REPRODUCTIVE AGE, CLINICAL SYMPTOMS, TREATMENT AND PREVENTION

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Purpose: Measures aimed at the treatment and prevention of mastitis.

MASTITIS.

Abstract. Mastitis is an inflammation of the breast that swells and often appears during lactation, but it can develop in other periods as well. Mastitis can occur in girls, newborns and men. It develops due to infection of the mammary glands with bacteria. In this case, the breast enlarges, swells, starts to hurt, becomes sensitive, the skin turns red, and the body temperature rises. Among nursing mothers, the incidence of mastitis varies from 1% to 16% depending on the region. On average, this indicator corresponds to 5% of breastfeeding women, and measures aimed at reducing the disease in recent years remain ineffective. The majority of women with mastitis (85%) are those who have given birth for the first time (or are breastfeeding for the first time). The reason for this is that milk is retained in the glands due to lack of milking skills. Women over 30 years old, who have not breastfed for the first time, suffer from mastitis due to a decrease in the body's immune system or accompanying chronic diseases. In such cases, symptoms of mastitis are accompanied by clinical symptoms of the main disease.

Key words: mastitis, lactation, furunculosis, sepsis, traumatic injury, staphylococcal infection, lactostasis, mammary gland.

МАСТИТ У ЖЕНЩИН РЕПРОДУКТИВНОГО ВОЗРАСТА, КЛИНИЧЕСКИЕ СИМПТОМЫ, ЛЕЧЕНИЕ И ПРОФИЛАКТИКА.

Цель: Меры, направленные на лечение и профилактику мастита.

МАСТИТ.

Аннотация. Мастит — воспаление молочной железы, которое опухает и чаще всего возникает в период лактации, но может развиваться и в другие периоды. Мастит может возникнуть у девочек, новорожденных и мужчин. Он развивается вследствие инфицирования молочных желез бактериями. При этом грудь увеличивается, опухает, начинает болеть, становится чувствительной, кожа краснеет, повышается температура тела. Среди кормящих матерей заболеваемость маститом колеблется от 1% до 16% в зависимости от региона. В среднем этот показатель соответствует 5% кормящих грудью женщин, а меры, направленные на снижение заболеваемости в последние годы остаются неэффективными. Большинство женщин с маститом (85%) — это те, кто рожал впервые (или впервые кормит грудью). Причиной этого является

задержка молока в железах из-за отсутствия навыков доения. Женщины старше 30 лет, не впервые кормящие грудью, страдают маститом из-за снижения иммунитета организма или сопутствующих хронических заболеваний. В таких случаях симптомы мастита сопровождаются клиническими симптомами основного заболевания.

Ключевые слова: мастит, лактация, фурункулез, сепсис, травматическое повреждение, стафилококковая инфекция, лактостаз, молочная железа.

CAUSES OF MASTITIS: Mastitis is often caused by a staphylococcal 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.

Entry of pathogenic microorganisms through cracks in the mammary nipples;

Post-operative suppuration of sutures;

Complication of furunculosis;

Traumatic injuries.

Precipitating factors include lactation, low immunity and extreme cold.

During lactation, improper nutrition and insufficient milking caused milk to remain in the chest. Breast milk and colostrum are a favorable environment for the growth of microorganisms that cause purulent inflammation. In lactating women, mastitis often affects both mammary glands.

CLASSIFICATION OF MASTITIS: Mastitis is distinguished by the nature of the existing inflammation:

serous, infiltrative, purulent, abscessed, gangrenous and phlegmonous mastitis.

Serous, infiltrative and purulent mastitis represent successive stages of the inflammatory process, and it continues from the swelling of the serous inflammatory area to the formation of an infiltrate and the beginning of the purulent process.

In abscess mastitis, the purulent focus is localized and limited, while phlegmonous mastitis is characterized by the spread of purulent inflammation throughout the glandular tissue. When the disease lasts for a long time or when the body's protective ability decreases, the inflamed tissue of the gland undergoes necrosis (gangrenous mastitis).

Clinical types of mastitis are also distinguished: the most common are acute postpartum mastitis, plasma cell mastitis and mastitis of newborns.

SYMPTOMS AND SIGNS OF MASTITIS:

Painful lumps in the mammary gland;

Redness of the skin over the affected areas;

High temperature

In progress:

The breast becomes hot;

Pain becomes constant and "radiating";

The pain increases when breastfeeding.

High body temperature

Redness of the skin of the affected area.

DIAGNOSIS OF MASTITIS: The focus of inflammation in the mammary gland is determined by palpation. Also, enlargement of the axillary lymph nodes on the side of the damaged breast (sometimes pain is felt during palpation) is noted.

- During the ultrasound examination of the mammary gland, a typical picture of inflammation of the mammary gland is observed. Infiltrate in the mammary glands looks like well-demarcated areas of limited low echogenicity, with further development, a picture of a "bee's nest" appears. The originality and reliability of the method reaches 90%.

-Diagnosis of mastitis is usually not difficult, so mammography is usually not performed.

TREATMENT OF MASTITIS. If there is even the slightest suspicion of inflammation in the mammary gland, it is necessary to immediately consult a mammologist, because in the treatment of this disease, it is very important to determine the causes of mastitis in time and to apply the necessary measures to suppress the infectious process. It is not recommended to engage in independent treatment or postpone a visit to a specialist, because inflammation of the mammary gland tends to develop more strongly, pus formation and abscess. If purulent mastitis develops, surgical treatment is necessary. If the disease is detected in the stage of serous inflammation or infiltrate, conservative treatment is carried out. A broad-spectrum antibiotic therapy with a strong effect is prescribed. In this case, serous mastitis, as a rule, passes in 2-3 days, absorption of the infiltrate can last up to 7 days. If inflammation is accompanied by severe general intoxication, detoxification procedures (electrolytes, glucose solution infusion) are carried out. Indications for stopping lactation: absence of dynamics of serous and infiltrative mastitis during antibiotic treatment 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 anamnesis, a' accompanying pathologies of organs and systems, mother's feeling bad.

PREVENTION OF MASTITIS The measures to prevent mastitis are similar to those of lactostasis, because in most cases it is lactostasis that serves as an impetus for the development of this disease. To prevent milk retention, the mammary glands should be completely emptied: regular breastfeeding and milking of excess. If the child is satisfied with milk from one breast, the next time it should be fed from the other breast.

Inflammation of the mammary gland can also be caused by cracks in the chest, so it is necessary to prepare the breast for breastfeeding, follow the rules of hygiene, and hold the baby correctly for breastfeeding.

As one of the preventive measures for the development of mastitis: timely detection of the disease and sanitation of the foci of infection in the body, but it should be remembered that general antibacterial therapy is contraindicated during breastfeeding.

Summary: Complications of mastitis can be serious, including spread of infection through the circulatory system, which can lead to lymphadenitis, phlegmon, sepsis, and gangrene of the mammary glands. Gangrenous and phlegmanous types, especially acute mastitis, threaten the patient's life if treatment is not found. Breastfeeding mothers often get sick with mastitis, they do not follow the rules of breastfeeding, they do not milk well.

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