Adverse Outcomes Associated With Neonatal Mastitis
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If you see a young infant under 2 months of age who has mastitis, does that patient immediately receive a full sepsis workup? What criteria do you use to decide on a management plan?

Until now, there has been little published evidence upon which to base our management of this condition. This week in Pediatrics, we are early releasing an article by Dr. Ron Kaplan at the University of Washington and his colleagues on the American Academy of Pediatrics’ Pediatric Emergency Collaborative Research Committee, entitled “Neonatal Mastitis and Concurrent Serious Bacterial Infection,” (10.1542/peds.2021-051322) which discusses this topic.

The authors conducted a retrospective study of 657 infants 90 days of age and younger who were diagnosed with mastitis in 28 emergency departments in the US, Canada, and Spain between 2008 and 2017.

The median age of the infants was 21 days. Although 98% were described as well-appearing, it is not surprising that blood, urine, and cerebrospinal fluid cultures were collected on 88%, 42%, and 33% of patients, respectively. 99% of these cultures remained negative. However, of the half who had cultures of the infected breast, 77% were positive. Perhaps not surprisingly, the most common organisms were methicillin-resistant Staphylococcus aureus and methicillin-sensitive Staphylococcus aureus. The vast majority (90%) of infants were hospitalized, but only 3.7% required intensive care.

Take a look at this article. It may change how you approach management of young infants with mastitis, particularly those who are afebrile and well-appearing.