Comment on: "Skin disease of the breast and nipple"

To the Editor: I read with great interest the recent 2-part series by Waldman et al, "Skin diseases of the breast and nipple."[1] I wish to highlight a common inflammatory condition that was briefly noted in the section on *Candida* mastitis, which is Raynaud phenomenon of the nipple (RPN). I believe this is an underdiagnosed and underreported cause of nipple pain in pregnant and lactating women and a treatable cause of inability to breastfeed.

Nipple vasospasm was first reported in 1970 by Mavis Gunther, a British physician (and breastfeeding advocate), as "psychosomatic sore nipples" of women who have "some fear or unhappy association connected with breasts or breastfeeding."[2] In subsequent years, RPN has been more accurately described in multiple case reports and 2 case series.

Women describe an often bilateral, intense throbbing pain or a deep ache in the nipples or breasts. The symptoms frequently occur while breastfeeding, but can develop at other times as well. Usually, there are associated white, blue, purple, and red color changes, but these can be difficult to appreciate, especially while breastfeeding in a dark environment (Figs 1 and 2). As Waldman et al[1] note, many of these women have been treated without improvement for presumed *Candida* infection, and many have also been evaluated by lactation consultants; neither technique nor latch issues appear contributory to their pain. Most women give a history of Raynaud phenomenon in more typical sites if asked.

Although RPN can develop in women who are both pregnant and breastfeeding, its occurrence in breastfeeding mothers is of particular concern, because the intense pain can be so severe that it causes women to stop nursing. Lifestyle modifications can relieve some discomfort: hot showers before nursing, warming pads in the bra, fully drying the nipples after breastfeeding, and caffeine avoidance can help. However, for quick and rapid reduction of pain (often essential for continued breastfeeding), nifedipine should be considered a first-line treatment for RPN. Two case series reported significant improvement with nifedipine at 30 to 60 mg daily.[3,4] Importantly, nifedipine is safe for pregnancy and lactation according to the American Academy of Pediatrics.

Although certainly many obstetricians, pediatricians, and lactation professionals are aware of RPN as a treatable cause of inability to breastfeed, we, as dermatologists, are uniquely positioned to diagnose and treat RPN. Particularly in patients who are known to have Raynaud phenomenon of the hands or feet, counseling regarding the possibility of RPN should be a part of every visit with a pregnant or breastfeeding woman. Women who experience pain while breastfeeding may not think to seek dermatologic care for their lactation concerns and are not likely to correlate their previous experience with Raynaud phenomenon in the hands or feet with their difficulty breastfeeding. A brief mention of RPN during unrelated visits may enlighten their future care and ability to breastfeed. Many of these women will be relieved that the pain and difficulty they experience while breastfeeding is (safely) treatable and that they can continue breastfeeding their baby.

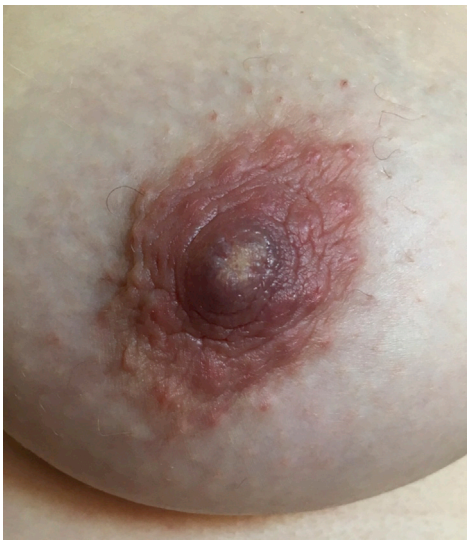

Fig 1. Raynaud phenomenon of the nipple: white color changes.

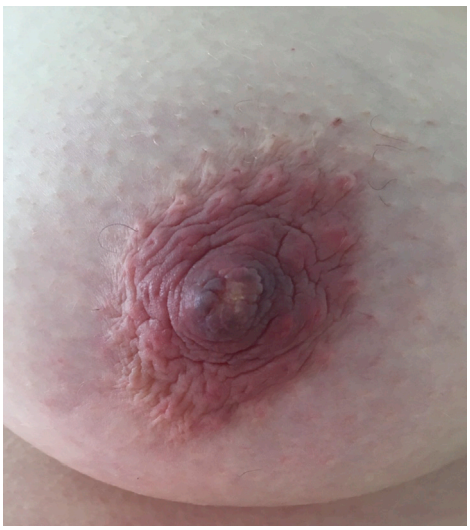

Fig 2. Raynaud phenomenon of the nipple: blue-purple color changes.

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