Reply: Additional clinical pearls for the management of Raynaud phenomenon of the nipple

To the Editor: We thank Lisa Rothman, MD, for her insightful commentary about Raynaud phenomenon of the nipple (RPN). We would like to highlight several additional clinical pearls that may help with the management of this underrecognized condition:

1. Optimize lactation practices: Pain related to poor lactation practices can exacerbate RPN-related pain. In mild cases of RPN, optimization of lactation practices can lead to adequate symptom management and facilitate continued breastfeeding. All patients should be encouraged to seek out help from a lactation specialist to ensure appropriate lactation techniques are being used.
2. Look for drug triggers: Many patients are prescribed labetalol or other β-blockers during pregnancy for the treatment of preeclampsia or gestational hypertension. Although a PubMed search only identifies a single report of β-blocker–induced RPN, many women complain on online lactation forums that RPN developed after β-blocker initiation.[1,2] Because of the paucity of scientific data about RPN, whether RPN has developed in these patients from β-blockers, from preeclampsia, or for other reasons is unknown. Nonetheless, for patients with RPN in whom a drug history suggests that a β-blocker may be culpable, we recommend discussing switching the patient's antihypertensive medication with the patient's obstetrician. Nifedipine is a preferable antihypertensive in this clinical scenario, as pointed out by Dr Rothman. Other possible drug triggers include nicotine, caffeine, and other vasoconstrictors
3. Consider vitamin B_6 supplementation in medication-averse patients: In patients who are unwilling to consider oral nifedipine, high-dose oral vitamin B_6 supplementation (100 mg twice-daily) can be considered based on anecdotal reports; however, the only patient with RPN treated with vitamin B_6 that we have identified in a PubMed search did not experience a benefit.[3] Because of the experimental nature of this therapy, it should only be considered as an alternative in patients who refuse nifedipine. Mothers should be counseled to not increase vitamin B_6 supplementation above this dose, because there is a risk that higher doses can lead to decreased maternal milk production via prolactin inhibition.[4]

Again, we thank Dr Rothman for her excellent commentary.

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