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28565 – MANAGEMENT OF RAYNAUD'S PHENOMENON DURING BREASTFEEDING: A CASE SERIES

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Introduction: Raynaud's phenomenon (RP) is a transient, recurrent, and reversible constriction of the peripheral blood vessels. It has a global prevalence of 3%–20% in women, particularly during their reproductive years, and can manifest in the vessels of the nipple during breastfeeding. It typically presents with skin pallor, followed by cyanosis and erythema. This process can be triggered by a physiological response to cold, emotional stress, or even symptoms of an underlying disease. Differential diagnoses include pathological breast engorgement, atopic dermatitis, allergic dermatitis, nipple trauma, and mastitis secondary to *Staphylococcus aureus* or *Candida albicans*. Because there is often a lack of awareness and correlation between Raynaud's phenomenon and breastfeeding pain, this condition is frequently diagnosed late, leading to consequences such as the discontinuation of lactation. **Methodology:** A retrospective review was conducted, analyzing medical records of patients over 18 years of age attended at the Mastology outpatient clinic of the Mackenzie Evangelical University Hospital of Paraná from January 2023 to January 2024. Patients with chronic breast pain (lasting longer than four weeks) during lactation and at least two of the following criteria were selected: (1) changes in nipple color, mainly with exposure to cold (white, blue, or red); (2) sensitivity to cold or color changes in the hands or feet upon cold exposure; (3) failure to respond to oral antifungal therapy. Excluded from the study were individuals unable to understand the free and informed consent form, those under 18 years old, individuals diagnosed with breast pain from other causes, and those who did not meet the necessary criteria. Data were collected regarding age, ethnicity, clinical presentation, duration of breastfeeding, prior treatment with oral antifungals for nipple candidiasis, comorbidities, medication use, previous breast surgeries, parity, obstetric and family history, history of similar symptoms in the extremities of the feet and hands, and exposure to smoking. All patients signed the informed consent form for the study. **Conclusion:** Because it is a multifactorial condition, Raynaud's phenomenon should be included as a differential diagnosis for patients experiencing breast pain during breastfeeding, allowing for early diagnosis and appropriate treatment.