SYMPTOM

Breast pain

Breast pain is aching, tenderness, burning, or discomfort in breast tissue or the chest beneath it.

WHAT IT FEELS LIKE
Tenderness, aching, burning, heaviness, or sharp pain

WHERE IT IS FELT
One or both breasts, sometimes the chest wall beneath

MOST COMMON CAUSES
Hormonal changes, chest muscle strain, poorly fitting bras

WHEN IT IS URGENT
A red, hot, swollen breast with fever or illness

USUALLY LASTS
Days to weeks, based on hormonal patterns or injury

SEE A DOCTOR IF
Pain persists, is one-sided, or accompanies breast changes

Overview

Breast pain, also called mastalgia, is discomfort in one or both breasts. It may come from the breast or from the muscles, ribs, or joints beneath it.

Hormonal pain often affects both breasts and changes with the menstrual cycle. Pain unrelated to periods may remain in one area.

Breast pain alone is not usually caused by cancer. However, persistent pain focused in one spot, or pain accompanied by a lump or visible breast change, should be assessed.

What it may feel or look like

Breast pain may feel like tenderness, heaviness, swelling, aching, burning, or a sharp sensation. It can affect sleep, exercise, sexual activity, or wearing a bra.

Patterns include:

Pain may spread toward the armpit, shoulder, or upper arm. Hormonal pain commonly affects the upper outer areas of both breasts.

Check for redness, warmth, swelling, a lump, nipple discharge, skin dimpling, or a nipple that has newly turned inward. These changes do not necessarily mean cancer, but they need medical assessment.

- Cyclical pain , which follows the menstrual cycle and often worsens before a period
- Non-cyclical pain , which has no clear monthly pattern
- Focal pain , which remains in one area
- Chest wall pain , which may be reproduced by pressing a rib or moving an arm

Common causes

Hormonal changes are a frequent cause. Breast tissue may become more sensitive before a period, during pregnancy, around menopause, or after changing hormonal contraception or hormone therapy.

Pain can also come from strained chest muscles, irritated rib joints, neck or shoulder problems, or pressure from a poorly fitting bra. Pain that changes with movement or chest-wall pressure is more likely to come from these structures.

Other causes include:

Cancer is a less common cause. Concern is higher when persistent pain in one area occurs with a lump, skin or nipple change, or unusual nipple discharge.

Do not stop prescribed medicine because you think it is causing pain. Ask the prescriber or a pharmacist whether it may be contributing and whether an alternative is appropriate.

- Breastfeeding-related fullness, blocked milk flow, or inflammation
- A fluid-filled breast cyst
- Injury, surgery, or scar tissue
- Some hormonal or psychiatric medicines
- Infection or an abscess
- Inflammation or another problem involving a breast implant

When to seek medical care

Seek same-day medical care if a breast becomes red, hot, swollen, and painful, especially if you have a fever or feel unwell. This may be mastitis or an abscess and needs prompt assessment,

whether or not you are breastfeeding.

Also seek urgent advice after a significant injury if the breast is rapidly swelling or becoming much more painful.

Call emergency services if the pain may be coming from your chest rather than your breast, particularly if it feels like pressure or tightness and occurs with breathlessness, sweating, nausea, faintness, or pain spreading to the arm, jaw, or back.

Book a routine appointment if:

- Pain lasts more than a few weeks or keeps returning
- Pain remains in one area or affects only one breast
- It interferes with sleep or daily activities
- You find a new lump or thickened area
- There is bloody or clear nipple discharge
- The breast changes shape, the skin dimples, or the nipple turns inward
- Symptoms do not improve with self-care

How the cause is found

A healthcare professional will ask where the pain is, how long it has lasted, and whether it changes with periods, movement, pregnancy, or breastfeeding. They may ask about injury, exercise, medicines, family history, and other breast changes.

They may examine both breasts, the nipples, armpits, and chest wall. Pressing the ribs or moving your arm can help identify muscle or joint pain.

Imaging is not always needed when pain affects both breasts, follows a typical hormonal pattern, and the examination is normal. An ultrasound or mammogram may be recommended if pain is focused, persistent, or accompanied by another finding.

If imaging shows an unusual area, further tests may be needed. A biopsy removes a small tissue sample for examination, but most people with breast pain do not need one.

Treatment and self-care

Treatment depends on the cause. Once concerning conditions have been excluded, simple measures are often enough.

A supportive, correctly fitted bra may reduce movement and pressure. A softer bra at night may help if pain interrupts sleep. Warm or cool packs can provide short-term comfort.

If exercise triggers pain, temporarily reduce the activity and build back gradually as symptoms settle. Posture changes or treatment for a muscle strain may help with chest-wall pain.

Paracetamol or an anti-inflammatory pain reliever may be suitable. Follow the product label and ask a pharmacist before use if you take other medicines, have ongoing medical conditions, are pregnant, or are breastfeeding.

A symptom record covering one or two menstrual cycles may reveal a hormonal pattern. Note the pain's location and severity, period dates, exercise, and breast changes.

Infections may require prescription treatment, and an abscess may need drainage. Seek prompt assessment for breastfeeding-related pain with redness, fever, worsening swelling, or difficulty feeding.

What to expect

Hormonal pain may improve when a period starts but can return with later cycles. Pain from a minor muscle strain or clothing pressure often settles within days to weeks after the trigger is addressed.

Persistent focal pain may need imaging even if the examination is normal. If initial tests are reassuring but the pain changes or new symptoms appear, arrange another assessment.

Symptoms related to pregnancy, menopause, breastfeeding, medicines, or surgery may last while the underlying trigger continues. Follow-up can help manage pain and monitor for changes.

Common questions

Can breast pain be a sign of cancer?

It can be, but pain alone is not a common presentation of breast cancer. Persistent pain in one spot, especially with a lump, discharge, or skin or nipple change, should be checked.

Why do my breasts hurt before a period?

Changing hormone levels can make breast tissue retain fluid and become more sensitive, often causing heaviness or tenderness in both breasts.

Can pain come from beneath the breast?

Yes. Muscles, ribs, cartilage, and nerves in the chest wall can cause pain that feels as though it is in the breast. Movement or pressure may reproduce it.

Should I avoid caffeine?

Research has not clearly shown that caffeine causes breast pain. If you notice a consistent link, a trial of reducing it may be reasonable.

Sources

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