

### 3.5 Nipple Discharge

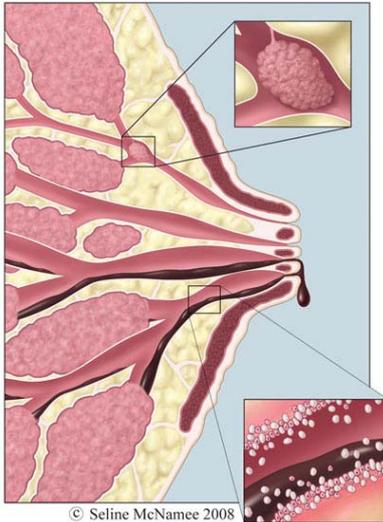


Illustration showing duct papilloma (upper right) and duct ectasia (lower right)

Many women can express small amounts of fluid from their nipples and this is not considered to be abnormal. We become concerned when the discharge occurs spontaneously (without any squeezing or massaging of the breast) and particularly if it occurs repeatedly and involves a single duct.

Causes for nipple discharge:

**Duct papilloma** - The most common cause for single duct discharge is a small benign growth within the duct called an intraduct papilloma.

**Duct ectasia** - is a benign change in the major ducts under the nipple. Over time the ducts become widened and twisted and slowly fill with secretions. This can cause quite profuse nipple discharge often from multiple ducts. The fluid ranges in colour from green to dark brown. If the discharge becomes a problem the major ducts can be excised.

**Cancer** - Occasionally nipple discharge is due to breast cancer so careful assessment of the breast is important as with any new breast symptoms.

Assessment of nipple discharge should include a clinical exam, ultrasound and mammography if appropriate.

A sample of the nipple fluid can be sent for examination in the laboratory but the report is often inconclusive.

A ductogram is a radiology procedure that involves passing a small cannula into the discharging duct and then injecting contrast media to see if there is any filling defect or obstruction to the duct. I have not found this helpful, as it does not explain what is causing the obstruction.

The diagnosis is best made by removing the affected duct in theatre and sending the tissue for examination. This operation is called a microdochoectomy, which is just a difficult medical way of describing "excision of a small duct".

It is a simple day-case procedure performed under a light general anaesthetic.

Once the patient is asleep, a small probe is passed into the discharging duct.

A cut is made around the areola and the duct is excised. The wound is closed with a dissolving suture and a dressing is placed over the nipple.

Patients are seen for a post-operative check-up in one week.

**Possible problems:**

Wound infection that will require antibiotics

Bleeding is uncommon

Bruising

Decreased nipple sensation.

Disclaimer: this sheet is provided for information only and does not replace the need to consult your doctor for appropriate assessment and advice of any medical problem.

Extract from the book: Breast Care: Advice on all aspects of breast care by Trevor Smith 2008.

Find more information on all aspects of breast care at [www.thebreastcentre.co.nz](http://www.thebreastcentre.co.nz)

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