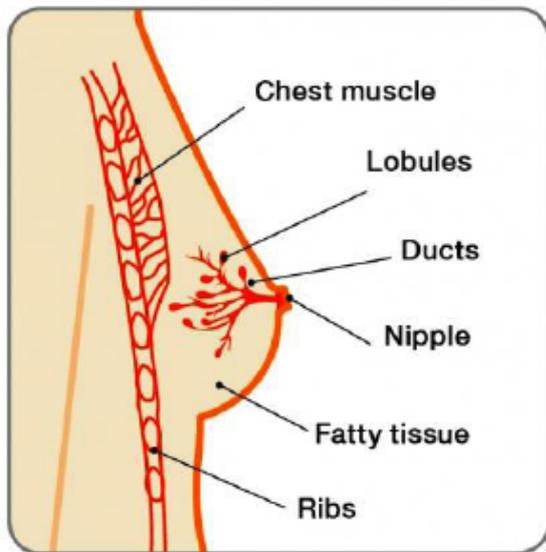
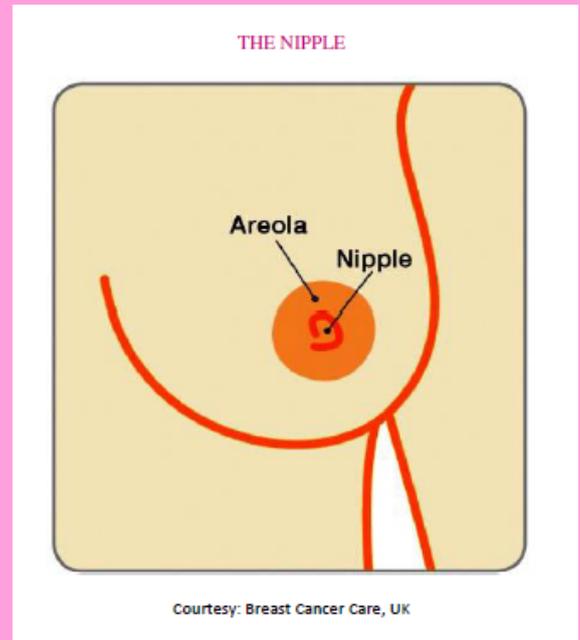


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Courtesy: Breast Cancer Care, UK



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What is Duct ectasia?

The breasts are made up of lobules (milk-producing glands) and ducts (tubes that carry milk to the nipple), which are surrounded by fatty tissue and supportive tissue. As women reach the menopause and the breasts age the ducts behind the nipple get shorter and wider. This is called Duct Ectasia

This is a normal breast change and nothing to worry about. Sometimes a secretion can collect in the widened ducts and their lining can become irritated. It's also possible for the lining to become ulcerated and painful as well, although this is not common.

How is Duct ectasia diagnosed?

A Specialist Consultation is essential and it is important to undergo three different tests, often referred to as Triple assessment, so that a definite diagnosis can be made. These are a clinical breast examination, a mammogram (breast x-ray) and ultrasound scan (which creates a picture of the breast using high-frequency sound waves).

If there is have discharge from the nipple, this may also be tested, especially if it's bloodstained, to help confirm the diagnosis

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How is Duct ectasia managed?

In most cases, no treatment is required if it is a normal part of ageing and can clear up by itself. It's important, though, to visit the Specialist should there be any new symptoms.

However, if troublesome discharge persists from the nipple, one may need to have an operation to remove the affected duct or ducts. The operation is usually done under a general anaesthetic & the patient will be in hospital for the day or overnight

What is periductal mastitis?

Periductal mastitis is a benign (not cancer) breast condition. Sometimes the ducts under the nipple become inflamed and infected. This is periductal mastitis. It can affect people of all ages but is much more common in younger women. Although it's much more common in women, men can also get periductal mastitis, but this is very rare.

Periductal mastitis can make the breast feel tender and hot to the touch, and the skin may appear reddened. It can also lead to a discharge from the nipple, which can be either bloody or non-bloody. Sometimes a lump can be felt behind the nipple or the breast tissue behind the nipple can become scarred. This can pull the nipple inwards so it becomes inverted. Occasionally an abscess (a collection of pus) or a fistula (a tract that develops between a duct and the skin) may develop. People who smoke have an increased risk of being affected by periductal mastitis, because substances in cigarette smoke can damage the ducts behind the nipple. Smoking can also slow down the healing process after treatment.

How is Periductal mastitis diagnosed?

A Clinical Breast Examination and ultrasound of the breast is essential. As the breast will be very tender, a mammogram would be uncomfortable & is not undertaken until the infection resolves. If there is nipple discharge, a sample may be sent to a laboratory to be looked at under a microscope to confirm the diagnosis (this is more likely if the discharge is bloody).

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What is the treatment for periductal mastitis?

Most often, antibiotics helps resolve the infection. For pain relief, paracetamol may be prescribed. If an abscess (collection of pus) develops, an ultrasound guided removal (aspiration) of the pus is the first treatment of choice. This may need to be repeated (over a period of time) until all the pus has been removed. If repeated aspiration does not help, an opening is made in the skin to allow the pus to be drained under a short general anaesthetic.

If periductal mastitis recurs (comes back), one may need an operation to remove the affected duct or ducts. The affected duct or ducts (known as a microdochectomy) or removal of all the major ducts (known as a total duct excision) may have to be performed to deal with recurrent episodes of periductal mastitis. The operation is done under a general anaesthetic.