BACKGROUND

Nipple discharge in the absence of a palpable breast mass:
• Accounts for up to 5% of referrals to breast surgical services
• Is a poor indicator of an underlying malignancy (incidence of occult malignancy around 3%)
• Benign papilloma is the commonest mass lesion associated with nipple discharge

HISTORY & EXAMINATION

Bilateral multiduct discharge
In women of child bearing age most likely cause is:
• Benign physiological secretions (whitish discharge) or
• Periductal mastitis / duct ectasia (green/dark/black discharge) (especially in cigarette smokers)

In postmenopausal women most likely cause is:
• Duct ectasia

Single duct discharge
• Of any colour/ type at any age requires careful assessment

Galactorrhoea due to hyperprolactoneamia
• Is commonly drug related – e.g. antidepressents, antipsychotics
• May be seen in hypothyroidism (increase in thyrotrophin releasing hormone)
• Rarely due to a pituitary adenoma

Bloody discharge during pregnancy
• The epithelial proliferation that occurs during the 2nd and 3rd trimesters can often lead to “physiological” bloody nipple discharge.
• In the absence of any concurrent clinically concerning findings patients should be reassured. They can be clinically re-evaluated 2 month post partum.

continued...
**SUMMARY STATEMENT:**

**NIPPLE DISCHARGE**

**INVESTIGATIONS**

**Radiology**
- Mammogram / ultrasound scan as per flow diagram (Diagram 1)
- MRI may be considered in selected cases of high clinical suspicion (e.g. persistent bloody discharge, strong family history) but normal routine radiology

**Nipple cytology (NC)**
- There is very wide variation in reported accuracy of NC but it has a high false positive rate papillary lesions or malignancy (e.g. 133-17%, but up to 32%)
- The specificity is higher than the sensitivity but NC is a poor predictor of histological diagnosis
- NC is not recommended in the assessment of patients with nipple discharge

**MANAGEMENT**

See Diagram 1.

**AUTHORS:** Clinical Practice & Standards Committee of the Association of Breast Surgery

**Produced:** January 2019

**Version:** 1

**REFERENCES**


continued…
SUMMARY STATEMENT: NIPPLE DISCHARGE

Diagram 1: ABS Algorithm for the Assessment and Management of a Woman with Nipple Discharge in the Absence of a Palpable Breast Lump

Nipple Discharge

- Reassure patient
- Offer smoking advice
- Discharge

Multiple Duct

- Imaging not indicated
- Over 40y

Single Duct

- Exclude pregnancy
- Reassure and reassess 2 mths post partum

- Observation only
- Consider microdochectomy or total duct excision if clear or blood stained discharge

- Risk of malignancy (<3%)

- M1 or M2 mammogram

- M1 & U1 imaging

- MDT

- Mammography

- Subareolar ultrasound (all ages) plus mammography for > 40y

- Surgery can be considered in non smokers