

Association of Breast Surgery Summary Statement

GUIDELINES FOR THE INVESTIGATION AND MANAGEMENT OF SPONTANEOUS NIPPLE DISCHARGE IN THE ABSENCE OF A BREAST LUMP

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 discharge¹.
- In the absence of any concurrent clinically concerning findings patients should be reassured. They can be clinically re-evaluated 2 month post partum¹.

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 radiology²

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%4, but up to 32%⁵)
- 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^{3, 4, 6}

MANAGEMENT

See Diagram 1.

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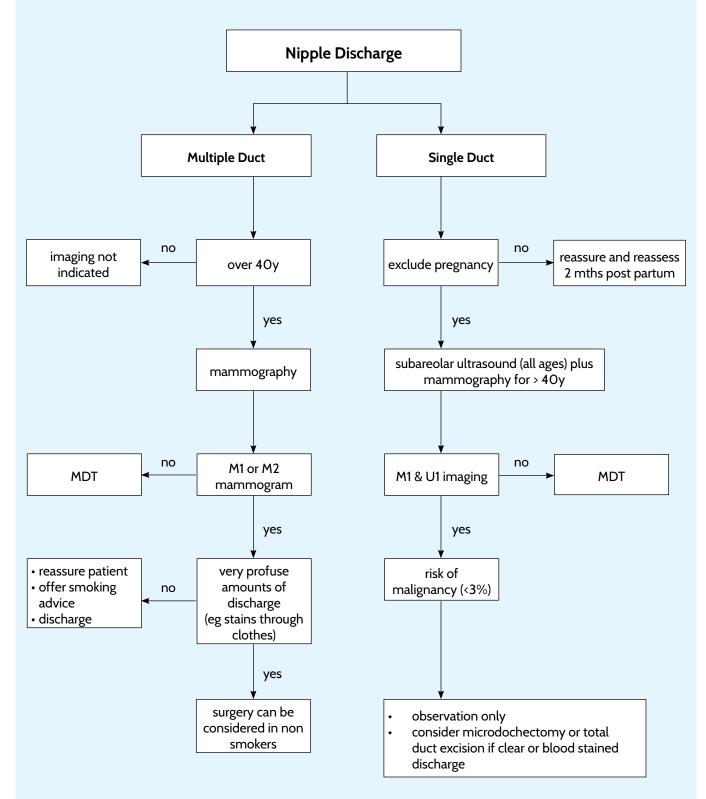
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SUMMARY STATEMENT: NIPPLE DISCHARGE

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



Ashfaq A et al. Validation of a modern treatment algorithm for nipple discharge. Am J Surgery 2014, 208, 222-227