

NIPPLE DISCHARGE

About Nipple Discharge:

- Most nipple discharges are not a sign of breast cancer.
- Many women can squeeze a tiny amount of watery, greenish/yellow, brown, grey, a combination of these colors, or milky discharge from their nipples. This is perfectly normal and occurs most commonly in women before they reach menopause.
- Nipple discharge after menopause is uncommon.
- If discharge is *bloody, spontaneous* (happens without squeezing your nipples), *persistent* and *one-sided*, it may be a sign of a more serious condition and should be checked out as soon as possible.
- Any nipple discharge should not be ignored however, and you will need to see your doctor to get a proper diagnosis.

What does my doctor look for with a nipple discharge?

- First your doctor will need to assess your general health, hormonal status and current medications.
- Next, a breast exam will need to be done to see if discharge comes out of the one or several ducts, and from one or both breasts either spontaneously or by squeezing the nipple.
- The doctor will also check the colour and consistency of the discharge.
- Nipple discharge is most concerning when it comes out by itself (without squeezing), keeps occurring, is only from one nipple and usually one duct, and is bloody or clear and sticky.
- It is usually a benign papilloma, not a malignancy.



Papilloma

What causes nipple discharge?

Several conditions can cause nipple discharge:

- *Hormonal shifts* from sexual stimulation, pituitary tumors, and the use of certain medications like birth control pills, blood pressure medications, major tranquilizers, antidepressants, or ulcer medications can cause an imbalance in the hormone prolactin which stimulates milk production.
- *Breast Infection*: A spontaneous pus-like discharge from the nipple due to a mastitis (breast infection) or breast abscess and may require an antibiotic to treat.

- *Duct ectasia*: Multi-colored discharge from one nipple that occurs most often in a milk duct that is clogged and swollen. Although it usually clears up by itself, it should be monitored.
- *Intraductal papilloma*: This is a small benign (not cancer) wart-like growth in a duct lining near the nipple, which may become irritated and bleed, producing a pinkish, brown or bloody discharge. It is the most common cause of bloody nipple discharge and should be removed.
- *History of breastfeeding*: Galactorrhea is a term used to describe a milky discharge from both breasts. It occurs most often in non-breastfeeding women after pregnancy and can last a year or two.
- *Stimulation*: Squeezing or expressing the breast or nipple can produce a nipple discharge
- *Fibrocystic breast changes*: Cysts (sacs filled with fluid) and changes in the fibrous tissue of the breast can cause nipple discharge that is often greenish
- *Breast cancer*: This can cause a bloody or a clear, sticky nipple discharge. Age is an important factor in predicting risk. Among patients with nipple discharge there is a 3 percent cancer risk under forty years, 10 percent between 40- 60 years increasing to 32 percent after 60 years of age.

Tests That May Be Done:

- A mammogram, (if over 35 years) and/or ultrasound.
- A sample (smear) of the discharge fluid placed on a glass slide that is sent to the lab to be examined.
- Special blood tests to rule out hormone imbalance as the source of discharge

Follow-Up:

- Discharge is the most common nipple concern that women experience. In some cases, surgical removal of the involved duct may be recommended.
- Medication may also be advised if discharge is caused by increased levels of Prolactin.
- It is important to avoid squeezing your nipples. This will stimulate hormones, which, in turn, will create more discharge.

References:

1. Kneece, J. (2003). *Finding a lump in your breast. Where to go ...What to do.* (2nd ed.). Columbia: Educare Inc.
2. Love, S. (2015). *Dr. Susan Love's Breast Book* (6th ed.). Boston: Da Capo Press.
3. Olivotto, I., Gelmon, K., McCreedyD., Kuusk, U. (2017). *Intelligent Patient Guide to Breast Cancer* (6th ed.). Vancouver: Library and Archives Canada Cataloguing in Publication.

This information is of a general nature and may vary according to your special circumstances. If you have specific questions, please contact your physician or appropriate health care professional.