

DUCT ECTASIA

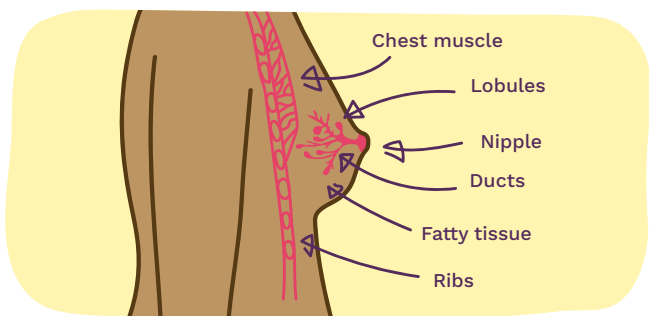
Benign breast conditions
information provided by
Breast Cancer Now

What is duct ectasia?

Duct ectasia is a benign (not cancer) breast condition. It's caused by normal breast changes that happen with age.

Breasts are made up of milk-producing glands (lobules) and tubes that carry milk to the nipple (ducts). These are surrounded by tissue that gives the breasts their size and shape. Everyone has a certain amount of breast tissue.

The breast



Duct ectasia affects the breast ducts, the tubes that carry milk to the nipple

As a woman gets nearer to the menopause and the breasts age (from 35 years onwards) the ducts behind the nipple shorten and widen. This is called duct ectasia. Sometimes a fluid is produced that can collect in the widened ducts.

It can affect one or both breasts.

Although it's more common in women approaching the menopause, duct ectasia can affect women of any age.

Men can also get duct ectasia, but this is very rare.

Symptoms of duct ectasia

Often, duct ectasia does not cause any symptoms but you may notice one or more the following:

- Discharge from the nipple – usually thick but sometimes watery and may be brown, green or bloodstained
- Breast pain, although this is not common
- A lump felt behind the nipple – this could mean the tissue behind the nipple has become infected or scarred
- The nipple can be red or tender
- The nipple is pulled inwards (inverted) – this could be because the ducts have shortened

Diagnosing duct ectasia

After examining your breasts, your GP is likely to refer you to a breast clinic, where you'll be seen by specialist doctors or nurses.

At the breast clinic most people will have a breast examination followed by one or more of the following tests:

- A mammogram (breast x-ray)
- An ultrasound scan (using sound waves to produce an image)
- A core biopsy of the breast (using a hollow needle to take a small sample of breast tissue to be looked at under a microscope – several tissue samples may be taken at the same time)
- A fine needle aspiration (FNA) of the breast (using a fine needle and syringe to take a sample of cells to be looked at under a microscope)

If you have nipple discharge that's bloodstained, this may also be tested.

You can read more about these tests in our booklet **Your breast clinic appointment**.

Treating duct ectasia

Most people do not need treatment

Most cases of duct ectasia do not need any treatment or follow-up. Duct ectasia is a normal part of ageing, and any symptoms will usually clear up by themselves.

Try not to squeeze the nipple as this may cause further discharge.

If you have any pain you may want to take pain relief such as paracetamol.

Sometimes an infection can develop in the blocked ducts which can be treated with antibiotics.

Surgery

If you continue to have discharge from the nipple without squeezing, you may be offered an operation to remove the affected duct or ducts.

This might be removing just the affected duct or ducts (a microdochectomy) or removing all the major ducts (a total duct excision).

The operation is usually done under a general anaesthetic. Most people are in hospital for the day, but you might have to stay overnight.

You'll have a small wound near the areola (the darker area of skin around the nipple) with a stitch or stitches in it. This is normally covered with a dry dressing. You'll be told how to care for it afterwards.

You'll be advised about which pain relief to

take after the operation, as your breast may be sore and bruised.

The operation will leave a small scar, but this will fade in time.

After the operation your nipple may be less sensitive than before. For a few people it may become inverted.

This operation is usually successful. However, sometimes finding all the ducts can be difficult, and your symptoms may return. If this happens you may need further surgery to remove more ducts.

It's important to go back to your GP if you have any new symptoms.

Does duct ectasia increase my risk of breast cancer?

Having duct ectasia does not increase your risk of developing breast cancer in the future.

It's important to go back to your GP if you notice any changes in your breasts, no matter how soon after your diagnosis of duct ectasia.

You can find out more about being breast aware in our booklet **Know your breasts: a guide to breast awareness and screening**. You can also call our free helpline on **0808 800 6000** and talk to one of our nurses.

ABOUT THIS LEAFLET

Duct Ectasia was written by Breast Cancer Now's clinical specialists, and reviewed by healthcare professionals and people affected by breast conditions.



For a full list of the sources we used to research it: Email health-info@breastcancer.org



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CHECKING YOUR BREASTS IS AS EASY AS **TLC**

TOUCH YOUR BREASTS

Can you feel anything new or unusual?

LOOK FOR CHANGES

Does anything look different to you?

CHECK ANY NEW OR UNUSUAL CHANGES WITH A GP

Breast cancer is most common in women over 50. While uncommon, it can also affect younger women.

Men can also get breast cancer, but this is very rare.

Get into the habit of regularly checking your breasts.

WE'RE HERE FOR YOU

We want everyone to have the confidence to check their breasts and report any new or unusual changes.

If you have any questions or worries about your breasts or breast cancer, call us free and confidentially.

0808 800 6000