

HYPERPLASIA AND ATYPICAL HYPERPLASIA

Benign breast conditions
information provided by
Breast Cancer Now

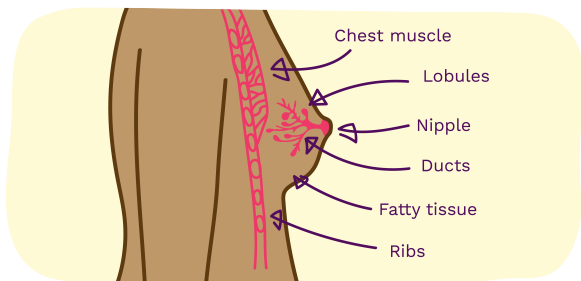
About this leaflet

It's normal to have lots of questions if you've been diagnosed with hyperplasia or atypical hyperplasia. This leaflet explains what hyperplasia is, how it's diagnosed, and what will happen if it needs to be treated.

What is hyperplasia?

Hyperplasia is a benign (not cancer) breast condition. It does not usually cause any symptoms in the breast.

Hyperplasia happens when there's an increase in the number of cells lining the ducts (tubes that carry milk to the nipple) or lobules (milk-producing glands) of the breast.



Hyperplasia can occur in the breast ducts or lobules

When hyperplasia occurs in the ducts it's called ductal hyperplasia. Ductal hyperplasia can be either "usual" or "atypical". Atypical means "not typical".

When hyperplasia occurs in the lobules it's called atypical lobular hyperplasia.

Atypical hyperplasia

Atypical hyperplasia happens when cells lining the ducts or lobules increase in number and develop an unusual pattern or shape.

Atypical hyperplasia is also benign (not cancer). However, having atypical hyperplasia has been shown to slightly increase the risk of breast cancer in some people.

Who it affects

Hyperplasia usually develops naturally as the breast changes with age. It's more common in women over 35 but can affect women of any age.

Hyperplasia and atypical hyperplasia can also affect men, but this is very rare.

Diagnosis

Hyperplasia and atypical hyperplasia do not usually cause any symptoms. Because of this, they're usually found by chance when breast tissue that has been removed during a biopsy or breast surgery is examined under a microscope in the laboratory.

Treatment and follow-up

Usual ductal hyperplasia

Usual ductal hyperplasia does not usually need any treatment or follow-up.

Atypical ductal or lobular hyperplasia

Surgical excision biopsy

Your doctor may want you to have an operation called an excision biopsy to remove the atypical hyperplasia. This can be done under local or general anaesthetic.

The breast tissue removed will be examined under a microscope, which can help confirm the diagnosis.

Your surgeon may use dissolvable stitches placed under the skin. These will not need to be removed. However, non-dissolvable stitches will need to be taken out a few days after surgery. Your treatment team will give you information about this and about looking after the wound.

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

Vacuum assisted biopsy

You may be offered a vacuum assisted excision biopsy to remove the atypical hyperplasia.

After an injection of local anaesthetic, a small cut is made in the skin. A special needle connected to a vacuum device is placed through this cut. Using mammogram or ultrasound as a guide, breast tissue is sucked through the needle by the vacuum into a collecting chamber.

The biopsy device is used until the area being investigated has been removed. This may mean you can avoid having an operation under general anaesthetic.

The tissue removed is sent to a laboratory to be examined under a microscope.

Follow-up

You may have follow-up if you have had a surgical excision biopsy or a vacuum assisted excision biopsy. However, follow-up is decided on a case by case basis. Your treatment team will let you know whether you need follow-up.

What this means for you

If you have usual ductal hyperplasia

Having usual ductal hyperplasia does not increase your risk of developing breast cancer.

However, it's still important to go back to your GP if you notice any changes in your breasts, no matter how soon after your diagnosis of hyperplasia.

If you have atypical hyperplasia

If you have atypical hyperplasia, your risk of breast cancer is slightly increased. If you're worried about your risk of breast cancer, you can speak to your GP or treatment team.

Go back to your GP if you notice any changes, no matter how soon they appear after your diagnosis of atypical hyperplasia.

You can find out more about being breast aware in our booklet **Know your breasts: a guide to breast awareness and screening**.

If you'd like further information or support, call our free helpline on **0808 800 6000**.

ABOUT THIS LEAFLET

Hyperplasia and atypical hyperplasia 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