

Hyperplasia and atypical hyperplasia

This leaflet tells you about hyperplasia and atypical hyperplasia of the breast. It explains what these conditions are, how they're diagnosed and what will happen if they need to be treated or followed up.

Benign breast conditions information
provided by Breast Cancer Care



Breast Cancer Care doesn't just support people when they've been diagnosed with breast cancer

We also highlight the importance of early detection and provide up-to-date, expert information on breast conditions and breast health.

If you have a question about breast health or breast cancer you can call us free on **0808 800 6000** or visit **breastcancercare.org.uk**

We hope you found this information useful. If you'd like to help ensure we're there for other people when they need us visit **breastcancercare.org.uk/donate**

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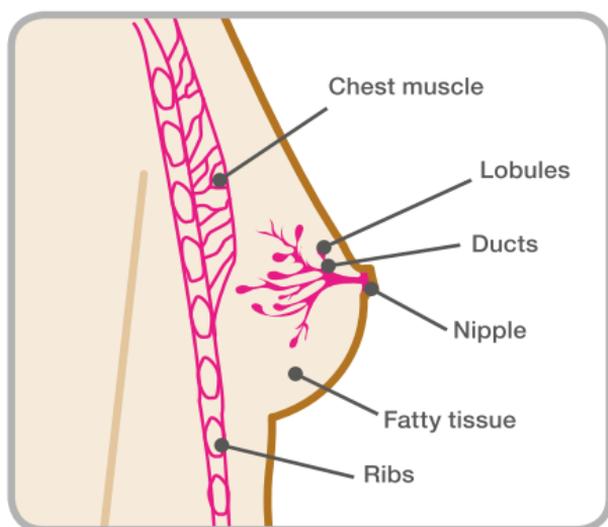
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What is hyperplasia?

Hyperplasia is a benign (not cancer) breast condition. It 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 doesn't usually cause any symptoms, such as a lump or pain, and is usually found by chance.



The breasts contain lobules (milk-producing glands) and ducts (tubes that carry milk to the nipple). These are surrounded by glandular, fibrous and fatty tissue. This tissue gives breasts their size and shape.

Hyperplasia happens when there's an increase in the number of cells lining the ducts or lobules.

When hyperplasia occurs in the ducts it's called ductal hyperplasia. Ductal hyperplasia can be classed as 'usual' or 'atypical'.

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

Atypical hyperplasia

Atypical hyperplasia is when cells lining the ducts or lobules increase in number and also develop an unusual pattern or shape. 'Atypical' means 'not typical'.

Atypical hyperplasia is benign and doesn't usually cause any symptoms.

When it occurs in the ducts it's called atypical ductal hyperplasia or ADH. When it happens in the lobules it's known as atypical lobular hyperplasia or ALH.

Having atypical hyperplasia has been shown to slightly increase the risk of breast cancer in some people.

How are hyperplasia and atypical hyperplasia diagnosed?

As hyperplasia and atypical hyperplasia don't usually cause any symptoms, 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.

Although they're more common in women, hyperplasia and atypical hyperplasia can also affect men, but this is very rare.

Treatment and follow-up

Usual ductal hyperplasia

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

Atypical ductal or lobular hyperplasia

Once a diagnosis is confirmed following a biopsy, your specialist may recommend a small operation to remove the atypical hyperplasia.

Alternatively, 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 hollow probe connected to a vacuum device is placed through this. Using a mammogram or ultrasound as a guide, breast tissue is sucked through the probe by the vacuum into a collecting chamber. The biopsy device is used until the area being investigated has all been removed. This may mean that an operation under a general anaesthetic can be avoided. The tissue removed is sent to a laboratory to be examined under a microscope.

Your specialist is likely to want you to have follow-up, which is usually a mammogram every one to two years. How often and for how long you go for follow-up will depend on what happens in your local area.

What this means for you

Having usual ductal hyperplasia doesn't increase your risk of developing breast cancer. However, it's still important to be breast aware and go back to your GP if you notice any changes in your breasts regardless of how soon these occur after your diagnosis of hyperplasia.

If you have atypical hyperplasia, you may be worried or anxious that your risk of breast cancer is slightly increased. However, most people with atypical hyperplasia will not develop breast cancer. It's important to go to your follow-up appointments, continue to be breast aware and go back to your GP if you notice any changes regardless of 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 Care's clinical specialists, and reviewed by healthcare professionals and people affected by breast problems.



For a full list of the sources we used to research it:

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