

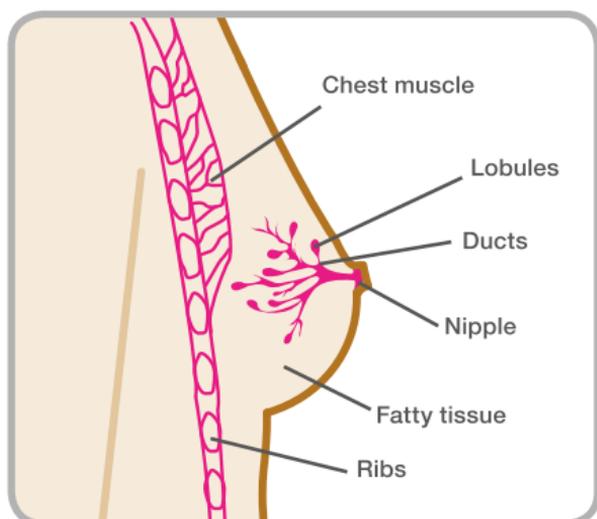
# Intraductal papilloma

This leaflet tells you about intraductal papilloma. It explains what an intraductal papilloma is, how it's diagnosed and what will happen if it needs to be treated or followed up.

**Benign breast conditions information**  
provided by Breast Cancer Care

## What is an intraductal papilloma?

An intraductal papilloma is a wart-like lump that develops in one or more of the milk ducts in the breast. It's usually close to the nipple, but can sometimes be found elsewhere in the breast.



Intraductal papilloma is a benign (not cancer) breast condition. It's most common in women over 40 and usually develops naturally as the breast ages and changes.

Men can also get intraductal papillomas but this is very rare.

Intraductal papilloma is not the same as papillary breast cancer, although some people confuse the two conditions because of their similar names.

### Symptoms

You may feel a small lump or notice a discharge of clear or blood-stained fluid from the nipple.

An intraductal papilloma isn't usually painful, but some women do have discomfort or pain around the area.

### Breast cancer risk

Intraductal papillomas generally don't increase the risk of developing breast cancer.

Some intraductal papillomas contain cells that are abnormal but not cancer (atypical cells). This has been shown to slightly increase the risk of developing breast cancer in the future.

Some people who have multiple intraductal papillomas may also have a slightly higher risk of developing breast cancer.

## How are intraductal papillomas diagnosed?

Intraductal papillomas can be found by chance during routine breast screening using a mammogram (breast x-ray); after breast surgery; or if you go to your GP with symptoms.

You'll be referred to a breast clinic where you'll see specialist doctors or nurses.

### Tests you may have

At the breast clinic you'll have a range of tests to help make a diagnosis. These may include:

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

Women under 40 are more likely to have an ultrasound scan than a mammogram. Younger women's breast tissue can be dense which can make the x-ray image in a mammogram less clear. However, some women under 40 may still have a mammogram.

If a biopsy hasn't given a definite result and more breast tissue is needed to make a diagnosis, or if the area of concern is difficult to target, you may be offered a vacuum assisted biopsy. This procedure takes a little longer than a core biopsy. A vacuum assisted biopsy uses a needle attached to a vacuum to take samples of breast tissue for examination. It's done using a local anaesthetic.

If you'd like more information about any of these tests, call our Helpline on **0808 800 6000**. You can also find more details in our booklet **Your breast clinic appointment**.

## **Surgery to remove an intraductal papilloma**

Intraductal papillomas are often removed using surgery.

### **Excision biopsy**

Your specialist may want you to have an operation called an excision biopsy to remove the intraductal papilloma.

An excision biopsy can be carried out under a 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 which won't need to be removed. However, if non-dissolvable stitches are used, they'll need to be taken out a few days after surgery. You'll be given information about this and about looking after the wound before you leave the hospital.

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

### **Vacuum assisted excision biopsy**

You may be offered a vacuum assisted excision biopsy to remove the intraductal papilloma.

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.

This procedure can cause some bruising and pain for a few days afterwards.

## Further surgery

If you've had surgery and continue to have discharge from your nipple, you may need to have another operation.

You may be offered:

- removal of the affected duct or ducts (microdochectomy)
- removal of all the major ducts (total duct excision)

The operation should solve the problem. However, as finding all the ducts can sometimes be difficult, you may need to have more ducts removed if the discharge comes back.

Breastfeeding isn't possible from that breast if all the major ducts are removed, but may be possible after a microdochectomy.

The operation is usually done under a general anaesthetic. You'll normally have your surgery as a day case, which means you'll be admitted to hospital in the morning and sent home later the same day. But some people may need 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. There may be some bruising.

You'll be given information about how to care for the wound and advice about pain relief. Some people experience changes in sensation to the nipple.

You may need to rest after the operation and avoid any heavy lifting to begin with. Most people can return to work after a couple of days.

The operation will leave a small scar but this will fade in time. Your nipple may be less sensitive than it was before the operation.

## Follow-up

You won't usually need to go back to the breast clinic after the intraductal papilloma has been removed.

People with multiple intraductal papillomas or whose intraductal papillomas contained atypical cells are more likely to have follow-up appointments with their specialist.

## What this means for you

For most people, having an intraductal papilloma doesn't increase their risk of breast cancer.

While having atypical cells or multiple intraductal papillomas can slightly increase a person's risk of breast cancer, this doesn't necessarily mean they'll develop breast cancer in the future.

Even though your intraductal papilloma has been removed, it's still important to be breast aware and go back to your GP if you notice any other changes in your breasts.

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 any further information or support, call our free Helpline on **0808 800 6000**.

## About this leaflet

**Intraductal papilloma** 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:

Phone **0345 092 0808**

Email **[publications@breastcancercare.org.uk](mailto:publications@breastcancercare.org.uk)**



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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](https://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](https://breastcancercare.org.uk/donate)**

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