

# Sclerosing lesions of the breast

This leaflet tells you about sclerosing lesions of the breast (also called sclerosis of the breast). It explains what these are, how they are diagnosed and what will happen if they need to be followed up or treated.

**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](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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## What is a sclerosing lesion of the breast?

A sclerosing lesion of the breast is a benign (not cancer) area of hardened breast tissue. You may also hear it called 'sclerosis of the breast'.

The most common types of sclerosing lesion of the breast are:

- sclerosing adenosis
- radial scar/complex sclerosing lesion

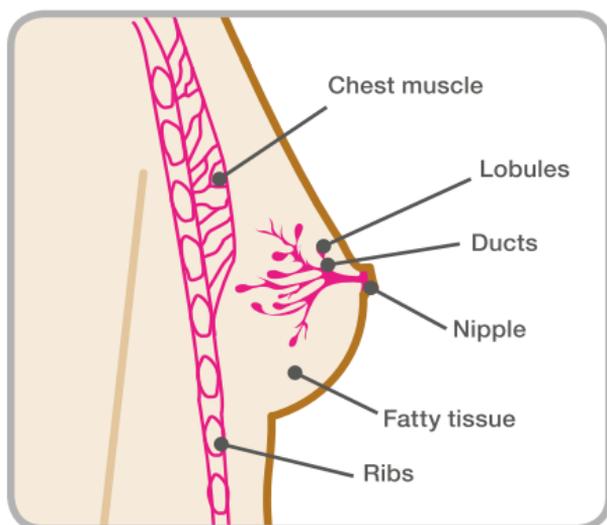
They are more common in women in their 30s or 40s, but can occur at any age.

Men can also get sclerosing lesions of the breast but this is very rare.

## Sclerosing adenosis

### What is sclerosing adenosis?

Sclerosing adenosis is a benign breast condition that may occur as the result of the normal ageing process. Breasts are made up of lobules (milk-producing glands) and ducts (tubes that carry milk to the nipple), which are surrounded by glandular, fibrous and fatty tissue. Sclerosing adenosis is extra growth of tissue within the breast lobules.



## What are the symptoms of sclerosing adenosis?

Most women will not notice any symptoms and it is often only diagnosed during a routine mammogram (breast x-ray) or following tests for a different breast problem.

Occasionally some people may notice a small lump. Others may have pain in their breast, but this is very rare. If there is pain it usually doesn't go away and is in one specific area. Some women find that the pain gets worse just before a period.

## How is sclerosing adenosis diagnosed?

Sclerosing adenosis can be difficult to diagnose, as it can occasionally look like a breast cancer on a mammogram. Because of this, a biopsy may be needed to make a definite diagnosis. You may have one of the following types of biopsy.

### **Core biopsy**

A core biopsy uses a hollow needle to take a sample of breast tissue. The sample will be sent to a laboratory to be looked at under a microscope. Several tissue samples may be taken at the same time.

### **Stereotactic core biopsy**

If the area of concern can only be seen on a mammogram, you may have a stereotactic core biopsy. This is where a sample of tissue is taken using a needle biopsy device connected to a mammogram machine and linked to a computer. This helps locate the exact position of the area to be biopsied. Images of the breast are taken from two different angles to help guide the needle to the precise location. You will be given a local anaesthetic and will be in a sitting position or lying down on a specially designed examination couch.

### **Vacuum assisted biopsy**

If a previous biopsy has not given a definite result and more breast tissue is needed to make a diagnosis, or 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 and is done using a mammogram or ultrasound for guidance.

After an injection of local anaesthetic, a small cut is made in the skin, through which a hollow probe connected to a vacuum device is placed. Using a mammogram or ultrasound as a guide, breast tissue is sucked through the probe by the vacuum into a collecting chamber. This means that several samples of breast tissue can be taken without removing the probe. These samples are sent to a laboratory to be examined under a microscope.

These tests are done in the breast clinic or the x-ray department. For more information about biopsies, see our **Your breast clinic appointment** booklet.

### **Excision biopsy**

Occasionally a small operation (excision biopsy) is needed to remove the affected area and confirm that it is not breast cancer. Once the affected area is removed, the tissue is sent to a laboratory where it is looked at under a microscope to confirm the diagnosis.

### **How is sclerosing adenosis treated?**

Once the diagnosis has been confirmed as sclerosing adenosis, no further treatment is needed, even if the area of concern has not been removed.

### **Does sclerosing adenosis increase the risk of breast cancer?**

Sclerosing adenosis does not increase your risk of developing breast cancer. However, you may still worry about breast cancer.

Breast cancer is common so it's important to be breast aware (see the last section of this leaflet). Knowing the signs and symptoms to be aware of can help you feel less anxious.

## Radial scars and complex sclerosing lesions

### What are radial scars and complex sclerosing lesions?

Radial scars and complex sclerosing lesions are also benign areas of hardened breast tissue. They are similar to sclerosing adenosis, but they are usually larger and have features similar to a breast cancer when seen on a mammogram.

They are generally identified by size, with radial scars usually being smaller than 1cm and complex sclerosing lesions being more than 1cm.

A radial scar or complex sclerosing lesion is not actually a scar. The name describes how it looks on a mammogram.

### What are the symptoms of radial scars and complex sclerosing lesions?

Most people will not notice any symptoms and these are often only found on a routine mammogram or following tests for a different breast problem.

### How are radial scars and complex sclerosing lesions diagnosed?

It may not be possible to clearly identify radial scars and complex sclerosing lesions from breast cancer on a mammogram. Therefore, your doctor may suggest you have a core biopsy to confirm the diagnosis. There's more about core biopsies earlier in this leaflet or see our [Your breast clinic appointment](#) booklet.

### How are radial scars and complex sclerosing lesions treated?

Even though the diagnosis can usually be made on a core biopsy, your doctor may suggest a small operation (excision biopsy) to completely remove the radial scar or complex sclerosing lesion.

Sometimes your doctor may suggest doing a vacuum assisted biopsy to remove it instead of an excision biopsy. The biopsy device is used until the area being investigated has been removed. This may mean that an operation under a general anaesthetic can be avoided.

The removed breast tissue will be sent to a laboratory to confirm that it's not cancer.

Once the area has been completely removed and confirmed as a radial scar or complex sclerosing lesion, follow-up mammograms may be needed. Your specialist team will discuss this with you.

## Do radial scars or complex sclerosing lesions increase the risk of breast cancer?

Experts disagree as to whether having a radial scar or complex sclerosing lesion might mean a slightly increased risk of developing breast cancer in the future. Some doctors believe that any increase in your risk is determined by what else (if anything) is found in the tissue removed, for example an area of atypical hyperplasia (see our **Hyperplasia and atypical hyperplasia** leaflet for information on these benign breast conditions), but more research is needed.

## Being breast aware

It's important to continue to be breast aware and go back to your GP if you notice any other changes in your breasts, regardless of how soon these occur after your diagnosis of a sclerosing lesion. You can find out more about being breast aware in our booklet **Know your breasts: a guide to breast awareness and screening**.

## About this leaflet

**Scerosing lesions of the breast** 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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