

INTRADUCTAL PAPILLOMA

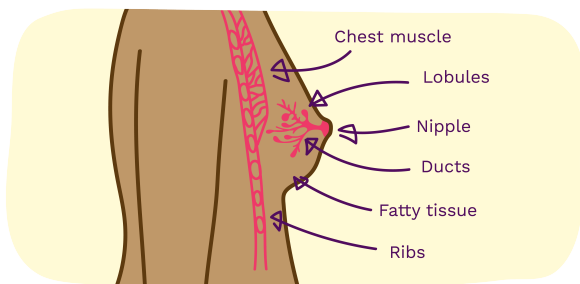
Benign breast conditions
information provided by
Breast Cancer Now

About this leaflet

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

What is intraductal papilloma?

Intraductal papilloma is a benign (not cancer) breast condition where a wart-like lump develops in 1 or more of the milk ducts in the breast. It's usually close to the nipple, but it can be found anywhere in the breast.



Intraductal papilloma develops in the milk ducts

You may have a single intraductal papilloma. Or you may have multiple intraductal papillomas, also called papillomatosis.

It's most common in women over 40 and usually develops naturally as the breast ages and changes.

A rarer condition called juvenile papillomatosis affects teenage girls and younger women.

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

Although the names are similar, intraductal papilloma is not the same as papillary breast cancer.

Symptoms

You may notice:

- A lump in the breast
- Discharge of clear or blood-stained fluid from the nipple

An intraductal papilloma is not usually painful, but you may have some discomfort or pain around the area.

Breast cancer risk

A single intraductal papilloma generally does not increase the risk of developing breast cancer.

If you have multiple intraductal papillomas, you may have a slightly higher risk of developing breast cancer.

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

How are intraductal papillomas diagnosed?

Intraductal papillomas can be found:

- During routine breast screening using a mammogram (breast x-ray)
- After breast surgery, for example to treat nipple discharge
- If you go to your GP with symptoms

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

You can find out more information about what to expect at the breast clinic in our booklet **Your breast clinic appointment**.

Surgery

Excision biopsy

You may be offered an operation called an excision biopsy to remove the intraductal papilloma. This can be done 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. 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 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 special needle connected to a vacuum device is placed through this cut.

Using a mammogram or ultrasound as a guide, breast tissue is sucked through the needle into a collecting chamber. This is done until the area being investigated has been removed.

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, but it can mean you may not need an operation under a general anaesthetic.

Further surgery

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

- The affected duct or ducts (microdochectomy)
- All the major ducts (total duct excision, also known as Hadfield's procedure)

The operation is usually done under a general anaesthetic.

You'll normally have surgery as a day case, which means you'll be admitted to hospital in the morning and sent home later the same day. But you may need to stay overnight.

You will have a small wound near the darker area of skin around the nipple (areola) with a stitch or stitches in it. Your treatment team will give you information about how to care for the wound and advice about pain relief.

You may notice some changes in sensation in the breast or nipple area in the weeks after the operation. This can include sharp, stabbing or shooting pains. This is normal.

You may have some bruising, and the operation will leave a small scar which will fade over time. Your nipple may be less sensitive than it was before the operation.

If you've had a total duct excision, you will not be able to breastfeed from that breast. However, you may be able to breastfeed from the breast if you have had a microdochectomy.

Most people can return to work after a couple of days. Your treatment team will let you know if there is anything else to consider while you recover.

The operation should stop the discharge from occurring. However, finding all the ducts during surgery can sometimes be difficult. You may need to have more ducts removed if the discharge returns.

After treatment

You may need to go back to the breast clinic to check how your wound is healing after surgery.

If you had a single intraductal papilloma removed, you will not usually need to go back to the breast clinic for any follow-up appointments.

You're more likely to have follow-up appointments if you had multiple intraductal papillomas or intraductal papillomas that contained atypical cells.

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 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