

# Breast calcifications

This leaflet tells you about breast calcifications. It explains what calcifications are, how they're found and what will happen if they need to be followed up.

Although they're more common in women, breast calcifications can be found in men.



## What are breast calcifications?

Breast calcifications are small spots of calcium salts. They can occur anywhere in the breast tissue. They are very small, so you won't be able to feel them, and they don't cause any pain.

Breast calcifications are very common and usually develop naturally as a woman ages. They are usually benign (not cancer). Having benign breast calcifications doesn't increase your risk of developing breast cancer.

Breast calcifications can occasionally be an early sign of cancer. Because of this, your doctor or nurse may want you to have further tests to check what sort of calcifications you have.

Sometimes they form because of other changes in the breast, such as a fibroadenoma or breast cyst (benign breast conditions). They can also form if you've had an infection in, or injury to, the breast, or if you've had surgery or a breast implant.

Breast calcifications can develop in the blood vessels of the breast. These may be age-related or caused by other medical conditions such as heart problems or diabetes, but don't usually require further assessment.

## How are they found?

Breast calcifications are usually found by chance during a routine screening mammogram (breast x-ray) or during an investigation at a breast clinic for another breast problem. The calcifications show up on a mammogram as small white spots.

When you have a mammogram, it's looked at by one or two radiologists (doctors who specialise in the use of imaging to diagnose and treat disease). When calcifications are found, they will look carefully at:

- their size – macrocalcifications (large) or microcalcifications (small)
- their shape – such as round, 'popcorn like' or 'large rod like'
- their pattern – such as scattered, in a line or in a group.

They will categorise the calcifications as looking benign, indeterminate (uncertain) or suspicious of being cancer.

## What happens next?

If the calcifications look benign, nothing more needs to be done. They don't need to be removed and won't cause you any harm.

If the calcifications look indeterminate or suspicious you will need further tests. In many cases, a mammogram may not give the radiologists enough information. The mammogram may not be clear or they may want to check an area more carefully. This doesn't mean that something is wrong; further tests will give your doctor or nurse more information to help them make an accurate diagnosis.

Further tests are likely to include a more detailed mammogram which gives a close-up (magnified) picture of the affected area.

You may also have a core biopsy. You'll be given a local anaesthetic and a hollow needle is used to take samples of breast tissue for analysis under a microscope. Because calcifications are so small, a computer and mammogram are usually used to locate them accurately so a biopsy can be taken from the affected area (known as a stereotactic core biopsy).

You may be offered another type of biopsy called a vacuum-assisted biopsy. This 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. Breast tissue is sucked through the probe by the vacuum into a collecting chamber and then analysed under a microscope.

Following a biopsy, a small metal clip (or marker clip) may be placed in the breast to mark the site of the calcifications. This is so the area can be found again if a further biopsy or surgery is needed. If another procedure isn't needed, the clip can be safely left in the breast. The marker clip is usually made of titanium (the same metal used for joint replacement surgery). It will not set off alarms at airports. If the marker clip is left in and you need to have an MRI (magnetic resonance imaging) scan in the future, you will need to let the doctor know.

These tests are usually done in the breast clinic or x-ray department as an outpatient, although sometimes they are done in the day surgery unit. You won't have to stay overnight in hospital.

Your doctor or nurse may recommend surgery to remove the area of calcification from the breast and so it can be looked at under a microscope. In this case a technique called wire localisation is often used to pinpoint the area. The radiologist uses a mammogram or ultrasound scan as a guide to insert a fine wire into the breast under local anaesthetic. The wire is then carefully secured under a small dressing and left in place until the operation to remove the area of calcification, which is usually the same day or sometimes the day after. If the wire feels uncomfortable while it is in place you can have some mild pain relief.

When the surgery takes place to remove the area of calcification, you may have a general or local anaesthetic. The wire will also be removed at this time. You may feel soreness and discomfort after your operation but this can be managed with pain relief. There will be a small scar, but this should fade in time.

## Follow-up

It's likely that your tests will show the calcifications are benign and you won't need any more treatment.

If the calcifications are part of another benign breast condition, your doctor or nurse will tell you if anything else needs to be done. You may also find it helpful to read other leaflets in our benign breast conditions series.

If you're told that the calcifications are an early sign of breast cancer, your specialist team will talk to you about what this means and discuss your future treatment. You may want to read our booklets **Breast cancer and you: coping with diagnosis, treatment and the future** and **Treating breast cancer**.

Continued overleaf

Visit [www.breastcancercare.org.uk](http://www.breastcancercare.org.uk)

## What this means for you

You may feel anxious about what having breast calcifications means for you. Even if you have calcifications that don't need any follow-up, you may still worry about breast cancer. Having benign breast calcifications doesn't increase your risk of developing breast cancer.

It's important to continue to be breast aware, and to go back to your GP (local doctor) if you notice any changes in your breasts, however soon this is after you were told you had calcifications.

You can find out more about being breast aware in our booklet **Your breasts, your health: throughout your life**.

If you'd like any further information or support, call our free Helpline on **0808 800 6000** (Text Relay **18001**).

# About this leaflet

**Breast calcifications** was written by Breast Cancer Care's clinical specialists, and reviewed by healthcare professionals and people affected by breast cancer.



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

**Phone** 0345 092 0808

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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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