

# Intraductal papilloma

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

## What is an intraductal papilloma?

An intraductal papilloma is a benign (not cancer) breast condition. Intraductal papillomas are most common in women over 40 and usually develop naturally as the breast ages and changes.

Although they are much more common in women, men can also get intraductal papillomas, but this is very rare.

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.

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

You may feel a small lump or notice a discharge of clear or bloodstained fluid from the nipple. Generally intraductal papillomas aren't painful but some women can have discomfort or pain around the area.

Intraductal papillomas can occur in both breasts at the same time.

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

However, when an intraductal papilloma contains atypical cells (cells which are abnormal but not cancer), 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 found and treated?

Intraductal papillomas can be found by chance following routine breast screening (a mammogram or breast x-ray), after breast surgery or if you go to your GP (local doctor) with symptoms. You will then be referred to a breast clinic where you'll be seen by specialist doctors or nurses.

## Triple assessment

At the breast clinic you'll probably have three different tests, known as triple assessment, to help make a diagnosis. These are:

- a breast examination
- a mammogram (breast x-ray) and/or an ultrasound scan (which uses high-frequency sound waves to produce an image)
- a fine needle aspiration (FNA), core biopsy or vacuum assisted biopsy.

If you're a woman under 40, you're more likely to have an ultrasound scan than a mammogram. This is because 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 as part of their assessment.

A fine needle aspiration uses a fine needle and syringe to take a sample of cells to be analysed under a microscope.

A core biopsy uses a hollow needle to take a small sample of breast tissue for analysis under a microscope. Several tissue samples may be taken at the same time. This procedure will be done using a local anaesthetic.

In some hospitals you may be offered a vacuum assisted biopsy as an alternative to a core biopsy. 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 an ultrasound or mammogram 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 collected without removing the probe. The samples are sent to the laboratory where they are examined under a microscope.

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

## Excision biopsy

After a triple assessment, your specialist may want you to have an operation called an excision biopsy. This is surgery to remove more breast tissue, which will be examined under a microscope.

An excision biopsy can be carried out under a local or general anaesthetic. 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

Sometimes a vacuum assisted excision biopsy may be used instead of an excision biopsy. This procedure is very similar to the vacuum assisted biopsy described earlier, but the biopsy device is used until all of the area being investigated has been removed. This may mean that an operation under a general anaesthetic can be avoided. The tissue removed is sent to the laboratory and 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) or removal of all the major ducts (total duct excision). The operation should solve the problem, but as finding all the ducts can sometimes be difficult, you may need to have more ducts removed if the discharge comes back.

The operation is usually done under a general anaesthetic. You'll be in hospital for the day, but sometimes you may need to stay overnight.

You'll have a small wound near the areola (darker area of skin around the nipple) with a stitch or stitches in it. You'll be given information about how to care for this and advice about pain relief.

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

## 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.

If your intraductal papilloma contains atypical cells, or if you have multiple intraductal papillomas, you may be worried or anxious that your risk of breast cancer is slightly increased. However, this doesn't necessarily mean you'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 **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 00).

# About this leaflet

**Intraductal papilloma** was written by Breast Cancer Care's clinical specialists, and reviewed by healthcare professionals and members of the public.



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