

# Understanding Breast Changes

Breast care information



Marie Keating

FOUNDATION

making cancer less frightening by enlightening

Breast changes are common and the vast majority are benign (non-cancerous). However they can cause concern and anxiety. This booklet is designed to help you with these concerns. It will help you to be aware of your breasts and explain the various types of breast changes that women experience.

It is important to highlight that if you find a lump or other change in your breast, don't use this booklet to try and diagnose it yourself. You must seek a doctor's advice. There is no substitution for a doctor's evaluation.

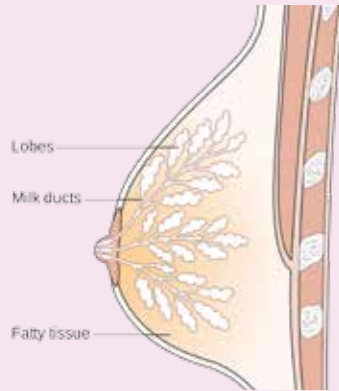


# So... what are breasts?

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.

Benign breast conditions generally involve the glandular tissue of the breast and are usually more of a problem for women who are of child bearing age who have more glandular breasts.

## Diagram showing the lobes and ducts of a breast



Taken from the patient information website of Cancer Research UK:  
<http://www.cancerresearchuk.org/cancerhelp>





# Types of benign breast changes

Common benign breast changes fall into several broad categories. These include generalised breast changes, solitary lumps, nipple discharge and infections and/or inflammation.

## Generalised breast lumpiness

Generalised breast lumpiness is known by several names including fibrocystic changes and benign breast disease. Such lumpiness, which is sometimes described as “glandular,” “nodular” or “ropy”, can often be felt in the area around the nipple and areola and in the upper, outer part of the breast. Lumpiness such as this may become more obvious as you approach middle age and the milk producing, glandular tissue of the breasts increasingly gives way to soft, fatty tissue. Unless you are taking hormone replacement therapy, this type of lumpiness generally disappears for good after the menopause.

## Menstrual cycle

During the menstrual cycle many women experience swelling, tenderness and pain before and sometimes during a period. At the same time, one or more lumps or a feeling of increased lumpiness may develop because of the extra fluid developing in the breast tissue. These lumps normally go away by the end of the period.

## Pregnancy

During pregnancy your breasts may feel lumpier than usual as the milk producing glands become swollen. Such lumps, which can appear at any time, may be large or small, soft or rubbery, fluid filled or solid. It is important to see your doctor if you find a new lump, or notice a change in a previously investigated lump during pregnancy.

## Cysts

Cysts are fluid filled sacs. They are one of the most common causes of a breast lump, and can develop in either one or both breasts. Although you can develop breast cysts at any age, they are most common in women between the ages of 35 to 50. They occur more frequently as women get closer to the menopause and usually stop once a woman is post menopausal. Breast cysts can feel soft or hard and they can vary in size.

Breast cysts are often painful or tender to touch. Women can also have cysts and not be able to feel them at all. Breast cysts can be particularly well seen using an ultrasound scan. If large and painful, sometimes fluid can be removed from the cyst using the ultrasound and a small needle.

## **Fibroadenomas**

Fibroadenomas are solid and round benign breast lumps that are usually painless. They are very common and it is not unusual to have more than one. They are mostly found in young women; however, they can occur at any age. Once a fibroadenoma has been confirmed by a breast specialist, it usually does not need to be removed or followed up. Occasionally your doctor may discuss the possibility of removing a fibroadenoma, particularly if large, increased in size or showing any unusual features. If you have a known fibroadenoma that increases in size you should contact your breast specialist.

## **Fat necrosis**

Fat necrosis can feel like a round, firm lump and doesn't usually cause pain. However, some women may experience some pain or tenderness. The skin around the lump may become dimpled, red or bruised. Fat necrosis may develop as a result of damage to the fatty breast tissue caused by a bruise or injury to the breast, though many women may not remember any specific injury. It also occurs as a result of previous breast surgery (including breast reconstruction) or radiotherapy to the breast.

## **Papilloma**

An intraductal papilloma is a small "wart-like" growth that projects into breast ducts. If a papilloma occurs in a duct near the nipple it can cause a clear, sticky or bloody discharge. Papillomas can be in both breasts, are more common in women over forty and usually develop naturally as the breast ages and changes. If a papilloma is identified it can be removed surgically without damaging the appearance of the breast.

## **Nipple discharge**

Some benign breast conditions produce a discharge from the nipple. The type of discharge may often give a clue as to its cause, for example yellow/green discharge is often a result of an irritation within the ducts. Any new discharge which occurs spontaneously (without squeezing the nipple) should be reported to a doctor.

## Inverted nipple

Inverted nipples are quite common, with the nipple lying flat on the breast rather than protruding from it. If it has always been like this there is nothing to worry about. However, if a nipple becomes inverted this might indicate disease in the breast and you should seek a doctor's advice.

## Mastitis/abscess

Mastitis is a condition that causes a woman's breast tissue to become painful and inflamed. Mastitis is most common in breastfeeding women (lactational mastitis), although women who are not breastfeeding can also develop it. Peri-ductal mastitis occurs when the ducts under the nipple become inflamed and infected. Symptoms may include redness, hot and tender to touch; a painful lump; discharge from the nipple or an inverted nipple. People who smoke have an increased risk of being affected by peri-ductal mastitis because substances in cigarette smoke can damage the ducts behind the nipple. Some people may not need any treatment for peri-ductal mastitis as it can clear up by itself. Others may need a course of antibiotics to treat the infection. Mastitis should be promptly treated to prevent more serious complications developing, such as a breast abscess (a painful collection of pus).

## Duct ectasia

Duct ectasia is a condition where the ducts become widened and the lining can become irritated. Duct ectasia can be painful, and it can produce a thick and sticky nipple discharge that can vary in colour. In most cases you will not need any treatment as it is a normal part of aging and will clear up by itself. Smoking is also known to aggravate this condition. Any new discharge should be reported to a doctor.

## Benign phyllodes

Phyllodes tumours are smooth, firm lumps of tissue that occur within the breast tissue. There are three categories of phyllodes tumours; benign, borderline and malignant. Benign phyllodes, once formed, may grow quickly and can go on to become quite large. They are rare and are normally benign. The main treatment is always surgery to remove the lump entirely with a margin (border) of normal breast tissue around it. The idea of the margin is to prevent the tumour growing back. Your specialist will discuss the surgery and treatment required depending on the size and type of your tumour.





# What to do next

## Mammogram

Mammogram is an X-Ray examination of the breasts. A mammogram is a good technique to look at the entire breast on both sides. It is usually performed on women over 35 years presenting to the breast specialist with a breast symptom. It is usually not performed in women under 35 years due to the thickness of the breast tissue in this age group which can limit the value of mammogram. The radiographer usually takes two images or pictures of each breast, one from the top and one from the side. In order to get a good image, your breast must be flattened or compressed. This may be uncomfortable, but it will not harm your breasts in any way and is extremely important for getting a clear image. Compression of the breast is also beneficial because it results in a lower dose of radiation.

## Ultrasound examination

Ultrasound of the breast is used to investigate lumps in the breast in all age groups and also used to focus in on any abnormalities seen on a mammogram. Ultrasound is good at telling if a lump is cystic or solid. It is not used to look at the entire breast. In younger women when the breast tissue is denser, ultrasound scans give a clearer picture than mammograms.

## Biopsy

The doctor may need to take a sample of the breast lump to make a certain diagnosis. A small core of tissue can be removed using a hollow needle. This procedure is often carried out in the X-Ray department and a local anaesthetic (numbing) is given if this procedure is necessary.

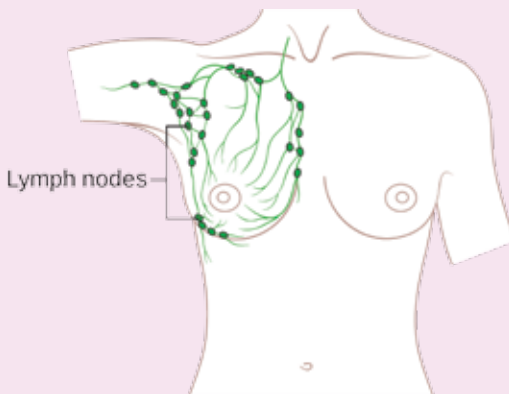
# When to seek advice

## Breast changes for which medical advice should be sought

- A new breast lump or change in a previously investigated lump
- A change in the size or shape of your breast
- Change to the nipple, such as crusting, ulceration, redness or inversion
- Dimpling of the skin of the breast
- A rash (like eczema) affecting the nipple
- A nipple discharge
- A swelling or lump in the armpit

Pain in the breast is not usually a symptom of breast cancer, in fact many healthy women find that their breasts feel lumpy and tender before a period. Nine out of ten breast lumps are benign and nothing to worry about.

### Diagram showing the network of lymph nodes in and around the breast.



Taken from the patient information website of Cancer Research UK:  
<http://www.cancerresearchuk.org/cancerhelp>

## **A word of caution...**

If you find a lump or other change in your breast, don't use this booklet to try and diagnose it yourself. You must seek a doctor's advice.

## About the Marie Keating Foundation

Following their mother Marie's death in 1998, the Keating family promised that they would do everything they could to bring an end to breast cancer. They committed to provide all women and their families with the necessary information to prevent cancer or detect it at its earliest stages. Their collective aim was **"making cancer less frightening by enlightening"**.

Through its community information service, the Foundation's dedicated nurses have enlightened over 100,000 people of the causes and risk factors of breast and other cancers. The Foundation is continuing to expand its awareness campaigns on each of the key cancers, at local level through its community outreach approach as well as through national campaigns.

The Foundation finances other areas of need in cancer care. Monies raised help to refurbish hospital oncology waiting rooms in making them more comfortable for patients. A limited comfort fund for those in financial difficulty as a result of their illness provides immediate assistance, when required.

*On February 2nd 1998, our mother Marie died from breast cancer. At the time and all through her illness, we could do nothing to help our Mother who had, all our lives, done everything for us. We, the Keating family have set up this charity in her name to try to help and prevent others going through what Mam went through and what we are still going through to this day. This is also to show that such a wonderful mother and person did not die in vain.*



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