Royal Cornwall Hospitals
NHS Trust

Nipple disorders









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Does nipple discharge mean cancer?

Almost certainly not. Nipple discharge is common and only rarely means there is a serious disease. The type of discharge often gives a clue to its cause. If it is bloodstained it is likely to be more important than other types. Many women who have had children continue to have a very slight milky discharge from both breasts that may continue for months after they stop breast-feeding. Some medicines used for blood pressure, some tranquillisers and occasionally even the Pill can also cause discharge. Disturbance in hormone levels may also be the cause so check with your GP.

If the discharge is only slight, treatment may not be necessary. If it is heavy, surgery to close off the milk ducts may be considered, although of course this would mean breast-feeding would not be possible.

What are the types of discharge?

Inflammation of one or more of the milk ducts (duct ectasia) is quite common in women over 40. The discharge may be clear or creamy, even bloodstained and sometimes very thick. Once the specialist has confirmed this diagnosis by examination and mammogram, treatment depends on how severe the symptoms are. If the discharge is minimal and not a nuisance, it can be left alone. There may be infection requiring antibiotics and sometimes the recurrent inflammation or profuse discharge means surgery is necessary to remove the affected area of breast. There is no increase in the risk of cancer.

A discharge that is yellowish and sticky, bloodstained or watery should be seen by a specialist to exclude cancer. The discharge might indicate the presence of a benign tumour. This can be surgically removed if either it is causing distressing discharge or in order to make a firm diagnosis that it is not cancer. Such a cancer is unusual in women under 50 and very rare in those under 40.

A cloudy opalescent discharge may be a nuisance if it is heavy, but it is usually of no serious significance. Surgery to divide the milk ducts can cure this, but is rarely requested. If there is a lump as well as nipple discharge, treatment would primarily be of the lump.

How common are inverted nipples?

Inverted nipples are quite common, the nipple lying flat on the breast rather than protruding from it. If it has always been like this then there is nothing to worry about. However, if a nipple which normally stands out from the breast appears to flatten and become drawn in rather than out, this may indicate disease in the breast, and you should see your doctor.

Eczema can occur on the nipples as it can elsewhere on the skin. It usually affects both nipples, and is treated in the same way as eczema elsewhere with moisturisers and sometimes with steroid cream. An itchy nipple on one side only that gets steadily worse may be Paget's disease that requires specialist advice.

Polyps and cysts can occur on the nipple and can be removed surgically without risk of recurrence.

Montgomery's tubercles are small circular swellings on the areola, the darker skin around the nipple. These are a form of sweat gland, which get larger during pregnancy. Occasionally a cyst may form in the gland, but treatment is rarely necessary.

Jogger's nipple is a painful condition caused by friction of ill-fitting clothes on a warm moist nipple during sport. Cyclist's nipple is a similar injury caused by the cold. The treatment for this is to wear appropriate clothing.

OTHER COMMON QUESTIONS

What is breast awareness?

It makes sense to be aware of your breasts and to know what is normal for you. Each breast contains 15-20 clusters of glands designed to produce milk. Channels from each gland join together and form a main duct that opens at the nipple. The glands are embedded in fatty tissue that gives the breast their individual shape; normally women can feel the glands within their breasts.

Continued overleaf

By regularly checking your own breasts, you become aware of what is normal for you throughout the month; familiar lumps and bumps that do not change over the months are not a cause for concern. If you are thin you will be able to feel your ribs. If in doubt about any particular area of your breast, check your other breast, and if the lumpiness is the same in both breasts, all you need to do is check them again the following month. If you are still having periods, do this a few days after your period; if not, make it the first week of each month.

To check your breasts, stand in front of a mirror with your clothes removed, and raise your arms above your head. Look for any new difference in size or shape between the breasts, any puckering of the skin or alteration of the nipple.

Lie down (some women find it easiest to do this in the bath using a soapy hand), with your fingers flat, feel over the whole surface of both your breasts, feeling for anything which is different from last time. Also check in the armpit.

Breast tissue does tend to get smaller after the menopause, but it is usually very gradual. Much of your breast is made up of fatty tissue, and will reflect your general body contours.

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