

Duct ectasia

This leaflet tells you about duct ectasia. It explains what duct ectasia is, how it's diagnosed and what will happen if it needs to be treated.



Benign breast conditions information
provided by Breast Cancer Care



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**

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**

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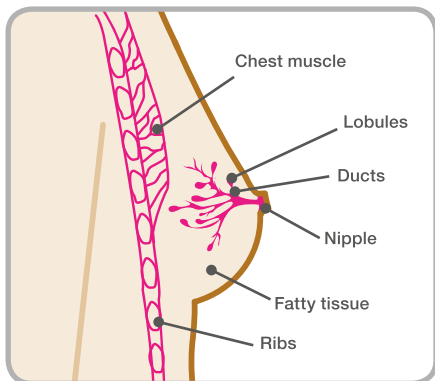
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What is duct ectasia?

Duct ectasia is a benign (not cancer) breast condition. It's caused by normal breast changes that happen with age.



Breasts are made up of lobules (milk-producing glands) and ducts (tubes that carry milk to the nipple). These are surrounded by glandular, fibrous and fatty tissue.

As a woman gets nearer to the menopause and the breasts age (from 35 years onwards) the ducts behind the nipple shorten and widen. This is called duct ectasia. Sometimes a fluid is produced that can collect in the widened ducts.

Evidence suggests that duct ectasia is more common in smokers, although the exact reason for this is unknown.

Men can also get duct ectasia, but this is very rare.

What are the symptoms of duct ectasia?

Often, duct ectasia doesn't cause any symptoms but people may notice the following:

- discharge from the nipple – usually thick but sometimes watery and may be bloodstained
- breast pain, although this is not common
- a lump felt behind the nipple – this could mean the tissue behind the nipple has become infected or scarred
- an inverted nipple (where the nipple is pulled inwards) – this could be because the ducts have shortened

How is duct ectasia diagnosed?

After a breast examination your GP is likely to refer you to a breast clinic, where you'll be seen by specialist doctors or nurses.

At the breast clinic most people will have a breast examination followed by one or more of the following tests:

- a mammogram (breast x-ray)
- an ultrasound scan (using sound waves to produce an image)
- a fine needle aspiration (FNA) (using a fine needle and syringe to take a sample of cells to be looked at under a microscope)
- a core biopsy (using a hollow needle to take a sample of breast tissue to be looked at under a microscope – several tissue samples may be taken at the same time)

If you have nipple discharge that's bloodstained, this may also be tested.

You can read more about these tests in our booklet **Your breast clinic appointment.**

How is duct ectasia treated?

Most cases of duct ectasia don't need any treatment or follow-up as it's a normal part of ageing, and any symptoms will usually clear up by themselves. Try not to squeeze the nipple as this may encourage further discharge. In the meantime, if you have any pain you may want to take pain relief such as paracetamol.

Surgery

If you continue to have discharge from the nipple (without squeezing), you may be offered an operation to remove the affected duct or ducts. This might be removal of just the affected duct or ducts (a microdochectomy), or removal of all the major ducts (a total duct excision).

The operation is usually done under a general anaesthetic. Most people are in hospital for the day, but you might have to stay overnight. You'll have a small wound near the areola (the darker area of skin around the nipple) with a stitch or stitches in it. Your specialist team will tell you how to care for it afterwards.

You'll be advised about which pain relief to take after the operation, as your breast may be sore and bruised. The operation will leave a small scar but this will fade in time.

After the operation your nipple may be less sensitive than before. For a few people it may become inverted.

This operation is usually successful. However, sometimes finding all the ducts can be difficult, and your symptoms may return. If this happens you may need further surgery to remove more ducts. It's important to go back to your GP if you have any new symptoms.

Does duct ectasia increase my risk of breast cancer?

Having duct ectasia doesn't increase your risk of developing breast cancer in the future. However, it's still important to be breast aware and go back to your GP if you notice any changes in your breasts, regardless of how soon these occur after your diagnosis of duct ectasia.

You can find out more about being breast aware in our booklet **Know your breasts: a guide to breast awareness and screening**. You can also call our free Helpline on **0808 800 6000** and talk to one of our experts.

About this leaflet

Duct ectasia was written by Breast Cancer Care's clinical specialists, and reviewed by healthcare professionals and people affected by breast problems.



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

Phone **0345 092 0808**

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