



PATIENT LEAFLET - DUCT ECTASIA

WHAT IS DUCT ECTASIA

Duct ectasia is a benign (not cancer) breast condition. It's caused by normal breast changes that happen with age, and it's nothing to worry about. It normally presents with a change in shape of the nipple (nipple inversion) or nipple discharge.

Breasts are made up of lobules (milk-producing glands) and ducts (tubes that carry milk to the nipple), which are surrounded by fibrous and fatty tissue. As women get 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 secretion is produced and can collect in the widened ducts. This can cause nipple inversion. Some people also experience pain, although this is not common.

There can also be a discharge of these secretions through the nipple, which is usually thick but can also be watery. It can vary in colour, and can occasionally be bloodstained.

HOW IS DUCT EXTASIA DIAGNOSED?

After your GP has examined your breasts you're likely to be referred to a breast clinic and you will have a clinical examination, a mammogram if you are over 40 years of age, an ultrasound scan of the area behind the nipple and you are also likely to have a few drops of any nipple discharge put onto a slide to be looked at down the microscope. This is to rule out any other more worrying cause for the symptoms that you have.

WHAT IS THE TREATMENT FOR DUCT ECTASIA?

Most cases of duct ectasia don't need any treatment 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.

If you continue to have discharge from the nipple (without squeezing) which doesn't settle, or if the analysis of the nipple fluid shows any worrying features, you may be offered an operation to remove 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, and you'll be in hospital for the day, but sometimes you might have 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, and Rachel and your breast care nurse 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 slightly 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, and for a few people it may become flattened or inverted. The operation should solve the problem but, as finding all the ducts can sometimes be difficult, your symptoms may return and you may need further surgery to remove more ducts. It's important to go back to your GP if you have any new symptoms.

WHAT IS THE PROGNOSIS FOR DUCT ECTASIA?

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 other changes in your breasts, regardless of how soon these occur after your diagnosis of duct ectasia.