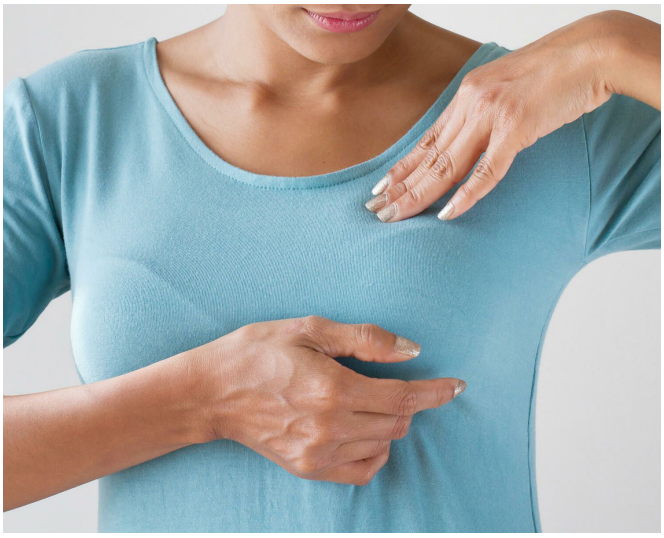
Dr Aemelia Melloy, General Surgeon

Nipple discharge



Nipple discharge is the release of fluid from the nipple and is a very common breast symptom with a reported incidence of 2-5%. It may be from one or multiple ducts, and as a solitary symptom is a very uncommon presentation of breast cancer. Normal, or physiological nipple discharge is commonly yellow, milky or green in appearance. It may be present for up to two years after cessation of breast feeding

How to differentiate physiological from abnormal discharge:

- Is the discharge spontaneous or only on expression?
  - Spontaneous discharge is more likely to be pathological
- Is the discharge unilateral or bilateral?
  - Bilateral discharge is less likely to be pathological
- What colour is the discharge?
  - Yellow, green or milky is not usually concerning
  - Red or brown or clear discharge can be more significant
  - Lactating women may have occult or gross blood within their discharge due to delicate capillary networks in the developing epithelium.

Red flags:

- Copious, spontaneous discharge
- Blood-stained
- Emerging from a single duct
- Malignancy risk increases with age

Causes of nipple discharge:

- Duct ectasia
  - Is a benign condition that typically occurs in post-menopausal women associated with enlargement of the milk ducts under the nipple with inflammation in the walls of the ducts. Commonly the discharge is yellow or green in colour. Most of the time no treatment is required.
- Duct papilloma
  - Duct papillomas are small intraductal lesions which commonly present with a blood-stained nipple discharge.
  - Biopsy cannot always differentiate between benign and malignant, therefore excision is usually recommended.
- Nipple eczema
  - When eczema affects the skin of the nipple it may cause a weeping, crusty nipple discharge. New eczema affecting the nipple should raise the suspicion for Pagets disease of the nipple and should be biopsied.
- Breast cancer
  - Nipple discharge is an uncommon presentation for breast cancer (<5%).
- Hormonal/medication causes
  - Excessive exogenous or endogenous prolactin may cause galactorrhoea, and a milky nipple discharge which is unrelated to pregnancy.
  - Common medications include the oral contraceptive, antiemetics, antidepressants and antipsychotics.

Investigations:

- Breast examination, ultrasound and mammogram to assess for any underlying breast lesion.
- Prolactin level if suspicion of galactorrhoea.
- Cytology has low sensitivity and has no role in routine management.

Recommended early management

If there are no red flag symptoms, then a 'watch and wait' approach may be adopted. Advise the patient not to express discharge from the nipple. Routine screening, imaging and serial examination is appropriate.

If the patient has red flag symptoms, persistent discharge, or if there are abnormal mammography or ultrasound findings, then they should be referred to a surgeon for further assessment.

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About Dr Aemelia Melloy

Dr Aemelia Melloy is a General Surgeon with a special interest in breast and endocrine surgery. Obtaining her fellowship of the Royal College of Surgeons in 2021, Dr Melloy completed a year of additional fellowship training in breast and general surgery at Queen Elizabeth II Hospital in Brisbane prior to relocating to Cairns.

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