GENERAL INFORMATION

Sometimes a woman will have a bloody discharge from the nipple. Usually, this happens with no warning.

COMMON SIGNS AND SYMPTOMS

- A maroon-colored stain, usually no bigger than a quarter, is seen on the nightgown on awakening or on the bra at the end of the day.
- A drop of red or maroon-colored fluid may come out of the nipple while taking a shower.
- If the breast tissue close to the nipple is squeezed, maroon or blood-tinged fluid comes out.
- Occasionally, there is mild itching of the nipple before the fluid appears.
- The discharge is usually from one breast only, often from a single-duct opening on the nipple.

DIAGNOSIS

- A reliable history (by the woman) that the above has occurred.
- The assurance that the bleeding is not from trauma (sexual foreplay) or from injury to the breast.
- The history of bleeding is not enough to start thinking seriously about treatment (that is, an operation).
- Information on how often it happens.
- Sometimes the patient may bring in a bra or a nightgown with evidence of a blood stain.
- Usually the patient has squeezed the breast just before coming to see the doctor, so there is no fluid left to come out during the office visit. For this reason, do not squeeze the breast or take a shower on the day of the office visit, and do not wear a bra to your appointment (if this is reasonable).
- In the office, the breast will be squeezed, and, ideally, “bloody discharge” will come out. A small amount of this will be sent to the pathology laboratory for examination.
- If the squeeze does not produce any fluid, then you may need to be reevaluated in 6 to 8 weeks.
- Keep a record of how often you see bleeding and what you were doing when the bleeding occurred.
- A mammogram will be done to look for any abnormality.
- A ductogram may be ordered. You will lie on an x-ray table. The nipple will be painted with an antiseptic solution. A hollow tube, about the size of the lead in a wood pencil, will be placed in the opening of the nipple from where the blood is seen to come. Dye will be injected to fill the duct. X-rays of the breast will be taken. These can show where the lesion blocks the duct and prevents it from filling.
- Ultrasound may also be used to look at the ducts.

Some Causes of Nipple Discharge

- Nipple discharge can be found in 50 to 80% of women even when no disease is present.

- The breast ducts normally have a tiny bit of moisture in them. It is not abnormal to have a small amount of discharge. This fluid usually is straw colored, pale to dark green, or even blood tinged. Normal discharge is usually from both breasts and from several duct openings in the nipple.
- Rarely, it is cancer in the duct that is the cause of a bloody discharge.
- If the fluid from the breast is red and “bloody,” the most common cause is a tiny growth called a papilloma that usually is not much bigger than a sesame seed. Most are benign, but some can show changes of early cancer.
- An imbalance of hormones and some medications may cause breast discharge. Usually, this is clear or slightly milky in appearance.
- Trauma: This can be from squeezing the nipple excessively during breast self-examination or from sexual foreplay.
- A pregnant woman may have discharge from both breasts during pregnancy, even blood-tinged discharge during the last 2 months of pregnancy.
- Delayed drying up of the breast following childbirth and nursing can cause discharge.

TREATMENT

- If the fluid is straw colored or greenish and the mammogram result is negative, the patient can be observed carefully at intervals of 3 to 4 months.
- The type of discharge that concerns the doctor is one that is persistent throughout the month, happens without squeezing the breast, is from one opening (in the nipple), and is “bloody” in color.
- If the fluid is bloody, an operation is necessary to remove the involved duct for the following reasons:
  - One cannot be certain it is not cancerous.
  - The exact diagnosis cannot be made unless the actual bleeding tissue is removed and examined in the pathology laboratory.
  - To stop the discharge.

After careful consideration of all factors, the recommendation is that you have an operation to try to solve your problem.

PREOPERATIVE PREPARATION

- Do not eat or drink anything for 8 hours before the operation.
- You may be given medicine that will make you feel drowsy before you are brought to the operating room.

OPERATION

- It is best if the operation is done with you asleep. Injecting a local anesthetic in this area of the breast to make it numb and do the operation with you awake is not advisable. Sometimes the injected anesthetic causes the tissue in this area to become

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too watery, which makes it difficult to find something very small.

- The incision will be made in the dark part of your breast (the areola) because it will show the least in this location.
- The area under the nipple will be explored. Usually the affected duct will be swollen with fluid. The duct will be removed from the nipple down into the breast tissue (Fig. 1).
- How much tissue is removed depends on how easily the growth (usually a papilloma or involved duct) is found. Sometimes it is not possible to see the papilloma clearly; it is either small or not seen within the duct. If a dilated duct cannot be found with a papilloma, then the duct under the nipple will be removed down into the breast tissue.
- Of course, if the duct papilloma is seen, it will be removed and the operation will be over.
- The incision will be closed in a cosmetic fashion.

POSTOPERATIVE CARE

- You will wake up in a recovery room. When your blood pressure, pulse, and breathing are stable and you are completely alert, you should be able to go home that same day with a responsible adult.
- Arrangements will be made for your pain medicine, follow-up visit, and stitch removal.
- As with any operation, complications are always possible. Although they are uncommon with this type of operation, they can include bleeding, infection, and possibly others.
- With any future pregnancy, it may not be possible for you to nurse with this breast.

HOME CARE

- Resume your usual activities.
- Unless you are advised to the contrary, you may shower beginning on the next day and with any dressings on or off.
- There may be narrow strips of tape across the incision. It's all right if they get wet; they will be removed in the doctor's office.

CALL OUR OFFICE IF

- After you dry yourself, replace any dressings with clean, dry ones.
- You may return to work when you feel up to it.
- You develop a temperature higher than 100°F.
- You have any questions.