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IS ISOLATED NIPPLE DISCHARGE AN ALARM SYMPTOM?**S. P. M. Peiris¹, H. A. Amaratunga², K. De Silva³**

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Discharge from the nipple is a common condition which affects a large percentage of women around the world. However, due to the concern of breast cancer many women seek medical advice. While many cases of nipple discharge are benign, the caregiver is faced with the task of detecting the rare malignant case. Therefore any discharge from the nipple warrants further investigations. The objective of this study was to evaluate the eventual outcome of a group of patients with isolated nipple discharge presenting to a specialized tertiary care breast unit.

Patients presenting with nipple discharge, without a concurrent lump in the breast to the specialist breast clinic at Teaching Hospital Kandy from January 2009 to December 2010 were recruited for the study. Cytology of the discharge was performed in all patients. Mammography and ultrasonography were conducted as required to arrive at the final diagnosis. All patients suspected of malignancy underwent surgery and a final diagnosis was made by histopathology. All data was entered into the MedREC® medical data base.

There were 218 female patients in the study sample. The average age of the patients was 41.37 ± 13.7 years. Twenty three patients had blood stained nipple discharge, 176 had colourless or serous discharge, 17 patients had milky discharge, and 2 had purulent discharge. Two patients with blood stained discharge (8.6%) and one with serous discharge (0.5%) were diagnosed with malignant lesions. Three patients with blood stained discharge and 12 patients with a colourless or serous discharge were diagnosed with duct ectasia. All other patients had benign conditions. Forty four patients had multiple duct discharge while the rest had single duct discharge. The 3 patients diagnosed with malignancy had single duct discharge. Bilateral nipple discharge was present in 66 patients and all were diagnosed as benign.

Isolated nipple discharge is not a common symptom of underlying malignancy. However, blood stained or serous nipple discharge is a symptom that should be investigated with triple assessment. Bilateral nipple discharge is less likely to be due to a malignant cause. Contrary to traditional teaching, duct ectasia can often present with a serous discharge.