

Mayo Clinic Q and A: What is benign breast disease?

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DEAR MAYO CLINIC: A mammogram showed a lump in my breast, and my doctor said it's benign breast disease. I'm glad it's not cancer, but I'm still worried. What does this mean? Does it increase my risk of getting breast cancer in the future?

ANSWER: Changes to your breasts can cause a lot of worry. This is understandable. As you discovered, though, not all breast changes are a result of breast cancer.

Any breast symptoms, such as a [breast lump](#), nipple discharge or breast pain, should be evaluated by a medical professional. If the symptoms are diagnosed as benign, it means they are not cancer. Noncancerous breast symptoms are known as benign breast disease.

Some cases of benign breast disease are discovered during a [screening mammogram](#). Some are felt at home. For any lump or symptoms felt at home, it's recommended that you seek a thorough examination with a health care professional. If there are findings on a mammogram, your health care team will decide if additional imaging is required. This could include another mammogram to get more images of the spot and an ultrasound of the breast. Often, we can determine whether the cause is benign or not through imaging alone. Sometimes a biopsy may be necessary.

The good news is that benign breast disease is not cancer. However, some benign breast disease needs treatment and can increase the risk of developing breast cancer in the future. Ask your health care professional which type of benign breast disease you have and if it increases your personal risk.

If you have a history of cancer or other concerns, consider seeking out a specialist at a breast care center.

Here are a few of the most common types of benign breast disease:

- **Fibroadenoma:** Fibroadenomas are the most common benign tumors in the breast. Most often, they occur in people between

ages 15 and 35. They often present as a firm, round, smooth and rubbery breast lump on a breast exam. Many fibroadenomas are managed by following repeat ultrasounds over time. They do not increase your risk for breast cancer in the future.

- **Breast cyst:** Sometimes, cysts can develop in the breast. Cysts are fluid-filled masses. They can present as lumps noted in [breast tissue](#) or found on a mammogram. They don't always cause symptoms, but breast cysts that grow can lead to breast pain and tenderness. They are common between the ages of 35 and 60, and can fluctuate with menstrual cycles. Breast cysts do not increase your risk of breast cancer.
- **Mastitis:** This is inflammation of the breast tissue caused by blocked milk ducts or bacteria in the breast. It commonly affects women who are breastfeeding, but mastitis can occur in women who aren't breastfeeding. The inflammation leads to [breast pain](#), swelling, warmth and redness. Mastitis is treated using antibiotics and pain relievers. It does not increase your risk of developing breast cancer.
- **Papilloma:** A papilloma is a growth in a milk duct and can present as nipple discharge. It also may present as a small lump behind or next to the nipple. A biopsy can help understand whether papillomas need to be treated, as they sometimes can contain atypical cells that can increase your risk for breast cancer. Treatment also depends on the size, if there are multiple lumps or if they are causing symptoms. Surgery may be recommended to remove the papillomas as well.
- **Atypical hyperplasia:** This type of benign breast [disease](#) is diagnosed by a breast biopsy of an abnormal finding on an exam or breast imaging. It is an accumulation of abnormal cells in the milk ducts or lobules of the breast. Atypical hyperplasia isn't cancer, but it increases the risk of breast cancer. For this reason, the area sometimes is removed with surgery. Often, health care teams recommend intensive breast cancer screenings and

medications to reduce breast [cancer](#) risk.

All [breast](#) changes should be discussed with your [health care](#) team. In addition, an annual physical exam is a good way to review your risk for [breast cancer](#) and discuss an appropriate screening schedule for you.—Dr. Caroline Clune, M.D. , Primary Care Internal Medicine, Mayo Clinic Health System, La Crosse, Wisconsin

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