



# PIPER BREAST CENTER *Communiqué*

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## **WHAT ARE BREAST CYSTS?**

~ by Lisa J. Schneider, MD and John O'Leary, MD

Frequently a woman will have a lump in her breast that, after careful evaluation, is a cyst. Some of the most often asked questions at the Piper Breast Center are: What are breast cysts? What causes breast cysts? How are breast cysts treated?

Breast cysts are common and benign, occurring in 7 to 10 percent of adult women. A breast cyst is the result of fluid or secretions filling a portion of the milk duct. Most of the time, the fluid is reabsorbed into the breast. It is thought that cysts form when the normal secretion of fluid increases but reabsorption lags behind. This can then result in a fluid-filled structure that a woman can feel in her breast. It can be difficult to tell by touch or examination alone whether a lump is due to a cyst or due to a solid mass, such as a breast cancer. When a woman comes to her physician with a lump in her breast, the evaluation begins with a physical examination and/or imaging.

Often a physician will simply insert a slender needle into the lump to withdraw fluid, and the mass disappears, which confirms the lump is a cyst. Other times a woman will first undergo a mammogram or an ultrasound. Since the cyst fluid is easily seen by an ultrasound image, an ultrasound is an excellent way to confirm a lump is a cyst. Once the lump is confirmed as a cyst, no treatment is needed.

If the cyst is painful or bothersome, a cyst aspiration or drain can be performed. In this procedure, either a surgeon directly inserts a needle by feel or a radiologist guides the needle into the cyst using ultrasound. A cyst aspiration is helpful if the cyst is deep in the breast or not easily felt by examination.

All of these cyst evaluation methods are available at the Piper Breast Center.

## **Did You Know ...**

~ by Stephanie Remark RT (R)(M)

Only approximately 3 to 6 percent of Piper Breast Center's screening mammogram patients need to be called back for additional studies. If additional imaging studies are needed, a Piper Breast Center technologist or nurse contacts the patient within three business days of the mammogram.

Additional studies may include special mammogram images or a breast ultrasound. Results of these additional studies are given to the patient before she leaves Piper Breast Center.



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## NIPPLE DISCHARGE: A COMMON BREAST PROBLEM

~by Eric M. Johnson, MD

Nipple discharge is the second most common breast problem that prompts a visit to a physician, with breast pain still being the first. Nipple discharge is almost always caused by a non-cancerous (benign) development. This was the case in one study in which only 1.5 percent of women diagnosed with breast cancer had nipple discharge.

Nipple discharge can be divided into two categories:

- physiologic, which is a normal benign discharge
- pathologic, which can be more concerning.

### Physiologic discharge

Physiologic discharge is fluid that only appears with manipulation of the breast and is not associated with a lump. This milky, yellow or green discharge comes from multiple ducts and frequently from both breasts. Physiologic discharge is most often part of normal breast function, but other causes can be hypothyroidism, nipple stimulation, menstrual cycle abnormalities, medications and pituitary lesions, although rare. To rule out thyroid and pituitary problems, a blood test as well as a mammogram is performed. If the findings are normal, then no further tests are needed.

It is important to remember that stimulation of the nipple can bring about the physiologic discharge, so frequent “checking” for discharge is discouraged.

### Pathologic discharge

Pathologic discharge occurs without expressing the breast and may be associated with a lump. This bloody, clear or yellow discharge is usually confined to one duct in one breast. The most common causes are papillomas (a benign polyp-like lesion), dilated ducts and, rarely, cancer. In these situations, a mammogram and ultrasound are performed. Removal of the duct is usually recommended.

Some tests for pathologic discharge are controversial, can be inconclusive, and may not be universally recommended. These include: cytology, looking at the fluid for malignant cells; ductograms, injecting dye into the ducts; ductal lavage, washing cells out of the ducts to look for cancer; and ductoscopy, inserting a tiny scope into the duct.

If you are experiencing nipple discharge, don't hesitate to call your physician or the Piper Breast Center.

## WHY WE DON'T ALWAYS PERFORM A BIOPSY

~ by Daniel Dunn, MD

When a woman comes to the Piper Breast Center with a breast lump that she or her physician has found, several steps are taken to investigate the possible cause for the breast lump. This investigation may lead to a biopsy. But, when *don't* we recommend a biopsy?

The diagnostic studies done in Abbott Northwestern's Radiology Department are key to determining the likely cause of an abnormality. A mammogram and ultrasound help us determine if a lump needs to be biopsied or removed.

If a lump is a cyst, it can be observed or liquid can be removed for examination. If the lump appears to be a solid, benign lesion, removal may be recommended. For all other lumps that cannot be categorized by the radiologist, a surgical consultation may be recommended. Judging by the way a lump feels, the surgeon decides whether a biopsy or observation and follow-up examination is best.

It is sometimes difficult to determine whether a lump should be biopsied. In general, a biopsy is recommended if a lump is new, discrete, confined or not tender. Observation and a follow-up examination are recommended if the lump does not have any of these characteristics or the ultrasound and mammogram suggest dense fibrocystic changes.

Many lumps discovered in a self-breast examination or by a physician's examination are most likely due to benign fibrocystic change and need to be assessed and possibly watched, but not biopsied.

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## TWIN CITIES RACE FOR THE CURE RAISED \$2 MILLION

Approximately 40,000 people participated in the 11th Annual Twin Cities Race for the Cure on May 11, which raised \$2 million, up from \$1.75 million last year, for local cancer support services and national research efforts. The yearly race on Mother's Day is largely volunteer-driven and aims to increase awareness of breast cancer and raise funds for programs including the Piper Breast Center.

Proceeds from the Twin Cities Race for the Cure help the Piper Breast Center fund important breast health initiatives, such as diagnosing uninsured women

with breast abnormalities. Seventy-five percent of the proceeds from the race remain in the Twin Cities, helping programs like the Piper Breast Center provide breast health education, and breast cancer screening and diagnostic services for the medically underserved.

Race for the Cure is an event of the Twin Cities Affiliate of The Susan G. Komen Breast Cancer Foundation. The Foundation was established in 1982 by Nancy Brinker who named it in memory of her sister, Susan, who died of breast cancer at age 36.