
BENIGN BREAST CONDITIONS

A. Fibrocystic Breast Disease

Fibrocystic Breast Disease is a name used to describe a host of different disorders affecting the breast. It can be in the form of large solitary cysts or multiple areas of small lumps or nodules. Fibrocystic Breast Disease is the most common form of benign breast disease and affects many women (one autopsy study showed that as many as 90% of women had some form of FBD). Fibrocystic Breast Disease might be better described as a condition rather than a disease. More detailed information on Fibrocystic Breast Disease, its causes, treatment and prevention, can be found in the paper entitled "Fibrocystic Breast Disease" by the Vancouver Women's Health Collective.

B. Benign Neoplasms

Neoplasm is a medical term used to mean the growth of new cells. Unlike fibrocystic breast tumours, which can be seen as an exaggeration of normal cyclical changes in the breast, benign neoplasms are formed by the production of new cells.

Benign tumours are those in which the cells are confined to a fibrous capsule and do not invade surrounding tissue.

1. *Fibroadenomas*: Fibroadenomas feel round, firm and rubbery. They are called "slippable" in medical language because they can easily be moved within the breast. Fibroadenomas rarely produce symptoms (ie. pain) and are usually discovered during breast self-examination. In most cases, fibroadenomas occur singly but in about 15% of women they are multiple or occur in both breasts. They are generally found around the nipple or in the upper part of the breast.

They occur most often in younger women (between the ages of 15-30) and are not hormone dependent (ie. do not change in size with the menstrual cycle) although their growth is sometimes accelerated by pregnancy. It is extremely rare for fibroadenomas to become cancerous.

The tumours can grow very large and surgical removal is usually recommended, although not urgent. Radiation and hormone therapy have been tried on fibroadenomas without success.

2. *Cystosarcoma Phyllodes*: Also called giant myxoma or giant fibroadenoma, these tumours are a variant of fibroadenomas. They are a rare form of benign neoplasm that grow rapidly and may become very large. Although the medical term "sarcoma" usually implies cancer, the name for this tumour is misleading — most are benign. However, about 10-15% can become cancerous or behave aggressively (begin to invade surrounding tissue).

These tumours are most often found in menopausal women. They can cause massive enlargement of the breast and can exhibit such symptoms of cancer as vein engorgement or skin inflammation.

Removal of Cystosarcoma Phyllodes is always recommended. The lump is then biopsied to rule out the possibility of cancer.

3. *Intraductal Papilloma*: This tumour is caused by an overgrowth of the lining of the duct system of the breast. The most common symptom of the disease is a spontaneous nipple discharge which is usually bloody (but could be any colour) that often appears before any lump can be felt. (Since bloody discharge from the nipple is considered one of the possible symptoms

of cancer, its discovery is often alarming). The tumours can be anywhere from 2 mm to 5 cm in size.

A healthcare practitioner can usually locate the duct involved by carefully feeling around the areola to find an area on which pressure produces nipple discharge. The involved duct can be "cannulated" or cleared out with a fine probe and the swelling will disappear. Sometimes the duct involved is surgically removed.

If there is nipple discharge and no lump can be felt, a practitioner might suggest careful follow-up and bi-annual (twice a year) mammography (breast x-ray).

Duct Papillomatosis, also called ductal hyperplasia, is a rare form of multiple papillomas that usually occurs in older women. It is considered pre-cancerous.

4. *Mammary Duct Ectasia*: This is a condition in which the tissue that lines the milk ducts breaks down. It usually occurs in post-menopausal women and is one of the few noncancerous conditions that can cause a firm mass in women of this age group.

The process starts in the ducts just under the nipple. The lining of the ducts starts to break down and the stagnant contents begin to irritate the walls of the ducts. The walls of the ducts become thicker, causing what feels like a lump under the areola. A thick, sticky, green or grey or greenish-black discharge can be palpated (squeezed) from several areas around the nipple. Many women experience burning or itching or a painful drawing sensation in the nipple or areola. Sometimes the nipple will retract (pull into the breast) slightly.

In its early stages, duct ectasia can be treated successfully with antiseptic soap and by avoiding nipple manipulation. Surgical removal of the major central ducts might be suggested for more advanced cases. This can be done through an incision around the edge of the areola. In its more advanced stages, it is also called comedomastitis or plasma cell mastitis.

5. *Fibrous disease of the Breast*: Also called benign fibrous dysplasia, this is a rare benign breast lesion found in the breast tissue of menopausal women. It is painless and tends to be irregular in shape. It is usually found in the upper outer sections of the breast and often found in both breasts. Because of its characteristics and the age group of women in which it occurs, it could be suspected of being cancerous. Fibrous tumours do not need to be removed except to rule out the possibility of cancer.

6. *Lipomas*: Lipomas are non-cancerous tumours that occur in the fatty tissue of the breast. They are relatively uncommon but may occur in any age group. These tumours usually occur singly and are firm but feel soft rather than hard. Their size depends on how long they have been present. They are freely moveable. At times the outline is not distinct because they tend to blend into the surrounding fatty tissue of the breast.

Once they are discovered, diagnostic tests should be done to rule out cancer. It is not necessary to remove a lipoma although this is often done as part of the diagnostic procedure.

7. *Adenosis Tumours*: Adenosis is a rare non-cancerous condition in which there is a proliferation (increased growth) of the duct cells in the breast.

There is a lot of controversy surrounding adenosis and its relationship to breast cancer. For instance, there is some speculation that women with adenosis are more prone to getting breast cancer or that adenosis is, in

fact, a pre-cancerous condition. It has been suggested that adenosis might actually be a non-invasive type of breast cancer.

C. Fat Necrosis

Necrosis means death. Fat necrosis is the death of fatty tissue in the breast as a result of injury. After a blow to the breast (which a woman often does not remember), the fatty tissue becomes inflamed and produces a lump. Some of these can be mistaken for cancer — they are often hard, irregular and difficult to move — and should be biopsied to be sure they are benign. Fat necrosis does not become cancerous. There is no evidence to suggest that breast cancer can result from injury.

D. Breast Infections

1. *Mastitis*: Lumps in the breast can arise as a result of infection. Breast infection (mastitis) most often develops in women who are breastfeeding. It is rare in women who are not nursing. Bacteria can enter the breast through a crack in the nipple. A plugged duct, usually resulting from inadequate emptying of one or more milk ducts, can stop the milk flow and provide a suitable environment for bacteria to grow. The infection can be one of two types depending on where in the breast it occurs:

Cellulitis is an infection in the supporting tissue of the breast. It is often accompanied by high fever or flu-like symptoms. A portion of the breast becomes red and sore. Cellulitis will often clear up on its own (the higher the fever, it seems, the quicker the recovery) or you might want to try a poultice (see below). Continue to nurse from the infected breast, in fact, start nursing each time from that breast. If the infection does not disappear within a few days, a doctor might prescribe antibiotics to kill the bacteria that are causing the inflammation. A woman might want to stop breast feeding and express milk by hand while taking antibiotics to avoid exposing the baby to any harmful effects of the drugs.

Adenitis is another type of mastitis which occurs in the glands or ducts of the breast. With adenitis, the breast can also be red and painful but there is usually little or no fever and no feeling of having the flu. Pus can be expressed from the infected breast. Antibiotics do not reach the glands easily (the glands contain few blood vessels) and, consequently, are not useful in treating adenitis. Here are some things that may help:

- Massage thoroughly from the base of the breast right out to the nipple to express any pus that develops. This might be quite painful at first but should help relieve the pressure.
- Apply a poultice: 1. Grate about ¼ lb. fresh ginger root. Tie it into a clean cloth bag and simmer gently in hot water (don't boil). Dip another clean cloth into the hot ginger juice and apply it to the skin over the affected area as hot as you can stand it.

2. Soak a clean washcloth in a pot of hot comfrey tea and apply it to the infected area.

When treating any breast infection, it is helpful to eat a balanced diet, take vitamin supplements (especially B-complex and C) and get plenty of rest, bedrest, if possible.

2. *Abscess*: If adenitis is prolonged, the area may become large and hardened and produce an abscess. Most abscesses feel like well defined lumps. Usually an abscess must be cut open and drained under local anaesthetic. Hand-express milk from the abscessed breast to relieve the pressure of milk build-up.