

Nipple Discharge

This is the third most common breast complaint, and is most commonly not a serious problem. In non-lactating women, small plugs of tissue block the nipple ducts and keep the nipple from discharging fluid. Nipple discharge is often yellow, green, brown, bloody, or milky in appearance. Milky discharge (cloudy, whitish or almost clear in color, thin, non-sticky) is the most common type of discharge. Most milky discharge is caused by lactation or increased mechanical stimulation of the nipple due to fondling, suckling or irritation from clothing during exercise or activity. Drugs or hormones that stimulate prolactin secretion can cause spontaneous, persistent production of milk (galactorrhea). Prolactin is the hormone produced by the pituitary gland that starts the growth of the mammary glands and triggers production of milk. Some pituitary tumors cause excess prolactin secretion that can lead to milky nipple discharge, usually from both breasts (bilateral). Opalescent discharge that is yellow or green in color is normal. Most bloody or watery (serous) nipple discharge (approximately 90%) is due to a benign condition such as papilloma or infection. A papilloma is a non-cancerous, wart-like tumor with a branching or stalk that has grown inside the breast duct. Papillomas frequently involve the large milk ducts near the nipple. Multiple papillomas may also be found in the small breast ducts further from the nipple.

Of the benign conditions that cause suspicious nipple discharge, approximately half are due to papilloma and the other half is a mixture of benign conditions such as fibrocystic conditions (i.e., lumpy) or duct ectasia (widening and hardening of the duct due to age or damage). For example, women with fibrocystic breasts may experience clear, yellow or light green discharge. Most opalescent discharge is due to duct ectasia or cyst. Suspicious nipple discharge is due to cancer in about 10% of cases. That means, the vast majority nipple discharges are noncancerous. Discharge caused by a malignant condition is commonly on one side only. However, papillomas usually causes discharge from a single breast duct, so certainly not all unilateral discharges are associated with cancer.

Preventative treatments:

1. bloody or watery (serous) with a red, pink, or brown color
2. sticky and clear in color or brown to black in color (opalescent)
3. appears spontaneously without squeezing the nipple
4. persistent
5. on one side only (unilateral)
6. a fluid other than breast milk

Nipple discharge is of concern if it is:

1. Non-steroidal anti-inflammatory medications - Naproxen 550mg or Ibuprofen 600 mg - 800 mg. Those with stomach problems or kidney disease should use these medications with caution.
2. Acetaminophen 650 mg - 1000mg

“Triptans” - These are medications indicated specifically for migraine headaches available by prescription. Triptans come in pill, injection, and nasal spray forms.