**Discharge Caused by Disease**

Some discharges may be caused by a benign (non-cancerous) or cancerous disease in the breast gland. The vast majority of breast discharges are caused by benign disease. Only a small number are caused by cancer. However, all discharge with any of the following characteristics needs medical evaluation and treatment by a physician.

**Characteristics of a Discharge Caused by Disease**

- Persistent throughout the month—does not vary with monthly cycle.
- Spontaneous—happens without squeezing the nipple or breast (you find it in your bra).
- Unilateral—from one breast only, and usually from one or several duct openings on the nipple.
- Abnormally colored—clear and watery, clear and sticky (like an egg white), greenish-gray or bloody in appearance (pink-tinged, red or rusty brown).

**Symptoms indicating disease in a breast with nipple discharge:**

- Lump in breast
- Nipple inversion
- Dimpling of skin
- Redness or change of color of skin
- Pain
- Persistent itching
- Dry scaly skin at the nipple

**How Will Your Healthcare Team Evaluate Your Breast Discharge**

Your healthcare provider will ask about the history of your discharge and perform a clinical breast exam to check for a lump and to find out which ducts are involved. The discharge fluid may be sent for lab analysis to see if the fluid contains blood or bacteria, or to see if any cancer cells are present. A mammogram or ultrasound may be performed to determine if there is anything in the breast that would indicate an underlying cause of the discharge.

Breast discharge is most often from a benign change, however all discharge needs to be evaluated...

If the discharge is from one or two duct openings, a special test called a ductogram (or galactography) may be performed. A radiologist inserts a small catheter into the duct opening that is producing the discharge and injects a dye that visually enhances the duct for mammography images. This step allows the physician to better visualize abnormalities in the breast. Ductography is a valuable procedure for diagnosis, but there is no guarantee it will identify the cause of your discharge.

In many cases, surgical removal of the duct will be required for a final diagnosis.

If any type of abnormality is seen on the mammogram, ultrasound or possibly a ductogram, a biopsy may be recommended to determine the cause.

Breast discharge is most often from a benign change, however all discharge needs to be evaluated by your healthcare provider to determine the primary cause and protect your breast health.
Breast Discharge is a common complaint among women. Studies show that 50 to 80 percent of non-lactating women will experience discharge ranging from a few drops to large amounts at some point in their lives. The good news is that most discharge is normal and not related to disease. Still, because discharge may be a sign of disease, it is important to understand the different types of discharge and the characteristics that need medical evaluation.

Where is the discharge in your breast(s) coming from?

Under the skin, your breast is made up of 15-20 lobes. Each lobe has fluid-producing units and ducts that transport the fluid.

Near the nipples, the ducts enlarge and act as holding tanks for breast fluid. These large ducts empty into 6-10 openings on each nipple. These openings usually remain closed, but pressure on the ducts (squeezing or compression) or pressure from the over-production of fluid can cause them to open, resulting in breast discharge.

What are the most common causes of breast discharge?

Hormonal Changes: Discharge caused by naturally occurring hormonal changes in a woman’s body. This is considered a normal discharge.

Medication Induced: Discharge caused by over-the-counter and prescription medications that you may be taking.

Disease in the Breast: Benign (non-cancerous) or cancerous disease in the breast that needs medical evaluation and treatment.

Discharge Caused by Hormonal Changes

A discharge caused by hormonal changes occurs during the menstrual years and is most common the week before the menstrual period. Prior to a menstrual period the breast produces and stores approximately three to six teaspoons of fluid in the ducts. This fluid production is stimulated by natural hormones that prepare the breasts and uterus for a potential pregnancy. If pregnancy does not occur, this fluid is gradually absorbed. If the breasts are squeezed, this stored fluid may appear as a discharge.

This type of discharge is opaque or milky colored and will typically be bilateral, coming from both breasts.

Discharge Caused by Medication

Some common medications may increase prolactin levels, the hormone that stimulates milk production, producing a breast discharge. This discharge is also opaque or milky colored and is bilateral (from both breasts). If you have a discharge and are taking one of the medications or herbal supplements in the following Drug Categories list, notify your physician about the discharge. This condition is not harmful, but your physician should be informed if the amount is bothersome.

Drug Categories Identified as Possibly Causing Breast Discharge

- Birth control pills
- Hormones such as estrogen or progesterone
- Blood pressure medications
- Narcotics or pain relievers
- Psychiatric medications
- Antidepressants
- Gastrointestinal medications
- Heart medications
- Herbal products such as Ginseng and Dong Quai

Characteristics of a Normal Discharge

- The discharge is bilateral (occurs in both breasts) and comes from multiple duct openings on the nipple.
- The color of the discharge is opaque or milky colored.
- The discharge occurs in small amounts.
- There is no lump or other breast abnormality found in either breast.