ABSTRACT:
DIAGNOSIS AND MANAGEMENT OF ORGANIC NIPPLE DISCHARGE

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Nipple discharge represents approximately 9% of breast consultations; the main point is to differentiate galactorrhea with or not hyperprolactinemia from organic nipple discharge. The organic type is a true persistent unilateral uniduct discharge, in general bloody or pink-brown discharge. The clinical examination will try to identify the characteristics of the discharge and associated breast problems (lump, lymph nodes). Mammography is normal in more than 90%of the cases. In the contrary ductography can identify the location of the lesion in the ductal tree, and ultrasonography can give a clear image of the lesion in the case of papilloma , duct ectasia or carcinoma.
The main exam is the cytological examination: it could be done after direct nipple discharge sampling or with the use of the mammary pump. The cytological classification of the lesions according to Masood criteria is more objective, however cytology accuracy is high (sensitivity > 65%, specificity>75%)in our experience with the help of the mammary pump. Complementary techniques are duct lavage which increases the accuracy of diagnosis, and ductoscopy that visualizes directly the lesions. During ductoscopy biopsy and removing of the lesion is possible in specialized centers. The treatment of organic nipple discharge depends on the cause, but surgical excision of the pathological duct(s) is mandatory to obtain histological examination. The surgical procedures are major duct excision, pyramidectomy and microdochectomy. We have published transnipple pyramidectomy, a minimal invasive technique done with a very short incision of the nipple (EJGO , VOL 28,N4, 2007). The accuracy of the procedure and the aesthetical results are excellent. Our pathology results were papilloma and papillomatosis in 46%of the cases and Duct ectasia in 39%.In case of Zuska diseases large excision of the lesion and second invention healing is mandatory. In the case of breast cancer: 7% in our series, large excision (DCIS) or central quadrantectomy with sentinel node biopsy (invasive cancer) is necessary.