



Benign Breast Lesions

If you notice any changes to the look of feel of your breasts...you should see your doctor.

All breasts are different, some have lots of benign lesions, and some have very few. Some women can feel lots of lumps in their breasts, other women only discover they have these lesions when they have breast imaging.

Fibroadenomas

Fibroadenomas are solid tumours made up of both glandular breast tissue and connective tissue. These lumps are completely benign and do not increase your risk of developing breast cancer.

- Feel firm, smooth, and rubbery
- Can be moved easily under the skin
- Usually painless
- Most commonly occur in women aged 15-35
- Can vary in size from very small to several centimetres
- A suspected fibroadenoma that grows rapidly should be investigated

Breast Cysts

- Fluid-filled sacs that feel smooth and moveable, but are often not palpable
- Often tender, especially before your menstrual periods
- Very common and completely benign
- May come and go with hormonal changes

Fibrocystic Changes

- Normal variations in breast tissue texture
- May cause lumpiness or tenderness
- Often changes with menstrual cycle
- Affects up to 50% of women at some point

Lipomas

- Soft, fatty lumps that move easily
- Usually painless
- Grow slowly over time, and often found elsewhere on the body
- Completely benign



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Papilloma's

- Small, wart-like growths in milk ducts
- May cause nipple discharge
- Usually single and benign, but some patients have numerous
- Are usually excised to ensure there is no associated cancer or stop discharge

Duct Ectasia

- Dilated milk ducts often noted near the nipple on ultrasound
- Can be a cause of nipple discharge (often green!)
- May contain debris on biopsy requiring a biopsy

PASH (Pseudoangiomatous Stromal Hyperplasia)

- Pseudoangiomatous stromal hyperplasia (PASH) is a benign entity of the breast and typically found incidentally. It affects women in the reproductive age group is usually an incidental finding but may less commonly produce palpable or mammographic mass.
- Diagnosis requires histological confirmation as imaging features are not sufficiently characteristic.
- Management is generally conservative. PASH lesions should be surgically excised if enlarging, associated with symptoms, suspicious imaging findings are present, or other lesions are synchronously diagnosed that warrant removal; otherwise, observation with clinical and imaging follow-up can be considered

Symptoms to Monitor

When to Contact Your GP or Breast Physician:

- Any new lump or change in existing lumps
- Nipple discharge (especially if bloody)
- Changes in breast size or shape
- Skin changes (dimpling, puckering, redness)
- Persistent breast pain in one specific area

Diagnosis

Common Diagnostic Tests:

- **Clinical breast exam** by your healthcare provider
- **Ultrasound** - First-line imaging for women under 40
- **Mammography** - Usually for women over 40 or with specific indications
- **Biopsy** - May be recommended to confirm diagnosis



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Treatment Options

- **Observation** - Many can be safely monitored with regular exams
- **Surgical removal** - May be recommended if the lump is large, growing, or causing concern
- **Minimally invasive procedures** - Such as vacuum assisted excision biopsy (VAB) may be options in some cases
- Most require no treatment, only monitoring
- Treatment depends on symptoms and patient preference
- Pain management may be recommended for fibrocystic changes

Living with Benign Breast Lesions

Self-Care Tips:

- Perform regular breast self-exams to know what's normal for you
- Maintain a healthy lifestyle with regular exercise
- Limit caffeine if you experience breast tenderness
- Wear a well-fitting, supportive bra
- Consider keeping a symptom diary to track changes

Follow-Up Care:

- Attend all recommended follow-up appointments
- Continue routine breast cancer screening as recommended
- Report any new changes to your healthcare provider promptly

Frequently Asked Questions

Q: Can I prevent benign breast lesions? A: Most benign breast changes are related to normal hormonal fluctuations and cannot be prevented.

Q: Will having a benign breast lesion affect my ability to breastfeed? A: Generally no, though very large fibroadenomas might affect milk production in that area.

Q: How often should I have follow-up exams? A: This depends on your specific situation. Your doctor will recommend an appropriate schedule.



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Important Reminders

- Benign breast lesions are very common and usually nothing to worry about
- Regular breast self-exams help you know what's normal for your breasts
- Always report new changes to your GP or Breast Physician
- Continue with routine screening as recommended for your age group

When to Seek Immediate Care

Contact your doctor promptly if you notice:

- A new lump that feels different from your other breast tissue
- Changes in the size, shape, or appearance of your breast
- Skin changes such as dimpling, puckering, or orange-peel texture
- Nipple discharge, especially if bloody or from one breast only
- Nipple inversion or other nipple changes

Remember: Most breast changes are benign, but it's always better to have new changes evaluated by your doctor or Breast Physician.