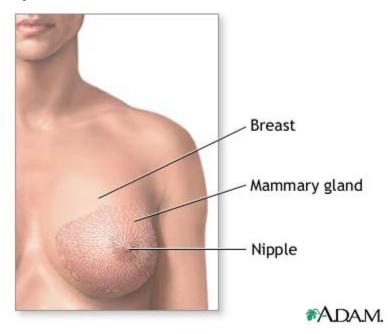
Basin Surgical Jeff Durgin, MD, FACS 1811 W. Wall St Midland, TX 79701

Martha Ramos, FNP-C Phone: 800-218-4670

Fax: 432-247-1632 http://www.basinsurgical.com

# **Lumps in the breasts**



## **Definition**

There are many causes for lumps in the breast. These range from normal changes in your body to abnormal breast disease. Breast lumps are either **benign** (noncancerous) or **malignant** (cancerous).

See also: Breast lumps and cancer

#### Causes

Some lumps are age-dependent. Newborn boys and girls both have lumps of enlarged breast tissue beneath the nipple, which have been stimulated by the mother's hormones. These disappear within a few months of birth.

Beginning as early as age 8, girls may develop tender lumps beneath one or both nipples (frequently only one). These lumps are breast buds and are one of the earlier signs of the beginning of puberty.

Boys at mid-puberty (usually around age 14 or 15) may develop tender lumps beneath one or both nipples, also in response to the

### Lumps in the breasts

hormonal changes of puberty. These tend to disappear over a period of 6 months to 1 year. See: Gynecomastia

It is also important to remember that hormonal changes just prior to menstruation may give a lumpy or granular feeling to the breast tissue.

The discovery of a lump in the breast usually brings the thought of breast cancer immediately to mind. Breast cancer may occur in men and women, but it is much more common in women. For specific information, see the article on **breast cancer**.

However, it is important to remember that 80-85% of all breast lumps are benign, especially in women under age 40. Benign causes of breast lumps include:

- Breast infection (breast abscess)
- Fibrocystic breast disease
- Fibroadenoma
- Fat necrosis (damage to some of the fat tissue within the breast; a fat necrosis mass cannot be distinguished from breast cancer without biopsy)

# **Symptoms**

Symptoms depend on the underlying cause of the lump. Signs of a potentially cancerous breast lump may include:

- A painless lump that is firm or hard, with irregular borders (edges)
- Armpit lump
- Arm swelling
- Bone pain
- Difference in breast size, compared with what it previously looked like
- Nipple changes, including pulling inward, swelling, or itching
- Nipple discharge -- usually bloody or straw-colored fluid
- Skin changes such as dimpling or "orange peel" appearance, redness, easy to see veins on breast surface, and eventually skin ulceration
- Weight loss

## **Exams and Tests**

The doctor will perform a breast exam to feel for lumps. Tests that may be used to determine if a lump is cancer may include:

- Breast biopsy
- Breast ultrasound
- Mammogram
- Breast MRI

## **Treatment**

Treatment depends on the underlying cause of the breast lump. For specific treatment information, see the article on the specific disease.

# **Outlook (Prognosis)**

The long-term outlook depends on the type of problem. See the specific condition for detailed information.

#### When to Contact a Medical Professional

### Lumps in the breasts

Call your health care provider if you find a new, unusual, or changing lump during your breast self-examination.

Also call for an appointment if you are a woman:

- 40 or older who has never had a baseline mammogram
- 35 or older with a mother or sister who have had breast cancer, or a personal history of breast, uterine, ovarian, or colon cancer
- 25 or older, and you are not sure how to perform a breast self-examination

### **Prevention**

To avoid fibrocystic changes in your breast tissue, avoid excessive fat and caffeine in your diet.

Most cases of breast cancer cannot be prevented. However, early detection and prompt treatment are important. All women should receive routine breast exams from a doctor and routine mammograms, as recommended.

All women over the age of 40 should also perform breast self-exams every month, preferably at the end of their menstrual period when the breasts are less tender and less swollen. Women who are breastfeeding should examine their breasts after completing a feeding.

#### References

In: Abeloff MD, Armitage JO, Niederhuber JE, Kastan MB, McKena WG, eds. *Clinical Oncology*. 4th ed. Philadelphia, Pa: Elsevier Churchill Livingstone; 2008:chap 95

Whitman GJ. Ultrasound-quided breast biopsies. Ultrasound Clin. Dec 2006; 1(4); 603-615.

Review Date: 8/24/2009

Reviewed By: Jeffrey Heit, MD, Internist with special emphasis on preventive health, fitness and nutrition, Philadelphia VA Medical Center, Philadelphia, PA. Review provided by VeriMed Healthcare Network. Also reviewed by David Zieve, MD, MHA, Medical Director, A.D.A.M., Inc.

The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed medical professional should be consulted for diagnosis and treatment of any and all medical conditions. Call 911 for all medical emergencies. Links to other sites are provided for information only -- they do not constitute endorsements of those other sites. © 1997- A.D.A.M., Inc. Any duplication or distribution of the information contained herein is strictly prohibited.

