Are there tests for breast lumps?

Your health care provider will do a breast exam. Fibrocystic changes do not need further testing. More testing may be ordered to evaluate a specific lump. In women under age 30, an ultrasound is usually done because breast tissue is dense in younger women. This test helps determine if the lump is fluid filled or solid. A mammogram may be done in older women or if the ultrasound results indicate further testing. Solid lumps often require biopsy for a definitive diagnosis, even if the imaging tests are normal. This can be done as an office procedure called a fine-needle biopsy, an office procedure called a core biopsy (done with mammogram visualization) or with a surgical procedure called an excisional biopsy to remove the entire lump.

What is the treatment for breast lumps?

Sometimes no further treatment is necessary once the breast lump has been diagnosed. Sometimes fluid is removed from cysts with a needle (fine needle aspiration). This will not prevent a cyst from filling with fluid again. A fibroadenoma can be surgically removed if it is growing in size. Your health care provider will help you decide what the best treatment is for you.

Following the suggestions for treatment of breast pain may also help the pain and discomfort of fibrocystic changes.

What are breast findings that need immediate evaluation?

See your health care provider for evaluation of any of the following symptoms:

- A new breast lump
- A breast lump that is getting larger
- Red, swollen, or flaky skin on any part of the breast
- Pain or sudden inversion of a nipple
- Fluid leaking from a nipple if not breast feeding
- Skin dimpling
- Lump or changes in the skin under the arm

(Source: American Cancer Society)

Information adapted from MayoClinic.com

Other helpful web sites:

http://ww5.komen.org/Content.aspx?id=5238&terms=breast
**Breast Problems**

Breast pain and lumps are common. Most of these problems are benign (non-cancerous) but still need to be evaluated by a health care provider.

**Breast pain**

Breast pain is very common and rarely indicates cancer. It is more common in younger women or older women who are taking hormone replacement. It can be mild or severe enough to impact daily life activities.

Breast pain is cyclic or non-cyclic. Cyclic pain changes during the menstrual cycle. It usually occurs as a dull, aching pain in both breasts before the menstrual period and then improves once the period starts. It is often accompanied by a lumpy sensation in the breasts and swelling. It commonly affects young, menstruating women.

Non-cyclic pain is more constant and does not vary although it can come and go. It is usually a tight, burning pain or soreness and usually is in one breast although may occur in both. This type of pain is more common in women after menopause.

Occasionally, pain may feel like it is in the breast but is actually caused from something else such as a pulled muscle in the chest wall or rib cage. This pain is usually on one side and worse when you take a deep breath. You should see your health care provider if the pain is getting worse over time, if daily pain persist for more than 2-3 weeks or if the pain interferes with your life.

**What causes breast pain?**

Many factors are thought to contribute to the cause of breast pain. Hormone changes seem to have a strong link to cyclic pain although no studies have identified a specific abnormality. Cyclic breast pain often improves or resolves with pregnancy and menopause. Hormonal birth control methods, hormone replacement therapy or fertility drugs may cause breast pain. Some reports associate breast pain with SSRI antidepressants such as Zoloft or Prozac. Caffeine is thought to worsen breast pain. Fatty acid imbalance in cells may cause breast pain.

Large breasts may contribute to non-cyclic pain and also cause back and shoulder pain. Breast reduction surgery may help some of these symptoms but pain from the surgery and scarring may linger after healing. Breast cysts and trauma may cause pain. Pain from the chest wall, muscles, joints or heart may also feel like it comes from the breast.

**Breast Lumps**

Most breast lumps are non-cancerous. Some women have lumpy breast tissue, others have cysts, others benign tumors. Any persistent lump or change in the breast tissue should be checked by your health care provider. Most breast cancers occur in women over 50.

**What are Fibrocytic Breast changes?**

Fibrocytic breast change is a common, benign (non-cancerous) condition that results in painful, lumpy breasts. Usually both breasts are affected although one may have more changes than the other. Breast cysts (fluid-filled sacs) and solid lumps (fibroadenomas) may be felt in affected breasts. Fibrocytic changes rarely bother women after menopause. The exact cause is unknown. Having fibrocytic breast tissue does not increase risk for breast cancer.

**What are breast cysts?**

Cysts are fluid filled sacs in the breast tissue. They may be larger before the menstrual period and less noticeable afterwards. They usually feel soft and tender. Fibrocytic breast tissue may have many cysts. This does not increase risk for developing breast cancer.

**What is a fibroadenoma?**

A fibroadenoma is a benign (non-cancerous) breast lump. They feel firm and rubbery and are well defined. They are common in young women age 20-30. They can be small or large and move easily. They are usually not painful and the size does not change with the menstrual cycle.