Atypical Hyperplasia

Definition of terms:
- **Atypical** — Cells that are not like normal cells (abnormal)
- **Benign** — Not cancerous; no threat to the body
- **Biopsy** — Procedure to remove cells or tissue for study by a pathologist
- **Cyst** — A fluid-filled sac
- **Hyperplasia** — Excessive growth of normal cells in normal tissue
- **Malignant** — Cancerous; a threat to the body
- **Pathologist** — Physician that studies biopsy specimens to determine if disease is present

**Atypical hyperplasia** is a term that describes a change in the cells that line the ducts or lobules of the breast. The diagnosis is usually made after surgery for another condition, such as a cyst, and is found and identified by the pathologist while looking for something else. Cells have experienced excessive growth and some of the new cells have changed their features. This change in features of the new cells is not considered a malignant change but is recognized as abnormal. Some pathologists call this condition a “borderline” change. Thus, the term “atypical” is applied to the new cellular growth. Some pathologists further define the abnormality by describing exactly where the change has occurred: atypical ductal hyperplasia—ADH (found in ducts) or atypical lobular hyperplasia—ALH (found in lobules).

Atypical hyperplasia is not cancerous, but is considered a precancerous condition. Therefore, women diagnosed with it are at a slightly higher risk for developing breast cancer. When no family history of breast cancer is present, the estimated increase in risk is around 5 percent. A family history of breast cancer increases this risk to approximately 11 percent.

If atypical hyperplasia is found after a core biopsy, your physician may recommend surgical excision of the area. If you have atypical hyperplasia, you should discuss your surveillance plan with your healthcare provider. Some healthcare providers recommend a clinical exam and a mammogram more than once a year.