



Breast Cysts

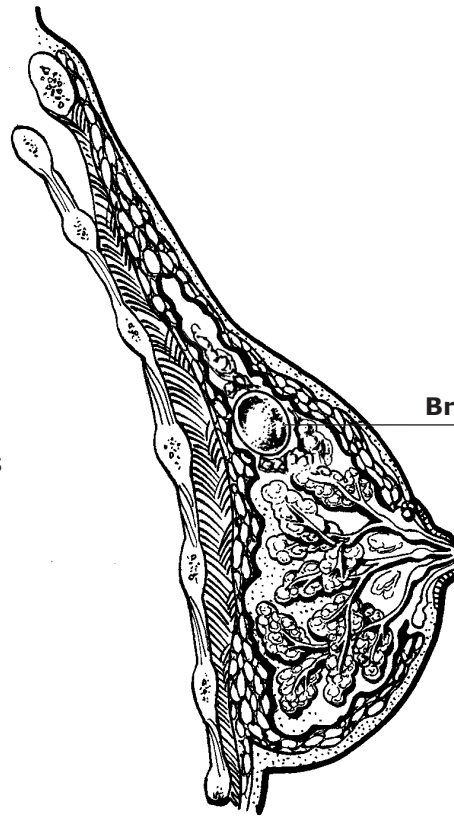
Definition of terms:

- Aspiration** — To withdraw fluid or cells with a needle
- Benign** — Not cancerous; no threat to the body
- Cyst** — A fluid-filled sac
- Gross cyst** — A large cyst
- Intraductal papilloma** — Noncancerous, wart-like growths inside ducts
- Malignant** — Cancerous; a threat to the body
- Macrocyst** — Large cyst that can be felt with fingers
- Microcyst** — Small cyst that can only be seen with mammography

Breast cysts are a common benign breast disorder found most often in women 35 to 50 years of age. Cysts are most likely to occur during the years right before menopause. A year or two following menopause, cyst formation usually stops, unless estrogen supplements or estrogen-like substances, such as digitalis, are prescribed. The cysts may vary in size, ranging from microscopic (microcyst) to large (macrocyst).

Cysts tend to occur in both breasts, with more than one cyst appearing in each breast and with a combination of both microcysts and macrocysts.

Most cysts originate in the lobules, the end points of the ducts. The cysts fill with fluid because of the lack of elasticity in the area of the lobules or from a blockage in the duct. Often, they develop quickly into very large, palpable lumps (ones you can easily feel). Cysts range from spongy-soft to firm in consistency. The pressure of the fluid in the sac determines how firm they feel. If a cyst has been in the breast for a long time, the wall of the cyst may become thicker and feel very firm. The outside surface feels smooth and is usually round or oval in shape. When feeling the cyst, it will move freely in the breast, as if it could slip from under your fingers.



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After cysts are identified by palpation (touch) or mammography, they are often confirmed with ultrasound. Your healthcare provider may attempt to aspirate the fluid from the cyst. An anesthetic (numbing medication) may or may not be given to aspirate the cyst.

The aspiration procedure is uncomfortable but not overly painful. A small needle with an empty syringe is placed into the cyst. The healthcare provider stabilizes the cyst with the other hand to prevent movement. The plunger of the syringe is retracted and the fluid in the cyst is drawn into the empty syringe. An older cyst may have developed a very thick wall, making aspiration difficult. You should not be able to feel a lump after aspiration.

Cyst fluid is normal breast fluid containing dead cells from the lining of the lobule in which it develops. If cultured, it is sterile (no infection). The fluid taken from the cyst will range from light yellow to dark yellow, or to a greenish-yellow. Cysts that have been in the body for longer periods of time will have darker and thicker fluids. Occasionally, the fluid will show some evidence of bright red blood, which probably means that a small vessel was pricked when the needle was inserted.

If the wall of the cyst collapses and cannot be felt, the healthcare provider may schedule you to return to check the area. If the cyst produced a dark, chocolate milk colored fluid, old blood is probably involved. A return visit may be necessary to evaluate the area, perform a mammogram or perform a biopsy. Intraductal papilloma (benign) can sometimes develop in a cyst and cause the bloody appearance. However, because cancer may also have blood as a symptom, further evaluation is necessary.

