

VOLUME 40, NUMBER 7

July 2023

ISSN 0189 - 160X

WAJMJ

WEST AFRICAN JOURNAL OF MEDICINE

ORIGINALITY AND EXCELLENCE IN MEDICINE AND SURGERY



OFFICIAL PUBLICATION OF
THE WEST AFRICAN COLLEGE OF PHYSICIANS *AND*
WEST AFRICAN COLLEGE OF SURGEONS



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Diagnostic and Therapeutic Roles of Microdochectomy and Subareolar Ducts Excision for Pathological Nipple Discharge in Lagos

Rôles Diagnostique et Thérapeutique de la Microdochectomie et de L'excision des Canaux Sous-Aréolaires Pour l'Écoulement Pathologique du Mamelon à Lagos

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ABSTRACT

BACKGROUND: Pathological nipple discharge (PND) comprises less than 10% of presentation in breast clinics. Data on the management of nipple discharge (ND) in our environment are scarce.

AIM: To review management outcome in cohorts of patients with PND in our institution between December 2010 and October 2020.

METHODOLOGY: This is a retrospective review of consecutive patients managed for PND between 2010 and 2020. Demographical characteristics, clinical features, investigation results and management outcome were retrieved from the clinical records for analysis. A cross-sectional survey via telephone conversation/clinic consultation was carried out to monitor patients for post-operative complications and recurrence.

RESULTS: There were 25 patients (18 microdochectomies and 7 subareolar duct excisions) in the study with a median age of 44 (37.5–49.5) years. The median duration of symptoms before presentation was 3 (2.5–5.5) months. The major characteristics of ND in the study cohort were: single duct orifice in 18 patients (72%) spontaneous ND in 14 patients (56%); right ND in 15 patients (60%); and bloody ND in 21 patients (84%). Only one patient had a family history of breast cancer. Intraductal papilloma diagnosed in 9 patients (36%) was the most common cause of PND. Breast cancer was an underlying aetiology in 28% of patients in the series. Six out of 7 patients with breast cancer diagnosis were <50years.

CONCLUSION: Most women with PND in our practice were young with predominance of spontaneous bloody discharge. Intraductal papilloma was the most common cause of PND in this study. Breast cancer accounted for about a third of cases.

WAJM 2023; 40(7): 736–741.

Keywords: Breast cancer, Discharge, Nipple, Pathologic.

RÉSUMÉ

CONTEXTE: L'écoulement mamelonnaire pathologique (EMP) représente moins de 10 % des cas présentés dans les cliniques du sein. Les données sur la prise en charge de l'écoulement mamelonnaire (EM) dans notre environnement sont rares.

OBJECTIF: Examiner les résultats de la prise en charge dans des cohortes de patientes présentant un écoulement mamelonnaire pathologique dans notre établissement entre décembre 2010 et octobre 2020.

MÉTHODOLOGIE: Il s'agit d'une revue rétrospective des patientes consécutives prises en charge pour un DP entre 2010 et 2020. Les caractéristiques démographiques, les caractéristiques cliniques, les résultats des examens et les résultats de la prise en charge ont été extraits des dossiers cliniques pour analyse. Une enquête transversale par conversation téléphonique/consultation en clinique a été réalisée pour surveiller les complications post-opératoires et les récurrences chez les patients.

RÉSULTATS: L'étude a porté sur 25 patients (18 microdochectomies et 7 excisions du canal sous-aréolaire) dont l'âge médian était de 44 ans (37,5-49,5). La durée médiane des symptômes avant la consultation était de 3 (2,5-5,5) mois. Les principales caractéristiques de la MN dans la cohorte de l'étude étaient les suivantes : orifice unique dans 18 patients (72 %), MN spontanée chez 14 patients (56 %), MN droite chez 15 patients (60 %) et MN sanglante chez 21 patients (84 %). Une seule patiente avait des antécédents familiaux de cancer du sein. Le papillome intraductal diagnostiqué chez 9 patientes (36 %) était la cause la plus fréquente de la MN. Le cancer du sein était une cause sous-jacente chez 28 % des patientes de la série. Six des sept patientes chez qui un cancer du sein a été diagnostiqué avaient moins de 50 ans.

CONCLUSION: Dans notre pratique, la plupart des femmes souffrant de DPN étaient jeunes, avec une prédominance d'écoulements sanglants spontanés. Le papillome intraductal était la cause la plus fréquente de DPN dans cette étude. Le cancer du sein représentait environ un tiers des cas. **WAJM 2023; 40(7): 736–741.**

Mots-clés: Cancer du sein, Écoulement, Mamelon, Pathologique.

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