Evaluation of Nipple Discharge

There are two types of nipple discharge—physiologic and pathologic. Physiologic discharge tends to occur only when the nipples are squeezed or the breast is compressed. It can be white, green, or yellow in color. The fluid often comes out of more than one opening on the nipple, and it can involve both breasts.

Physiologic nipple discharge in women, men, transfeminine (male-to-female), or transmasculine (female-to-male) adult individuals of any age is not usually appropriate for imaging tests, as long as routine screening mammograms are up to date.

When nipple discharge comes from one breast, occurs spontaneously without squeezing, or is clear or red in color, it is called “pathologic nipple discharge.” To evaluate pathologic nipple discharge in women aged 30 and over and in adult men of any age, a breast ultrasound (https://www.radiologyinfo.org/en/info/breastus) or diagnostic mammogram (https://www.radiologyinfo.org/en/info/mammo) is usually appropriate as the first imaging test. The mammogram may be performed using digital breast tomosynthesis (https://www.radiologyinfo.org/en/info/tomosynthesis) (sometimes called “3-D mammogram”). Breast ultrasound and mammography are complementary tests and may be performed at the same time.

In women with pathologic nipple discharge who are under 30 years old, breast ultrasound is usually appropriate as the first imaging test.

In transfeminine (male-to-female) patients of any age with pathologic discharge, breast ultrasound or diagnostic mammogram is usually appropriate as the first imaging test. The mammogram may be performed using digital breast tomosynthesis. Breast ultrasound and mammography are complementary tests and may be performed at the same time.

— By Casey Quinlan and Nina S. Vincoff, MD. This information originally appeared in the Journal of the American College of Radiology.

Disclaimer

This information is copied from the RadiologyInfo Web site (http://www.radiologyinfo.org) which is dedicated to providing the highest quality information. To ensure that, each section is reviewed by a physician with expertise in the area presented. All information contained in the Web site is further reviewed by an ACR (American College of Radiology) - RSNA (Radiological Society of North America) committee, comprising physicians with expertise in several radiologic areas.

However, it is not possible to assure that this Web site contains complete, up-to-date information on any particular subject. Therefore, ACR and RSNA make no representations or warranties about the suitability of this information for use for any particular purpose. All information is provided “as is” without express or implied warranty.

Please visit the RadiologyInfo Web site at http://www.radiologyinfo.org to view or download the latest information.

Note: Images may be shown for illustrative purposes. Do not attempt to draw conclusions or make diagnoses by comparing these images to other medical images, particularly your own. Only qualified physicians should interpret images; the radiologist is the physician expert trained in medical imaging.

Copyright

This material is copyrighted by either the Radiological Society of North America (RSNA), 820 Jorie Boulevard, Oak Brook, IL 60523-2251 or the American College of Radiology (ACR), 1891 Preston White Drive, Reston, VA 20191-4397. Commercial reproduction or multiple distribution by any traditional or electronically based reproduction/publication method is prohibited.

Copyright © 2024 Radiological Society of North America, Inc.