

Medshield: Understanding different types of non-cancerous breast lumps

Issued by [Stone](#)

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It is common to find a lump in your breast and immediately feel concerned, considering the worst-case scenario. However, take comfort in knowing that most breast lumps are [benign](#) (non-cancerous) and will not develop into breast cancer. The safest approach when dealing with any breast lump is to have it examined by a medical professional. Regardless of how often you examine your breasts, it can't be assumed that the breast lump is of no concern.



What are some common benign breast diseases?

- **Breast cysts:** These are masses that may feel like lumps but are actually fluid-filled sacs in the breast. About 25% of breast lumps are these fluid-filled cysts. They can be tender and lumpy but do not increase the risk of cancer. Breast cysts are more common in women aged 35 to 50. In most cases, cysts go away without treatment, but medical professionals do drain larger or uncomfortable cysts with a needle.
- **Fibroadenomas:** These are the most common non-cancerous solid breast tumours, often found in women aged 15 to 35, but they can occur in individuals who menstruate. They usually feel firm, smooth and rubbery, resembling a pea in the breast. Fibroadenomas can move easily within the breast tissue when touched. If you have a [fibroadenoma](#), your healthcare provider may advise monitoring for changes in size or texture. A biopsy or surgery may be necessary to check or remove the lump, although many fibroadenomas dissolve on their own without further treatment.
- **Fibrocystic breast changes:** Fibrocystic breasts are not uncommon. Medical professionals no longer use the term 'fibrocystic breast disease' as it is not a disease. Fluctuating hormone levels can cause breasts to feel lumpy, dense and tender, particularly before menstruation. Women aged 30 to 50 are more likely to experience fibrocystic breast changes, which usually go away without treatment.
- **Hyperplasia:** This condition is characterised by an overgrowth of cells in the breast. It usually develops naturally with age as the breast changes. Hyperplasia is more common in women over 35 but can affect women of any age. A condition called 'usual hyperplasia' does not increase the risk of cancer and does not require treatment. However, if you have 'atypical hyperplasia', your healthcare provider may recommend surgically removing the affected breast tissue as it may make you more susceptible to breast cancer.

- **Intraductal papilloma:** These are small, wart-like growths that develop inside the mammary duct near the nipple. Intraductal papilloma may cause nipple discharge. The condition predominantly affects women aged 30 to 50. Surgery can remove these growths if there are five or more papillomas at once, thereby reducing the cancer risk.



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When should you contact a medical professional?

A clinical examination and a simple, painless investigation such as an ultrasound or breast sonar (performed by a radiologist, along with a mammogram if over 35 years) are the best ways to determine the nature of the breast lump. If any of the following occurs, it is important to contact a medical professional promptly:

- Discovering a new lump in your breast or armpit
- Experiencing nipple discharge
- Noticing a change in the look and feel of your breast
- When you experience an inverted nipple
- Experiencing abnormal breast pain
- Experiencing unexplained redness, swelling or skin irritation

The results from your radiologist might include some unfamiliar terminology and diseases. Certain breast conditions can increase your susceptibility to developing lumps, but undergoing tests and understanding the language used in your results can provide reassurance. Breast health awareness plays a crucial part in your overall well-being. Detecting lumps early allows your healthcare provider to diagnose the issue and develop appropriate treatment plans.

Medshield Medical Scheme offers various benefits options that cover breast health, along with medical aid coverage for breast screening (mammograms) and access to gynaecologists, oncologists, cardiologists, psychiatrists, psychologists and specialist physicians.

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