Nipple Eczema

Nipple eczema and itchiness are common symptoms. Paget's disease (DCIS of the nipple) may be a concern – it should be noted that this condition always involves the nipple tip so if only the areola is affected, any significant pathology is unlikely. Eczematous changes of the nipple and areola should initially be managed in primary care with a trial of topical corticosteroids 0.1% for 2 weeks and a planned review. Patients should be advised to avoid synthetic bra wear and to wash their bras regularly. Nipple changes which do not resolve should be referred into the breast service for assessment.

Further information - nipple-eczema-ver-11.pdf

Nipple Discharge

Nipple discharge is a common symptom. If it is bilateral or multi-duct and clear, creamy or blue/green, it is very rarely associated with any significant pathology. It is often seen in smokers and women with duct ectasia (which is common with aging). If intermittent and not spontaneous, advise the patient not to squeeze the nipple to precipitate the discharge. Consider smoking cessation advice if appropriate. Single duct, spontaneous, persistent discharge (6 weeks or more) and any bloody discharge requires immediate referral to the breast unit under the Urgent suspected (2WW) cancer pathway.

Further information - abs-summary-statement-nipple-discharge-v1.pdf