

What is a breast cyst?

The New South Wales Breast Cancer Institute.



A breast cyst is a collection of fluid in the breast. Fluid is being produced and reabsorbed constantly in the milk ducts in the breast. When a duct becomes blocked, or the amount of fluid produced is greater than the amount absorbed, fluid accumulates causing cysts. Cysts can be single or multiple. They can come and go, and vary during the menstrual cycle. When cysts become large, they can cause a lump. Classically the lump is smooth, soft, and moves easily. If the fluid is under tension, it can feel firm when examined. Cysts are often tender. Even if there is no distinct lump to feel, the breast tissue containing a cyst or cysts is very tender.

How common are cysts?

Breast cysts are very common, and although they can occur in women of any age, they are more common in the 30–50 years age group. They usually disappear after menopause, but in some women they can last throughout life. Cysts are more common in postmenopausal women who take hormone therapy compared to those who do not.

How are they diagnosed?

In most women, cysts are tiny (only a few millimetres in diameter) and cause no symptoms. Often they are seen on a mammogram or ultrasound that has been performed for another reason. On

a mammogram, they can sometimes be seen as a smooth, round mass in the breast tissue. On ultrasound, they are usually a smooth, round, well defined, and black. Sometimes cysts do not have these typical features and are difficult to distinguish from solid (nonfluid) lesions just by looking, and require further investigation. These are sometimes referred to as 'complex cysts'.

How are they treated?

Cysts causing no symptoms and showing typical benign (noncancerous) features on imaging require no treatment. Most cysts fit into this category. Sometimes lesions are seen on imaging that may be cysts (fluid) but could also be solid, and these require further testing with drainage of the cyst (aspiration). This involves inserting a needle into the cyst, often under the guidance of ultrasound, to remove fluid from the cyst. If the cyst has watery fluid in it, it may disappear with aspiration. If it has a thick pasty or gel-like fluid in it, the cyst may not drain completely – but this is not a reason for concern. Cysts that are tender are often aspirated to reduce discomfort. Sometimes a sample of the aspirated fluid is sent for testing by a pathologist to confirm that it is a cyst.

Occasionally surgery is recommended to remove a cyst. This is very uncommon, and is usually reserved for cysts that keep coming back after repeated drainage,

or cysts that show worrying features on imaging or pathology tests.

Can they come back?

Cysts can come back after aspiration, or new cysts can develop in the nearby breast tissue. Cysts that do come back after aspiration usually take several months to recur. Any that come back within a few weeks may require further testing.

Are they cancerous?

Breast cysts are not cancerous, and having cysts does not increase the risk of developing breast cancer in the future. There is a rare condition called 'intra-cystic cancer' that can develop inside a cyst, but these cysts usually look unusual on ultrasound and behave differently when aspirated.

Women who get a lot of cysts may become complacent about breast lumps and not get lumps checked. This can result in a delayed diagnosis if breast cancer develops. Every new breast lump needs to be appropriately investigated.

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Adapted from: 'Breast cysts' fact sheet.
The NSW Breast Cancer Institute
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