

Mammograms of patients with fibrocystic changes could show round masses with clear borders and/or calcifications. If there is the presence of a cystic lesion and/or the patient is symptomatic, then a fine needle aspiration (FNA) can be performed.

Biopsy

Biopsy-needle

A biopsy is performed if imaging is inconclusive. Biopsies help to differentiate the histological subtypes of fibrocystic changes: nonproliferative vs sclerosing adenosis vs ductal hyperplasia.

Nonproliferative

Nun-pro-lifter

In the nonproliferative histological subtype, fluid-filled cysts are often evident. If hemorrhage has occurred inside the cyst cavity, it can appear bluish under microscopy ("blue dome cysts").

Sclerosing Adenosis

Skull-Roses with A-dentist

Sclerosing adenosis is a proliferative histological subtype of fibrocystic changes. Stromal fibrosis and acinar proliferation are characteristic in this subtype. If calcifications are present, the risk of breast cancer is increased.

Ductal Hyperplasia

Duck Hiker-plates

Ductal hyperplasia is a proliferative histological subtype. The characteristic features are atypical cells with epithelial hyperplasia. This subtype also has an increased risk of breast cancer.

Management

Observation

Observatory

If symptoms are mild then treatment is usually not warranted.

Pharmacologic Interventions

Med-bottle

If symptoms are severe, then oral contraceptive pills (OCPs), tamoxifen (SERM), or progesterone could be prescribed. These drugs inhibit the excess estrogenic activity that may be contributing to pathogenesis.

Surgery

Surgeon

Some cases are amenable to surgical resection of cysts, especially if they cause refractory pain or significant disfigurement.