



## 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.