

Fibroadenoma

This leaflet tells you about fibroadenomas. It explains what a fibroadenoma is, how it's diagnosed and what will happen if it needs to be followed up or treated.

A stylized graphic of a human figure, composed of a circle for the head and a rounded rectangle for the torso, rendered in a gradient of pink and orange colors. The figure is positioned in the lower half of the page, partially overlapping the text area.

What is a fibroadenoma?

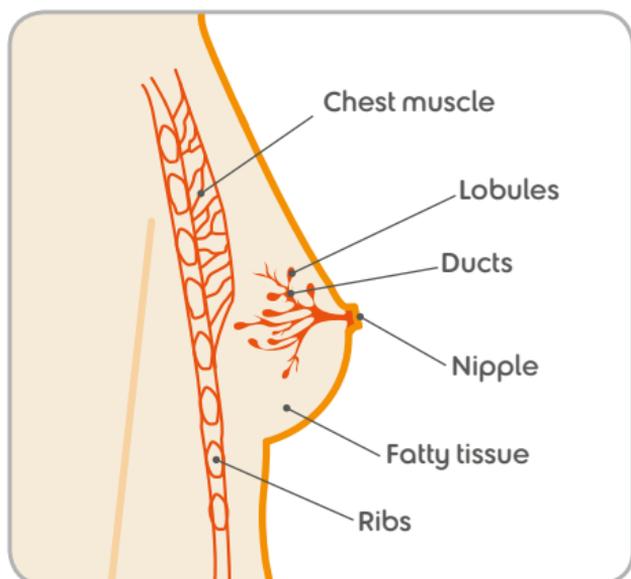
A fibroadenoma is a very common benign (not cancer) breast condition. It's usually felt as a lump in the breast which has a rubbery texture, is smooth to the touch and moves easily under the skin.

It's not unusual to have more than one fibroadenoma. They often develop during puberty so are mostly found in young women, but they can occur in women of any age. Men can also get fibroadenomas, but this is very rare.

Fibroadenomas are usually painless, but sometimes they may feel tender or even painful, particularly just before a period.

It's not known what causes a fibroadenoma. It's thought that it probably occurs because of increased sensitivity to the hormone oestrogen.

The breast



Breasts are made up of lobules (milk-producing glands) and ducts (tubes that carry milk to the nipple). These are surrounded by glandular, fibrous and fatty tissue.

Fibroadenomas develop from a lobule. The glandular tissue and ducts grow over the lobule and form a solid lump.

Types of fibroadenoma

Most fibroadenomas are about 1–3cm in size and are called simple fibroadenomas. When looked at under a microscope, simple fibroadenomas will look the same all over. They don't increase the risk of developing breast cancer in the future.

Some fibroadenomas are called complex fibroadenomas. When these are looked at under a microscope, some of the cells have different features. Having a complex fibroadenoma can very slightly increase the risk of developing breast cancer in the future.

Occasionally, a fibroadenoma can grow to more than 5cm and may be called a giant fibroadenoma. Those found in teenage girls may be called juvenile fibroadenomas.

How are they diagnosed?

Fibroadenomas usually become noticeable as a lump in the breast. If you find a breast lump, see your GP (local doctor). They're likely to refer you to a breast clinic where you'll be seen by specialist doctors or nurses.

At the breast clinic you'll have various investigations, known as 'triple assessment', to help make a definite diagnosis. This assessment consists of:

- a breast examination
- ultrasound scan (uses high frequency sound waves to produce an image) and/or a mammogram (breast x-ray)
- a core biopsy and/or a fine needle aspiration (FNA).

A core biopsy uses a hollow needle to take a sample of breast tissue. Several tissue samples may be taken at the same time. This procedure will be done using a local anaesthetic.

An FNA uses a fine needle and syringe to take a sample of cells for analysis.

Because a core biopsy takes tissue rather than cells (as in an FNA), it is usually the test of choice as it gives more detailed information.

These samples are then sent to a laboratory to be looked at under a microscope.

Fibroadenomas are often easier to identify in younger women. If you're in your early 20s or younger, your fibroadenoma may be diagnosed with a breast examination and ultrasound only. However, if there's any uncertainty about the diagnosis, a core biopsy or FNA will be done.

If you're under 40, you're more likely to have an ultrasound than a mammogram. Younger women's breast tissue can be dense which can make the x-ray image less clear so normal changes or benign breast conditions can be harder to identify. However, for some women under 40, mammograms may still be needed to complete the assessment.

You can call us free on **0808 800 6000** if you'd like more information about any tests you're having, or see our booklet **Your breast clinic appointment**.

Follow-up or treatment

In most cases you won't need any follow-up or treatment if you have a fibroadenoma. Usually you'll only be asked to go back to your GP or the breast clinic if it gets bigger or you notice a change.

Most fibroadenomas stay the same size. Some get smaller and some eventually disappear over time. A small number of fibroadenomas get bigger, particularly those in teenage girls. Fibroadenomas can also get bigger during pregnancy and breastfeeding or while taking hormone replacement therapy (HRT), but usually reduce in size again afterwards.

Sometimes an operation called an excision biopsy is needed to remove a fibroadenoma if it's a large, complex or juvenile fibroadenoma. This may be done using a local or general anaesthetic. You can also ask to have a fibroadenoma removed.

Your surgeon may use dissolvable stitches placed under the skin which won't need to be removed. However, if a non-dissolvable type is used, they will need to be taken out a few days after surgery. You'll be given information about this and about looking after the wound before you leave the hospital.

You may be offered a vacuum assisted excision biopsy to remove the fibroadenoma. This is a way of removing small fibroadenomas under local anaesthetic, without having surgery. After an injection of local anaesthetic, a small cut is made in the skin. A hollow probe connected to a vacuum device is placed through this. Using an ultrasound or mammogram as a guide, the fibroadenoma

is sucked through the probe by the vacuum into a collecting chamber. The biopsy device is used in this way until all of the fibroadenoma has been removed. This may mean that an operation under a general anaesthetic can be avoided. The tissue removed is sent to the laboratory and examined under a microscope. This procedure can cause some bruising and pain for a few days afterwards.

Removing a fibroadenoma doesn't usually affect the shape of the breast, but there may be a slight dent in the breast where it has been removed.

What this means for you

You may be anxious about what having a fibroadenoma means for you. Even though you may feel relieved that it is a benign condition, you may still worry about breast cancer.

For most women, having a fibroadenoma does not increase the risk of developing breast cancer. If you were diagnosed with a complex fibroadenoma, you may be worried that your risk is very slightly increased. However, this doesn't necessarily mean you will develop breast cancer in the future. It's important to continue to be breast aware and go back to your GP if you notice any changes in your breasts, regardless of how soon these occur after your diagnosis of a fibroadenoma.

You can find out more about being breast aware in our booklet **Your breasts, your health – throughout your life**.

If you'd like any further information or support, call us free on **0808 800 6000** (Text Relay 18001).

About this leaflet

Fibroadenoma was written by Breast Cancer Care's clinical specialists, and reviewed by healthcare professionals.



**For a full list of the sources
we used to research it:**

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Breast Cancer Care doesn't just support people when they've been diagnosed with breast cancer, we also highlight the importance of early detection and provide up-to-date, expert information on breast conditions and breast health.

If you have a question about breast health or breast cancer you can call us free on **0808 800 6000** or visit **breastcancercare.org.uk**

We hope you found this information useful. If you'd like to help ensure we're there for other people when they need us visit **breastcancercare.org.uk/donate**

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