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Central Office
Breast Cancer Care
5–13 Great Suffolk Street
London SE1 0NS
Phone: 0345 092 0800
Email: info@breastcancercare.org.uk

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Phone: 0345 092 0800
Email: info@breastcancercare.org.uk

Sclerosing lesions of the breast

This leaflet tells you about sclerosing lesions of the breast. It explains what these are, how they are diagnosed and what will happen if they need to be treated.
What is sclerosis of the breast?

Sclerosis of the breast is an area of hardening of breast tissue that can occur as the breast ages. Sclerosing adenosis is found in these benign (not cancer) breast conditions:

• sclerosing adenosis
• radial scars/complex sclerosing lesions.

Although much more common in women, men can also get sclerosing lesions of the breast (but this is very rare).

What is sclerosing adenosis?

Breasts are made up of lobules (milk-producing glands) and ducts (tubes that carry milk to the nipple), which are surrounded by glandular, fibrous and fatty tissue. Sclerosing adenosis is extra growth of tissue within the breast lobules.

Sclerosing adenosis is more common as the breast ages, most often in women in their 30s or 40s, but it can occur at any age. It can be part of the normal aging process. Most women will not notice any symptoms and it is often only diagnosed during a routine mammogram (breast x-ray) or following investigation of an unrelated breast condition. Occasionally some women may notice a small lump or may, very rarely, find their breast painful. The pain is generally persistent and in one specific area. Some women find that it gets worse just before a period.

Diagnosis

Sclerosing adenosis can be difficult to diagnose, as it can occasionally look like a breast cancer on a mammogram. Because of this, a biopsy may be needed to make a definitive diagnosis and this can be done in several ways.

• A core biopsy. This is where a hollow needle is used to take a sample of breast tissue for analysis under a microscope. Several tissue samples may be taken at the same time.

• A stereotactic core biopsy. If the area of concern can only be seen on a mammogram, a sample of tissue is taken using a needle biopsy device connected to a mammogram machine and linked to a computer. This helps locate the exact position of the area to be biopsied. Images of the breast are taken from two different angles to help guide the needle to the precise location. This procedure is done using a local anaesthetic either in a sitting position or lying down on a specialised examination couch.

• A vacuum-assisted biopsy. If the area of concern is difficult to target or if a previous biopsy has not given a definite result then more breast tissue is needed to make a diagnosis. This procedure takes a little longer than a core biopsy and is done using a mammogram or ultrasound for guidance. 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 ultrasound or mammography as a guide, breast tissue is sucked through the probe by the vacuum into a collecting chamber. This enables collection of several tissue samples without having to remove the probe. These samples are sent to the laboratory where they are examined under a microscope to establish a diagnosis.

These tests are done in the breast clinic or the x-ray department. For more information about breast biopsies, see our Your breast clinic appointment booklet.

Occasionally a small operation (excision biopsy) is needed to remove the affected area and confirm that it is not breast cancer. Once the affected area is removed, the tissue is sent to a laboratory where it is looked at under a microscope to confirm the diagnosis.

Follow-up

Once the diagnosis has been confirmed as sclerosing adenosis, no further treatment is needed, even if the area of concern has not been removed.

What are radial scars and complex sclerosing lesions?

Radial scars and complex sclerosing lesions are benign (not cancer) conditions. They are the same thing but are generally identified by size, with radial scars usually being smaller than 1cm and complex sclerosing lesions being bigger than 1cm.

A radial scar or complex sclerosing lesion is not actually a scar. The name describes how it looks on a mammogram. As with sclerosing adenosis this is an area of hardened breast tissue.

Most women will not notice any symptoms and it is often only found on a routine mammogram or following investigation of an unrelated breast condition. Radial scars and complex sclerosing lesions may not be easy to identify from breast cancer on a mammogram. Your doctor may suggest a core biopsy to confirm the diagnosis. For information on core biopsies, see our Your breast clinic appointment booklet.

Treatment and follow-up

Even though the diagnosis can usually be made on a core biopsy, your doctor may suggest a small operation (excision biopsy) to completely remove the radial scar or complex sclerosing lesion.

Sometimes your doctor may suggest removal of the radial scar or complex sclerosing lesion by the vacuum-assisted technique (see ‘Diagnosis’) instead of an excision biopsy. The biopsy device is used until the area being investigated has been removed. This may mean that an operation under a general anaesthetic can be avoided.

The removed breast tissue will be sent to a laboratory to confirm that it’s not cancer. Once the area has been completely removed and confirmed as a radial scar or complex sclerosing lesion, no further tests or treatment will be needed.

Experts disagree as to whether having a radial scar or complex sclerosing lesion might mean a slightly increased risk of developing breast cancer in the future. Some doctors believe that any increase in your risk is determined by what else (if anything) is found in the tissue removed – for example, an area of atypical hyperplasia (see our Hyperplasia and atypical hyperplasia leaflet for further information).

What this means for you

Sclerosing adenosis

You may feel anxious about having sclerosing adenosis, even after it is removed. Even though it’s a benign condition, you may still worry about breast cancer. Sclerosing adenosis doesn’t increase your risk of developing breast cancer.

Radial scar/complex sclerosing lesion

You might be worried or anxious that your risk of developing breast cancer in the future may be slightly increased.

If you’d like any further information or support, call our free Helpline on 0808 800 6000 (Text Relay 18001).

Being breast aware

It’s still important to be breast aware and go back to your GP if you notice any other changes in your breasts, regardless of how soon these occur after your diagnosis of a sclerosing lesion. You can find out more about being breast aware in our Your breasts, your health: throughout your life booklet.