Bloody Nipple Discharge in a Post Menopausal Woman and its Impact on Psyche and Mental Well Being where the Patient is already having moderate Depressive Illnesses : A Case Report

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ABSTRACT

Nipple discharging blood creates a great amount of tension which ushers in increased levels of anxiety because of the fear of having a breast cancer. Magnitude of this may be immense and detrimental if the patient is suffering from already existing depressive illness whether evaluated or not, on treatment or otherwise. Our patient had on presentation a feeling of sadness, loss of interest, gross disturbance of sleep and inability to concentrate in addition to bloody discharge from left nipple. She earlier discontinued her anti depressive drugs. We consulted our Psychiatric colleague immediately and advised mammography after physical examination. There were no mass, redness or sores. Discharge from single duct considered on physical examination, there was slight retraction of left nipple. Patient responded well after starting antidepressant and counseling. Microdochectomy was planned and after operation patient's fear was relieved as it came out to be mammary duct ectasia not a cancer. Patient is doing well now.

Keywords:

1. INTRODUCTION :

Discharge of blood from nipple is frequently benign .It may be caused by intraductal papilloma, Duct ectasia and less frequently by Breast cancer. In this post menopausal patient moderate degree of depression was also causing concern. Patient on the first visit was vividly sad and fidgety.

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To add fuel to the fire patient's daughter in law left home few months ago and from father's house demanded divorce if her only son does not agree to stay with her away from his parents home. This increased, as the patient told, both the frequency of bloody discharge and downfall of her mental wellbeing, mood and self esteem. Everything was addressed to, and taken care off.

2. CASE REPORT :

Sixty-one year old female came to surgical OPD complaining of bleeding from left nipple of and on for last 4-5months.No history of pain, swelling soreness over left breast .No axillary lymph gland was clinically palpable. Mother of twenty five years old son who was born as full term normal delivery. Patient had overt clinical depression. Past history depressive illness not treated properly. She is also taking anti hypertensive for last 3 years. Familial turmoil already expressed. On examination bleeding from left nipple was evident.



Fig. 1: No lump was found. Left nipple was slightly retracted with minimal indurations at 7'O clock position. Right breast was normal. Axillary lymph glands were not palpable.

4. INVESTIGATIONS

- Hb 11.4G
- FBS 102mgm/dl
- PPBS 130mg/dl
- TLC7400cells/mm3 •
- poly 67% Ptime 15 secs INR 1.16
- Lipid profile and LFT WNL.
- Urea 30mg

- X ray chest NAD Echo cardiography report was more or less normal and passed by Anesthesiologist.
- USG abdomen Cholelithiasis fatty liver mild hepatomegaly.

Mammography report was in favour of benign breast disorder. Patients depression was only partially reduced as she was worrying constantly presuming malignant lesions. As we could not perform diagnostic and pre-op galactography we planned operative excision of involved duct or ducts and excision biopsy.

5. OPERATION :

We could canulate the bleeding duct with lacrimal duct canula after induction of anaesthesia. Circumareolar incision was made. As we went in two more ducts were noticed to contain blackish white to grey material and were excised with adjoining breast tissue. Operative diagnosis was mammary duct ectasia which was confirmed by Histopathology. After operation patient's condition was dramatically improved .Her mood was much better. Sadness disappeared. Dose of antidepressant adjusted.



Fig. 2: Dochectomy -Introducing lacrimal probe into the bleeding duct.



Fig.3: Dochectomy – Removing the diseased ducts.

6. HISTOPATHOLOGY :

- Nature of specimen lactiferous ducts with breast tissue from left breast gross appearance soft tissue piece 4*2*1cm.
- Microscopic findings dilated lactiferous and interlobular ducts of the breast accompanied by periductal inflammation and fibrosis.
- Impression Designated lactiferous duct of left breast. Histological features suggestive of duct ectasia of lactiferous duct.





Fig. 4: Histopathology of the excised ducts

7. CONCLUSION :

Nipple discharge is the third most common breast complaint after breast pain and breast mass. Ductal excision has been the only reliable procedure in establishing a diagnosis and to control bloody nipple discharge. Nipple emanating blood causes a high rise of anxiety in women worrying , breast cancer. Medications that inhibit dopamine secretion i.e. OC pills, antihypertensive and anti depressant may cause nipple discharge. Our patient is now okay waiting for gall bladder surgery in this lock down era hoping that she will control her tension and mood swing under medication.



Fig. 5: Before discharge of the patient

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