

Meeting abstract

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Therapeutic value of a new scarless intervention, ductoscopic papillomectomy, in patients with pathologic nipple discharge

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Background

Efforts have been made to develop new methods to improve the diagnosis of intraductal lesions and their surgical removal. We evaluated the therapeutic value of a new scarless operation, endoscopic papillomectomy, (EP) in patients with pathologic nipple discharge (PND).

Methods

Breast ductoscopy was performed on 213 female patients with PND. These patients underwent a variety of appropriate ductoscopy-assisted (DA) endosurgical interventions, combined with cytologic examinations. Success was determined by recurrence of PND and by standard radiological examinations.

Results

Ductoscopy was successfully performed in 178 patients. Of these 178 patients, 34 had solitary papillomas (SP), 8 had multiple papillomas (MP), 19 had intraductal debris and 5 had ductal epithelial surface abnormality with positive cytology. Of the 34 polypoid lesions (cytology negative), 22 were excised endoscopically (endoscopic papillomectomy). Patients with MP underwent DA-microdochectomy. These 42 patients (34 with SP, and 8 with MP) had histopathology results consistent with intraductal papillomas or papillomatosis. Five patients with positive cytology underwent DA-terminal ductal lobular unit excision after their histopathology reports showed had DCIS. Except in one patient, all discharges disappeared. After a mean \pm SD follow up time of $14.4 \pm$

5.2 months (range, 1–27 months), there were no recurrences of nipple discharge and no radiological results suggestive of malignancy. Thus, the therapeutic efficacy of EP in our study was 95.4% (21/22).

Conclusion

Ductoscopy is not only a diagnostic procedure, but is also therapeutic for breast papillomas. EP is a new scarless treatment option for patients with PND (1,2). With technical improvements in ductoscopy and endoscopic sampling instruments, a greater degree of therapeutic efficacy will be achieved.