

AB017. 118. Benign intraductal papillomas: is conservative management an option?

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Background: In many centres internationally, current standard of care is to excise all papillomas of the breast despite recently reported low rates of upgrade to malignancy on final excision. The objective of this study was to determine the upgrade rate to malignancy in patients with papilloma without atypia.

Methods: A retrospective review of a prospectively maintained database of all cases of benign intraductal papilloma in a tertiary referral symptomatic breast unit was performed. Patients with evidence of malignancy or atypia on core biopsy and those with a history of breast cancer or genetic mutations predisposing to breast cancer were excluded.

Results: One hundred and seventy-three cases of benign papilloma diagnosed on core biopsy were identified. Following exclusions, the final cohort comprised of 138 patients. Mean age at presentation was 51. The most common symptom was a lump (40.58%). Of the 114 patients who underwent excision, 1 had invasive ductal carcinoma and 3 had ductal carcinoma *in situ*, giving an upgrade rate of 3.51%. Upgrade to other high-risk lesions (atypical lobular, ductal hyperplasia and lobular carcinoma *in situ*) was demonstrated in 12.28%. Benign papilloma was confirmed in 96 only and 6 had no residual papilloma was found on final excision. Of those managed conservatively, 1 developed malignancy.

Conclusions: Patients with a diagnosis of benign papilloma without atypia on core biopsy have a low risk of upgrade to malignancy on final pathology, suggesting that observation may be a safe alternative to surgical excision. Further research is warranted to study the natural history of these lesions.

Keywords: Benign; breast; intraductal; papilloma

doi: 10.21037/map.2019.AB017

Cite this abstract as: Moynihan A, Quinn E, Smith C, Stokes M, Kell M, Barry J, Walsh S. Benign intraductal papillomas: is conservative management an option? Mesentery Peritoneum 2019;3:AB017.