Bloody, greenish discharge from my nipples? Should I be concerned? [1]

Dear Alice,

I have a greenish discharge that comes out both nipples if they are squeezed. The color appears to sometimes have a blood/green look.

Is there any need to be concerned?

Answer

Dear Reader,

Though it may seem alarming or strange, it's possible for people—regardless of sex—to experience nipple discharge. However, discharge tends to be more common among people assigned female at birth and rare for people assigned male at birth. That said, discharge is usually "milky" in appearance; while it's usually harmless in different color and consistency variations, greenish discharge may signal an underlying health issue—especially for those assigned male at birth. As such, it's wise to speak with your health care provider to help answer any questions and offer a treatment and prevention plan that works for you.

For people assigned female at birth, discharge can vary from thin, to clear, or greenish due to a number of reasons, ranging in severity. It's possible that hormonal shifts just before the beginning of a menstrual period, use of birth control pills, pregnancy, and breastfeeding within the past several years can cause these changes. Other considerations include breast infections, cysts within the breasts, fibrocystic breast changes [2], or more complicated changes in the cells that line the tubular system (ducts) within the breast (a condition called ductal ectasia). Though these types of discharge are more common, and often benign in those assigned female at birth, it's more likely for these types of discharge to indicate a malignant change among individuals assigned male at birth.

Other types to look out for include spontaneous discharge, which occurs without squeezing, and may indicate hormonal changes or more severe health issues, and bloody discharge, which may suggest the presence of a growth. These types of growths may be found within the ducts of the breast. It's possible for them to be benign, as is the case with a papilloma (a warty, non-cancerous tumor that grows on a stalk), or malignant, such as a cancerous tumor.

Based on what you've described, it's recommended that you speak with your health care
provider. They'll be able to complete a breast examination to make sure there's nothing abnormal that can be felt within your breasts. Depending on the outcome, they might recommend that you undergo a mammogram or an ultrasound to check for cysts, fibrocystic changes, ductal ectasia, or tumors.

Finally, to continue to maintain your breast health, it may be appropriate and helpful for you to learn how to conduct breast self-exams. That way, you're able to familiarize yourself with your breast tissue and more easily identify any atypical changes. For more information, check out Mayo Clinic's tips on how to give yourself a breast exam [3]. As an added level of screening, you can also get regular clinical breast exams from your medical provider. The American College of Obstetrics and Gynecologists notes that this can occur every one to three years if you're in your 20s or 30s, or once a year if you're 40 years or older for those assigned female at birth.

Here's to putting your breast health forward!

Alice!

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