Introduction

Nipple discharge is the third most common cause for women presenting with breast complaints, after pain and masses **(Lang and Kuerer, 2007).**

Approximately 5% of women presenting for breast care have a complaint of nipple discharge **(Santen and Mansel,2005).**

Nipple discharge is categorized as normal milk production (lactation), physiologic nipple discharge, or pathologic (suspicious) based on the characteristics of presentation **(Buhimschi , 2004).**

Women who have physiologic discharge, an otherwise normal exam and normal imaging, have a very low chance of having a malignancy **(Dillon et al., 2006).**

Advanced age or postmenopausal status has been shown to increase the risk of breast cancer being the cause of the pathologic discharge **(Lau et al., 2005).**

Ductography can be useful in those presenting with nipple discharge without an underling mass or imaging abnormality**(Krontiras and Bland, 2007).**

Mammary ductoscopy is used to diagnose the source of discharge from a single breast duct. The intraductal pathology can be visualized, allowing for adequate removal of intraductal lesions **(Manfred et al.,2006)**

The primary goals of evaluation and management are to differentiate patients with benign nipple discharge from those who have an underlying papilloma, cancer, or high risk lesion and to manage patients with underlying pathologic nipple discharge. Isolated papillomas are usually benign, but can harbor areas of atypia or ductal carcinoma in situ **(King et al., 2000).**

Mammary ductoscopy- assisted Microdocchectomy should be considerd the procedure of choice for a pappiloma- related single duct discharge **(AL Sarakbi et al ., 2006).**