Lily Fremaux
Surgery Rotation
H&P 2
04/14/2026

Name: G.S.
DOB: 11/22/1992
MRN: ########
Location: Queens Hospital Center- NYC Health and Hospitals
Date of Service: 03/26/2026
Source of information: Self
Reliability: Reliable
Address: Jamaica, NY

HPI:
33 y/o female with a PMHx of obesity, appendicitis s/p appendectomy (2011), and cholecystitis s/p cholecystectomy (2016) presents to the breast clinic for evaluation of right nipple discharge for one month. Patient describes brown nipple discharge upon breast manipulation. Denies spontaneous nipple discharge without manipulation. States that she has not tried anything to improve her symptoms and that nothing makes these symptoms worse. Denies any fluctuation in symptoms with menstrual cycle. Otherwise with no acute breast complaints; denies breast pain, swelling, mass/lump in breast, skin changes to breast, erythema, or nipple inversion. Denies recent breast trauma. Denies fever, chills, weight loss, or fatigue. Denies headache or blurry vision. Denies menstrual irregularities or abnormal vaginal bleeding. Denies nausea, vomiting, or constipation. Patient is not currently breastfeeding; gave birth to her last child in 2022 and has not breastfed for two years. Patient states that she does not do self breast exams at home. Denies OCP or other birth control use. Denies any daily medications or the use of new medications or herbal supplements.

New Patient Information:
Menarche: 11 years
G3P2012
Age of first child: 20 years old
Menopause: not applicable

Denies family history of breast or ovarian chancer
Denies prior breast biopsies or surgeries
Denies OCP use
Denies hormonal therapy

PMHx: obesity
PSHx: appendectomy (2011), cholecystectomy (2016)
Social history: Denies alcohol, smoking, and drug use
Family history: as documented above

Medications: None
Allergies: No known drug allergies

ROS:
General: Denies fevers, chills, weight loss, or fatigue
Breast: Endorses right-sided nipple discharge. Denies breast pain, swelling, mass/lump in breast, skin changes to breast, erythema, or nipple inversion
Neurologic: Denies blurry vision or headaches
GI: Denies nausea, vomiting, and constipation
GU: Denies menstrual irregularities or abnormal vaginal bleeding

Physical Exam:
Vitals:
Heart rate 78bpm
BP 128/83
SPO2: 100% on room air
Respiratory rate: 18 breaths/minute
Temperature 98.3 PO
BMI: 42.30 (height 5'5; weight 257 pounds)

General: Anxious appearing, but in no acute distress and non-diaphoretic. Alert. Dressed appropriate for the weather and appears stated age. Well groomed; not malodorous or disheveled.

Cardiac: Regular rate and rhythm. No murmurs, rubs, or gallops.

Respiratory: Lungs clear to auscultation bilaterally. No respiratory distress, increased work of breathing, or accessory muscle use. Speaking in full, clear, complete sentences.

Breasts: Symmetrical breasts without any nipple inversion. No skin changes (erythema, dimpling, crusting/scaling). No palpable masses or lymphadenopathy. Approximately 0.1mL dark brown/green nipple discharge expressed with manipulation of the right breast. No discharge of left breast.

Assessment:
33 y/o female with brown right nipple discharge for approximately one month. On exam right nipple with dark brown/green discharge upon manipulation. No discharge of left breast. No palpable masses or skin changes.

DDx:
Mammary duct ectasia
This diagnosis is most consistent with this patient's presentation. Mammary duct ectasia is a benign condition involving dilation and inflammation of the subareolar ducts, leading to accumulation of debris. It commonly presents with green/brown, or black nipple discharge that is

often non-spontaneous and requires manipulation. Patients typically do not have a palpable mass or systemic symptoms.

Hyperprolactinemia secondary to prolactinoma or hypothyroidism

Hyperprolactinemia results from elevated prolactin levels, most commonly due to a pituitary adenoma, but can also occur in the setting of hypothyroidism via increased TRH stimulation. It typically presents with bilateral, milky nipple discharge (galactorrhea) that may be spontaneous and associated with menstrual irregularities. This is less likely in this patient given the unilateral, non-milky discharge, but evaluation with prolactin and TSH levels is appropriate.

Intraductal papilloma

Intraductal papilloma is a benign tumor within a duct that commonly presents with unilateral nipple discharge, often bloody or serosanguinous. The discharge is typically spontaneous and from a single duct. Additionally, a small subareolar mass may sometimes be present. Although this patient's discharge is not bloody or spontaneous, this pathology should be ruled out.

Carcinoma (Ductal Carcinoma in Situ/Invasive Ductal Carcinoma)

Breast carcinoma can present with pathologic nipple discharge, classically spontaneous, unilateral, and bloody or clear. It is often associated with additional findings such as a palpable mass, skin changes, or nipple retraction. While less likely in this patient due to the absence of these features, malignancy must be ruled out with imaging.

Periductal Mastitis

Periductal mastitis is an inflammatory/infectious condition of the subareolar ducts that can cause colored nipple discharge. It is usually associated with breast pain, erythema, tenderness, or systemic symptoms such as fever. This diagnosis is less likely in this patient due to the absence of inflammatory signs or systemic symptoms, but should still be considered.

Plan:

Cytology of right nipple discharge to r/o carcinoma
Urine pregnancy test
Instructed the patient to return for blood work for prolactin and TSH levels. Recommended to have labs drawn in the morning and to avoid manipulating the nipple for up to 24 hours prior.
Bilateral diagnostic mammogram with targeted subareolar sonogram of the right breast
Patient education on conducting self breast exams and avoiding nipple manipulation
Return to Clinic 3-4 weeks after imaging studies or for evaluation of any spontaneous discharge, bloody discharge, or new masses, pain, or skin changes

Results:
Cytology: negative for malignant cells. Minute presence of proteinaceous material and few macrophages.
Blood work and breast imaging not yet completed