

Atypical Hyperplasia

Definition of terms:

Atypical— Cells that are not like normal cells (abnormal)

Benign— Not cancerous; no threat to the body

Biopsy— Procedure to remove cells or tissue for study by a pathologist

Cyst— A fluid-filled sac

Hyperplasia— Excessive growth of normal cells in normal tissue

Malignant— Cancerous; a threat to the body

Pathologist— Physician that studies biopsy specimens to determine if disease is present

Atypical hyperplasia is a term that describes a change in the cells that line the ducts or lobules of the breast.

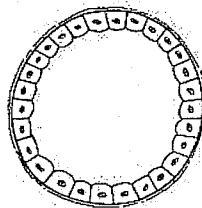
Cells have experienced excessive growth, and some of the new cells have changed their features. This change in features of the new cells is not considered a malignant change but is recognized as abnormal. Some pathologists call this condition a “borderline” change. Thus, the term “atypical” is applied to the new cellular growth. Some pathologists further define the abnormality by describing

exactly where the change has occurred: atypical ductal hyperplasia—ADH (found in ducts), and atypical lobular hyperplasia—ALH (found in lobules).

Atypical hyperplasia is not cancerous, but is considered a precancerous condition. Therefore, women diagnosed with it are at a slightly higher risk for developing breast cancer. When no family history of breast cancer is present, the estimated increase in risk is around 5 percent. A family history of breast cancer increases this risk to approximately 11 percent.

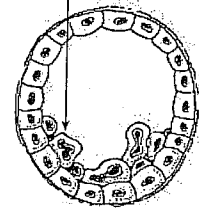
If atypical hyperplasia is found after a core biopsy, your physician may recommend surgical excision of the area. If you have atypical hyperplasia, you should discuss your surveillance plan with your health-care provider. Some healthcare providers recommend a clinical exam and a mammogram more than once a year.

Normal Cells



Normal Cell Wall Lined With 1-2 Layers of Cells That All Look Alike

Atypical Cells



Atypical Hyperplasia Means Extra Layer of Abnormal Cells Do Not Look Like Normal Cells But Are Not Cancerous