**Purpose**

Duct dissections are usually performed to evaluate nipple discharge. The most common lesion found is an intraductal papilloma which is a wart-like growth that can sometimes puncture a duct causing the nipple discharge. On occasion, papillary or micropapillary DCIS may be found. Duct dissections are usually small and the anterior duct is marked with a stitch. Ducts look like flaccid white tubes approximately 0.2 - 0.3 cm in diameter.

**Procedure**

* Weigh and measure the specimen
* If marked with one stitch, ink the out surface one color, if there is more than one stitch use standard inking colors (see lumpectomies)
* Serially section the specimen (usually from anterior to posterior) perpendicular to the duct's lumen showing its cross-section
* Describe the cut surfaces. If a lesion is grossly evident, give its dimensions, color, consistency and location (within duct?) including distance from duct margin. Describe the remaining parenchyma.

**Sections for Histology**

Sequentially submit the entire specimen (usually from anterior to posterior) mentioning which cassettes contain the lesion.

**Sample Dictation**

Labeled "Duct excision, stitch marks anterior duct" received in formalin in a small container is a 7.5 gram, 2.5 x 2.5 x 2.0 cm portion of fibroadipose tissue. The outer surface is inked blue. The specimen is serially sectioned from anterior to posterior to reveal a 0.4 x 0.4 x 0.3 cm tan-white and papillary lesion attached to the inner wall of a duct approximately 0.5 cm from the anterior duct margin. The remaining cut surfaces are adipose (75%) interspersed with dense fibrous tissue unremarkable for any additional abnormalities.

**Cassette Summary**

* 1 A - 1 F - Entire specimen sequentially submitted from anterior to posterior with lesion in cassette 1 B (1 ns each)