CONDITION

Supernumerary nipples

A supernumerary nipple is an extra nipple present from birth, usually along the chest or abdomen.

WHAT IT IS
An extra nipple present from birth

BODY SYSTEM
Skin and breast tissue

MAIN SYMPTOMS
Extra nipple or dark spot, tenderness, swelling, discharge

WHAT CAUSES IT
Persistence of embryonic milk-line tissue

HOW IT IS DIAGNOSED
Physical examination, sometimes ultrasound or biopsy

MAIN TREATMENT
Observation or surgical removal

CAN IT BE CURED?
Yes - surgical removal removes the tissue

IS IT AN EMERGENCY?
No - new or infected changes need assessment

LONG-TERM OUTLOOK
Usually harmless and stable throughout life

Overview

A supernumerary nipple is an extra nipple that develops before birth. "Supernumerary" means more than the usual number. The condition is sometimes called a third nipple or polythelia, although a person may have more than one extra nipple.

An extra nipple usually appears somewhere along an imaginary line running from the armpit, through the usual nipple, and toward the groin. This path is called the embryonic milk line. Most extra nipples are found on the chest or upper abdomen, but they can occasionally appear elsewhere.

Some look like a small, fully formed nipple and surrounding darker skin, called the areola. Others are tiny marks that resemble a mole, birthmark, skin tag, or dimple. They may not be recognized until puberty, pregnancy, or an examination for another reason.

A supernumerary nipple may contain only nipple tissue. In some people, it is connected to milk ducts or glandular breast tissue beneath the skin. This is different from accessory breast tissue without a visible nipple, although the two can occur together.

Most supernumerary nipples are harmless. They do not affect general health, sexual development, fertility, or life expectancy. They matter mainly because they can change in response to hormones, become irritated, affect body confidence, or develop some of the same conditions that affect ordinary breast tissue.

Symptoms

Many supernumerary nipples cause no symptoms. The main finding is a small extra nipple or pigmented spot that has been present since birth, even if it was noticed only later.

Its appearance can include:

If milk ducts or glandular tissue are present, the area may respond to hormonal changes. It can become larger, darker, tender, or swollen during puberty, menstrual cycles, pregnancy, or breastfeeding. In some cases, clear fluid or milk can come from the nipple.

An extra nipple below the usual breast may be mistaken for a mole. Those near the armpit can be confused with a skin tag, swollen lymph node, or accessory breast tissue.

A new lump, persistent discharge, broken skin, bleeding, or a clear change in appearance is not considered an expected feature. These changes should be assessed rather than assumed to be part of the condition.

- A small raised nub or central dimple
- A darker circle similar to an areola
- A flat brown, pink, or skin-coloured mark
- One or more extra nipples on one or both sides of the body

Causes and risk factors

Supernumerary nipples form during early development in the womb.

An embryo briefly develops two bands of tissue called mammary ridges, or milk lines. These run from the armpits toward the groin. Most of each ridge normally disappears, leaving breast tissue on the chest. If a small part remains elsewhere, it can develop into an extra nipple.

This is a congenital condition, meaning it is present from birth. It is not caused by anything a

person or their parents did during pregnancy. It is also not caused by diet, clothing, medicines, sexual activity, or hormone use later in life.

Supernumerary nipples sometimes occur in several members of a family, suggesting that inherited factors can play a role. However, many people have no family history.

Reports have linked extra nipples with kidney or urinary tract differences and with some uncommon genetic syndromes. Research on isolated supernumerary nipples and kidney problems has produced inconsistent results. Most people with an otherwise isolated extra nipple do not have a related internal disorder.

A clinician may consider whether further assessment is appropriate when an extra nipple occurs with other differences present from birth, urinary symptoms, developmental concerns, or a relevant family history.

Diagnosis

A clinician can usually identify a supernumerary nipple by examining its shape, colour, texture, and position. They may ask whether it has always been present and whether it changes with menstrual cycles, pregnancy, or breastfeeding.

The diagnosis is not always obvious. A very small extra nipple can resemble a mole, wart, skin tag, or other skin growth. A dermatologist may use a magnifying device called a dermatoscope to examine its surface more closely.

Imaging is not routinely needed for a typical, symptom-free extra nipple. An ultrasound may be used if there is a lump, pain, swelling, discharge, or possible breast tissue beneath the skin. Other breast imaging may be considered according to the person's age, symptoms, and the location of the tissue.

If the diagnosis remains uncertain, a clinician may recommend a biopsy or removal. A biopsy takes a small tissue sample for examination under a microscope. Nipple tissue can contain structures such as ducts, smooth muscle, and breast glands, which help confirm the diagnosis.

A new or changing mark should not be identified at home solely from photographs. Several skin and breast conditions can look similar.

Treatment and management

Most supernumerary nipples need no treatment. If the diagnosis is clear and the area causes no physical or emotional concern, it can be left alone.

Removal may be considered because of:

Surgical excision is the usual way to remove an extra nipple. The area is cut out, often using local anaesthetic to numb the skin, and the wound is closed. The removed tissue may be examined under a microscope, especially if the diagnosis was uncertain or the nipple had changed.

Removal leaves a scar. Other possible effects include bleeding, infection, altered skin sensation, a difference in skin colour, or an uneven contour. If glandular breast tissue extends beyond the visible nipple, treatment may be more involved than removing the surface mark alone.

The expected result depends on the nipple's size, location, and the amount of tissue beneath it. A dermatologist, breast specialist, or plastic surgeon can explain the available approach and likely scar before a procedure.

Do not try to cut off, burn, freeze, or tie off an extra nipple at home. This can cause infection, bleeding, scarring, and delayed diagnosis if the mark is something else.

- Repeated rubbing, tenderness, or inflammation
- Swelling or discharge from underlying breast tissue
- Uncertainty about the diagnosis
- Distress about appearance or body confidence
- A suspicious change that needs tissue examination

Complications

Most people do not develop complications.

An extra nipple can rub against clothing or become sore. Tissue in the armpit, along a bra line, or near a waistband may be especially prone to irritation. Skin around it can also become inflamed or infected.

When milk ducts or glandular tissue are present, hormonal changes can cause swelling and tenderness. During breastfeeding, the tissue may produce milk or leak fluid. Milk that does not drain well may contribute to painful fullness or inflammation.

Supernumerary nipple and breast tissue can develop many of the same benign, or non-cancerous, conditions as ordinary breast tissue. Cancer arising in this tissue is possible but uncommon. Having an extra nipple does not mean that cancer is present, and an isolated extra nipple is not itself cancer.

Because people may assume the area is only a birthmark, a new lump or discharge can sometimes be overlooked. It is helpful to know where the tissue is and to report lasting changes.

Body image can also be affected, particularly during adolescence or after the nipple becomes more noticeable. This is a valid reason to discuss treatment, even when there is no physical complication.

Prevention

Supernumerary nipples cannot be prevented. They form during early development before birth, and there is no known action during pregnancy that prevents them.

They also cannot be made to disappear through diet, exercise, skin products, or hormone changes. Protecting the area from repeated rubbing may reduce irritation, but it does not remove the nipple.

If you have an extra nipple, you do not need to avoid pregnancy or breastfeeding. Letting your maternity care team know about any nipple or breast tissue outside the usual breast can help if it becomes swollen or produces milk.

Living with it and what to expect

A supernumerary nipple usually remains throughout life unless it is removed. It may grow in proportion with the body and become more noticeable over time, but many remain small and stable.

Hormonal stages can change its appearance. Puberty may make it darker or more raised. Menstrual cycles can cause temporary tenderness when underlying breast tissue is present. During pregnancy and breastfeeding, it may enlarge or produce milk. These changes may settle when hormone levels change again.

Most people live normally without treatment or special monitoring. An extra nipple does not usually interfere with physical activity, relationships, pregnancy, or breastfeeding from the usual breasts.

It is reasonable to become familiar with how the area normally looks and feels. This is not the same as repeatedly checking it or worrying about every temporary change. The aim is to recognize a change that persists, such as a new lump, unexplained discharge, or skin breakdown.

Removal generally eliminates the visible nipple, but it replaces it with a scar. If deeper glandular tissue is not removed, some fullness or hormone-related symptoms may remain. Before choosing a procedure, it can help to compare how much the nipple bothers you with the likely appearance and sensation after healing.

For a child, the nipple may become more noticeable as the body grows. It does not usually require treatment simply because it is present. If removal is being considered, timing can be discussed based on symptoms, the child's views, the extent of the tissue, and the details of the procedure.

When to get medical help

Arrange a routine medical appointment if you are unsure whether a mark is an extra nipple or if it has not previously been examined. Routine review is also appropriate for:

Seek prompt medical advice if the area becomes hot, increasingly red, very painful, or starts draining pus, particularly if you also have a fever. These findings can suggest infection.

A supernumerary nipple is not normally an emergency. Emergency care may be needed for rapidly spreading redness with severe illness, confusion, fainting, or uncontrollable bleeding after a procedure.

- A new lump or persistent thickening beneath the nipple
- Lasting pain, swelling, or tenderness
- Unexplained fluid, milk, or bloody discharge
- A persistent change in colour, shape, or texture
- Crusting, an ulcer, or skin that does not heal
- Hormone-related swelling that interferes with daily life
- Concerns about appearance or possible removal

Common questions

Is a third nipple normal?

It is a recognized congenital variation rather than an illness. The nipple forms before birth and is usually harmless. A clinician can confirm the diagnosis if the mark does not have a typical appearance.

Can a supernumerary nipple turn into breast cancer?

Breast tissue beneath an extra nipple can develop some of the same conditions as ordinary breast tissue, including cancer, but this is uncommon. An extra nipple is not a precancerous growth by itself. New lumps, bloody discharge, ulceration, or lasting changes need assessment.

Can an extra nipple produce milk?

It can if functioning milk ducts or glandular breast tissue are present. Milk production is most likely during pregnancy or breastfeeding. Some extra nipples contain little more than skin and nipple tissue, so they do not produce milk.

Does a third nipple mean I have a kidney problem?

Usually not. Studies of a possible link with kidney or urinary tract differences have had inconsistent findings. An isolated extra nipple generally does not prove that an internal problem is present. Other symptoms, congenital differences, or family history may affect whether further assessment is considered.

Can I have a supernumerary nipple removed?

Yes. Surgical removal is possible when the nipple causes symptoms or you prefer not to have it. The procedure leaves a scar, and deeper breast tissue may require a larger operation than a small surface nipple.

Will my child grow out of an extra nipple?

The nipple usually remains, although its relative size and appearance can change as the child grows. Most children do not need treatment unless it causes symptoms, uncertainty, or significant distress.

Sources

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