

# **BREAST PROBLEMS**

**AMMAR YASEEN MANSOUR**





# INTRODUCTION

- **ONE OF FOUR WOMEN WILL CONSULT PHYSICIAN FOR BREAST DISORDER .**
  - **ONE OF NINE WOMEN WILL HAVE REAL BREAST PROBLEM (i.e. CANCER).**
- 



# WHAT ARE THE MOST COMMON BREAST PROBLEMS?

- **BREAST PAIN .**
  - **NIPPLE DISCHARGE .**
  - **BREAST MASS.**
- 



# **WHAT IS THE GOAL OF BREAST EVALUATION?**

**THE GOAL IS TO RULE OUT CANCER AND  
ADDRESS THE PATIENT'S SYMPTOMS**





# **BREAST PAIN (MASTALGIA)**

- **MOST COMMON BREAST COMPLAINT .**
- **MORE COMMON IN PREMENOPAUSAL WOMEN THAN IN POSTMENOPAUSAL.**
- **RARELY IS THE PRESENTING SYMPTOM OF BREAST CANCER**

**(IN ONE STUDY, THE PAIN WAS THE ONLY PROBLEM IN 7% OF BREAST CANCER)**



# THE ETIOLOGY

UNCLEAR, BUT SUGGESTED TO BE:

- ▶ HORMONAL ETIOLOGY.
- ▶ PREMENSTRUAL WATER RETENTION IN THE BREASTS.
- ▶ NO HISTOLOGIC FINDINGS CORRELATE WITH BREAST PAIN.



# **FIBROCYSTIC DISEASE:**

**ALTHOUGH IS OFTEN PRESENT IN THE BIOPSY SPECIMENS OF WOMEN WITH BREAST PAIN. STUDIES HAVE SHOWN THAT FIBROCYSTIC CHANGES ARE ALSO PRESENT IN THE BREASTS OF 50 TO 90 PERCENT OF ASYMPTOMATIC WOMEN.**

**HENCE,THE PRESENCE OF THESE CHANGES IS NOT PROOF OF A CAUSAL RELATIONSHIP.**

# THE TYPES OF BREAST PAIN

## ► CYCLIC MASTALGIA:

- ASSOCIATED WITH THE MENSTRUAL CYCLE.
- MOST SEVERE BEFORE MENSES.
- BILATERAL .
- POORLY LOCALIZED.
- HEAVINESS OR SORENESS THAT OFTEN RADIATES TO THE AXILLA AND ARM.
- OFTEN RELIEVED AFTER THE MENSES.
- OCCURS MOST OFTEN IN YOUNGER WOMEN.
- RESOLVES SPONTANEOUSLY.

## ► NONCYCLIC MASTALGIA:

- MOST COMMON IN WOMEN 40 TO 50 YEARS OF AGE.
- OFTEN UNILATERAL .
- LOCALIZED IN THE BREAST .
- SHARP AND BURNING.
- MAY BE RELIEVED BY CORRECTING THE UNDERLYING DISEASE (FIBROADENOMA).



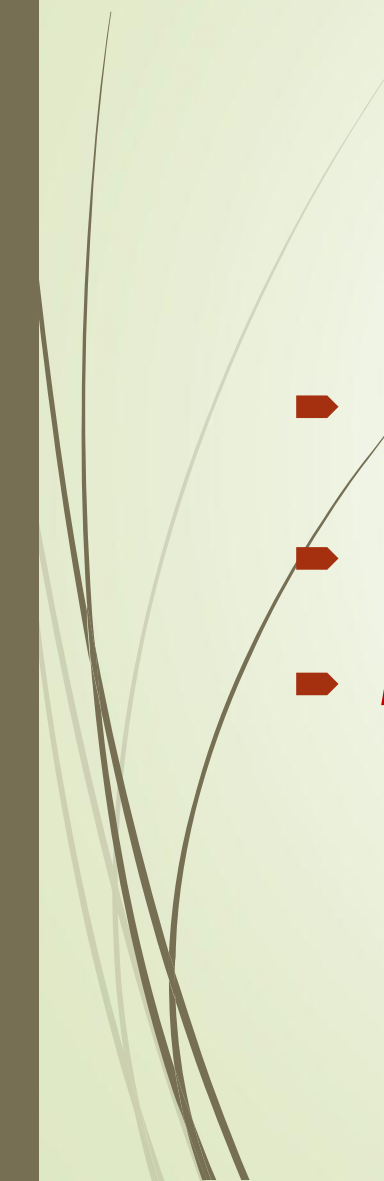


# THE EXACERBATING FACTORS

- MENSTRUAL IRREGULARITY.
  - EMOTIONAL STRESS.
- 



# THE EVALUATION OF BREAST PAIN

- **HISTORY.**
  - **PHYSICAL EXAMINATION.**
  - **MAMMOGRAPHY.**
- 

# MANAGEMENT

## OF BREAST PAIN

HISTORY

PHYSICAL  
EXAMINATION

NO BREAST MASS

>35 YEARS  
MAMMOGRAPHY

<35 YEARS  
STOP!



# WHEN TO TREAT BREAST PAIN?

- **IT IS SEVERE.**
  - **INTERFERES WITH A WOMAN'S LIFESTYLE.**
  - **OCCURS FOR MORE THAN A FEW DAYS EACH MONTH.**
- 

# HOW TO TREAT A WOMAN WITH BREAST PAIN?

➤ **THE ONLY DRUG THAT IS APPROVED TO BE USED FOR THE TREATMENT OF MASTALGIA IS DANAZOL:**

- **75% OF WOMEN WITH NONCYCLIC PAIN RESPOND TO THE TREATMENT.**
- **LESS PERCENTAGE OF WOMEN WITH CYCLIC PAIN RESPOND TO IT.**
- **ITS USE IS CONFINED TO THE SEVERE CASES DUE TO SIGNIFICANT SIDE**

## **EFFECTS:**

- MENSTRUAL IRREGULARITY**
- ACNE**
- WEIGHT GAIN**
- HIRSUTISM.**



# THE OTHER OPTIONS OF TREATMENT

➤ **CAFFEIN AVOIDANCE.**

➤ **VITAMIN E.**

➤ **PRIMROSE OIL :**

**-HALF OF THE WOMEN WITH CYCLIC PAIN RESPOND.**

**-FEWER WOMEN WITH NONCYCLIC PAIN RESPOND.**

**-SIDE EFFECTS IS LESS THAN 2%.**



# NOTES

**SURGERY HAS NO ROLE IN THE  
MANAGEMENT OF BREAST PAIN IN THE  
ABSENCE OF A DOMINANT MASS.**

**EVEN WHEN PAIN APPEARS TO BE  
LOCALIZED, EXCISION IS ALMOST NEVER  
THERAPEUTIC.**



# NIPPLE DISCHARGE

- IT IS MOST OFTEN DUE TO BENIGN BREAST DISEASE.
- REPORTED IN UP TO 15 % OF WOMEN WITH BENIGN BREAST DISEASE.
- REPORTED IN ONLY 3 % OF WOMEN WITH BREAST CANCER.
- NIPPLE SECRETIONS CAN BE OBTAINED IN UP TO 80 % WITHOUT KNOWN BREAST DISEASE.



# NIPPLE DISCHARGE

## ➤ PATHOLOGICAL NIPPLE DISCHARGE :

- SPONTANEOUS .
- BLOODY.
- ASSOCIATED WITH MASS.
- UNILATERAL.
- CONFINED TO ONE DUCT.

## ➤ PHYSIOLOGICAL NIPPLE DISCHARGE :

- OBTAINED ONLY WITH COMPRESSION.
- BY MULTIPLE DUCT INVOLVEMENT.
- FREQUENTLY BILATERAL.



# NIPPLE DISCHARGE

- **CLEAR.**
- **YELLOW.**
- **WHITE.**
- **DARK GREEN.**
- **BLOODY.**

# NIPPLE DISCHARGE

THE MOST COMMON CAUSES OF PATHOLOGICAL NIPPLE DISCHARGE ARE:

- INTRADUCTAL PAPILLOMA.
- DUCTAL ECTASIA.

NOTE:

IF PALPABLE MASS IS PRESENT IN ASSOCIATION WITH A DISCHARGE ,THE LIKELIHOOD OF CANCER IS GREATLY INCREASED.

# THE WORK-UP OF A PATHOLOGICAL DISCHARGE


- **LOCALIZATION OF THE AFFECTED DUCT .**
- **EXAMINATION OF THE DISCHARGE FOR OCCULT BLOOD.**
- **MAMMOGRAM SHOULD BE OBTAINED TO LOOK FOR NONPALPABLE MASSES OR CALCIFICATIONS.**

## **NOTE:**

**CYTOLOGY GENERALLY IS NOT USEFUL BECAUSE THE ABSENCE OF MALIGNANT CELLS DOES NOT EXCLUDE CANCER, AND A POSITIVE RESULT CAN NOT DISTINGUISH INTRADUCTAL CANCER FROM INVASIVE CANCER.**



# THE OUTSTANDING INDICATIONS FOR SURGERY:

- **PALPABLE MASS .**
  - **MAMMOGRAPHICALLY DETECTED MASS.**
  - **BREAST MICROCALCIFICATIONS.**
  - **UNILATERAL DISCHARGE.**
  - **SPONTANEOUS DISCHARGE.**
  - **BLOODY DISCHARGE.**
  - **CLEAR DISCHARGE.**
  - **SEROUS DISCHARGE.**
- 



# THE ROLE OF SURGERY

A TERMINAL DUCT EXCISION IS BOTH DIAGNOSTIC AND, FOR DISCHARGE THAT TURNS OUT TO HAVE A BENIGN CAUSE, THERAPEUTIC.



# NOTE

THE ROLE OF GALACTOGRAPHY IN WOMEN WITH A NIPPLE DISCHARGE IS CONTROVERSIAL.

A NEGATIVE GALACTOGRAM DOES NOT RELIABLY EXCLUDE THE PRESENCE OF BREAST CANCER, AND IS NOT A REPLACEMENT FOR SURGERY.



# NOTE

NONPUERPERAL GALACTORRHOEA  
AND PATHOLOGIC NIPPLE DISCHARGE ARE  
EVALUATED DIFFERENTL.

BECAUSE GALACTORRHOEA IS NOT A  
SYMPTOM OF BREAST CANCER,  
NOR A PRIMARY BREAST PATHOLOGY .



# THE CAUSES OF NONPUERPERAL GALACTORRHOEA

- NIPPLE STIMULATION.
- CHEST WALL TRAUMA .
- ORAL CONTRACEPTIVE .
- PHENOTHIAZINES, ANTIHYPERTENSIVE DRUGS,  
AND A VARIETY OF TRANQUILIZERS....
- ENDOCRINE ABNORMALITIES :

- HYPOTHYROIDISM.
- PITUITARY ADENOMAS.
- A NUMBER OF AMENORRHOEA  
SYNDROMES.



# BREAST MASSES

## (DOMINANT MASS)

Definition of a dominant mass:

- persistent throughout the menstrual cycle.
- may be discrete or poorly defined.
- differs in character from the surrounding breast tissue and the corresponding area in the contralateral breast.



# DIFFERENTIAL DIAGNOSIS OF DOMINANT MASS

- Macrocyst.
- Fibroadenoma.
- Prominent area of fibrocystic change.
- Fat necrosis.
- cancer

# CYSTIC BREAST MASSES

- Cysts are a common cause of breast masses in premenopausal women of more than 40 years of age .
- Infrequent causes of breast masses in younger women.
- Relatively uncommon in postmenopausal women who are not taking hormones.

CYSTS MAY OCCUR AT ANY AGE

# CLINICAL FEATURES

- ❖ Often fluctuate with menstrual cycle .
- ❖ usually well demarcated from the surrounding breast tissue.
- ❖ Characteristically firm and mobile .
- ❖ Cysts that have filled rapidly may be tender.
- ❖ Clinically difficult to be distinguished from solid tumors.



# DIAGNOSIS

- Ultrasonography.
- Aspiration can be both diagnostic and therapeutic.



# INDICATIONS OF SURGICAL BIOPSY

- ❑ If the aspirated fluid is bloody.
- ❑ If the palpable abnormality does not resolve completely after the aspiration.
- ❑ recurrence of the cyst after multiple aspirations in a short period of time.




# TREATMENT

- Aspiration is still the first appropriate step of treatment.
- Clinical follow up after aspiration is essential.
- The routine cytological examination to the aspirates is unnecessary and can lead sometimes to dilemma.



# SOLID BREAST MASSES

- ❑ Non-cystic breast masses in premenopausal women that are clearly different from the surrounding breast tissue require histological sampling by fine needle aspiration, needle biopsy or excisional biopsy.
- ❑ Observation for two menstrual cycles is only appropriate for vague asymmetry or nodularity when it is unclear that a dominant breast mass is present.



# TREATMENT OF CLINICALLY BENIGN BREAST MASS

The options of treatment should be discussed with  
the patient:

- if the patient desires surgical excision, no additional testing is done.
- if the patient opts for further follow-up, an ultrasonography examination and fine needle aspiration are performed to confirm that the mass is benign.



# CLINICALLY SUSPICIOUS BREAST MASS

Mammography is performed before an attempt is made to obtain a pathological diagnosis to detect the extent of the potential cancer and to see if there is another mass(s) that may change the total approach of treatment.

## VERY IMPORTANT

suspicious breast mass is solitary, discrete, hard, and often adherent to the adjacent tissue.

# IN ANOTHER CONTEXT, ONE COULD READ

- The Node of Ranvier, the Equalizer (PowerPoint Presentation)
- The Philosophy of Pain, Pain Comes First (Innovated Conception)
- The Philosophy of Form, (Innovated Conception)
- The Spinal Injury, the Pathology of the Spinal Shock, the Pathology of the Hyperreflexia (Innovated Conception)
- The Nerve Conduction Study, The Wrong Hypothesis is the Origin of the Misinterpretations (Innovated Conception)
- The Wallerian Degeneration, Attacks the Motor Axons of Peripheral Nerve, while Conserves its Sensory Axons(Innovated Conception)
- The Neural Conduction (Innovated Conception)
- Neural Conduction in Neural Fiber (PowerPoint Presentation)
- The Sensory Receptors, The Genius of Creation and the Beauty of Creature (Innovated Conception)
- The Neural Conduction in the Synapses (Innovated Conception)
- The Neural Conduction in Synapses (PowerPoint Presentation)
- The Node of Ranvier, the Equalizer (Innovated Conception)



**THANK YOU**