

Breast CA

* RF

① FH

BRCA 1/2

+ ovarian risk
Tumor

② hormonal

nulliparous

late pregnancy

replacement therapy

early menarch late menopause

hyperplasia

CA of contralateral

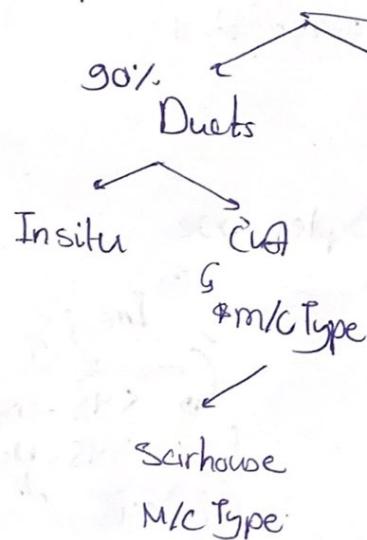
Environmental

smoking

Alcohol

n

Types



- resemble acute mastitis

- most aggressive

Pagets

nipple
in situ

- characteristic pagetoid cells
of nipple

- rare

- mass/skin manifest

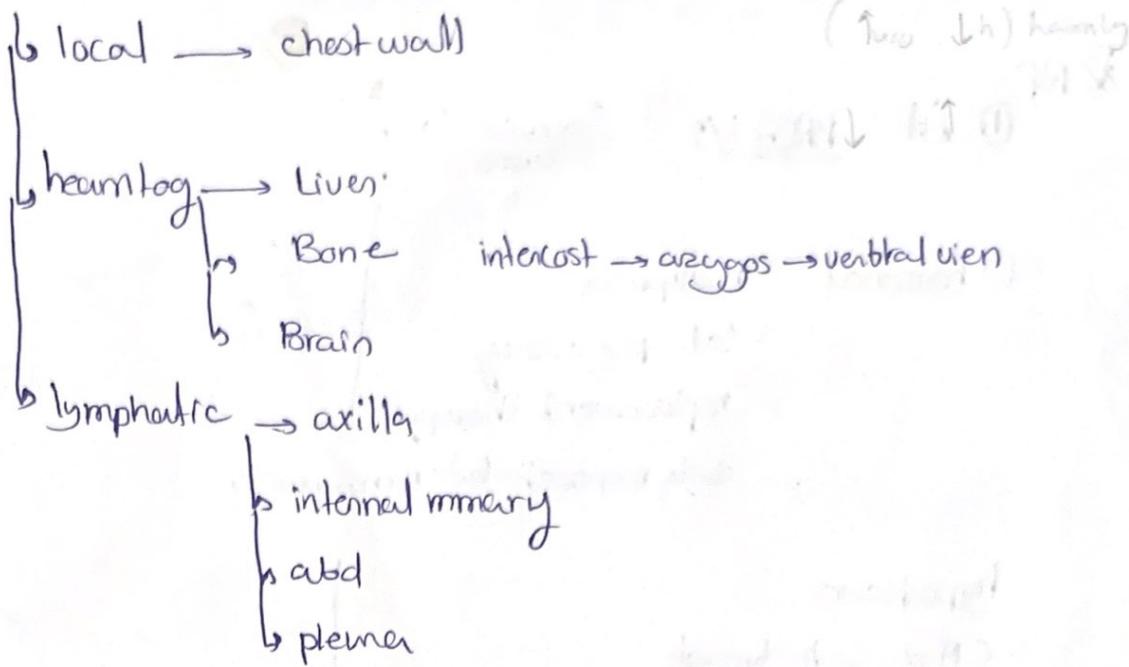
- may be invasive

- good prognosis
esp w/o mass

vs Eczema

- unilate
- distinct bord
- no itching
- last abd age
- assoc w/ ecz

Spread



c/p8

palpable mass

80%
upper
outer]

skin changes

peau d'orange : edematous breast w/retracted
Cooper's ligament

ulceration

nipple retraction

bloody discharge

axillary mass

↓
Lymphedema of arm (LATE)

Metastaticfeat

Dx: 3ples oose

① Hx

② Ex

③ Imaging

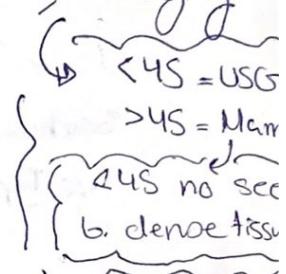
④ Biopsy

FNA

Core cut

Incisional

Excisional



<u>STAGE</u>	<u>(TNU)</u>	<u>Prog</u>	<u>TMarker</u>
	X-ray		
	PET		
	CT		

T_0	N_0	M_0	\rightarrow	Stage I - (1)
T_{1S}				
T_1	N_1	M_1		palliative surgery
T_2	N_2	M_2		
T_3				
T_4				

Tbx Mastectomy

① Simple breast tissue + skin

② Modified radical " " + LN 1+2

no longer done
③ Radical " " + 1+2+3 + pect
muscles
← Halsted

- ① CT ④ Breast conservative: wide excision of mass
Small breast, large T > 5cm
Tissue
- ② Skin involv
③ multicentric tumor
④ CT discase.
- Quadrantectomy
+ LN + if present/palpable
+ post op radiation → Must

Sentinel node biopsy

Inject tumor w/ methylene blue

Look for stained LN

⑥ Reconstruction of breast after removal

Silicone Implant

Flap muscle → Dorsi
Transverse abdominus

Biopsy
+
if neg-
don't LN { more
remove LN