

Case 6

Malignancy

① local spread → Skin, Pectoralis major + serratus anterior.

② lymphatic → axillary LN, internal mammary, supraclavicular LN (Advanced)

③ Blood → Mets To LBLB (Liver, Bone, Lung, Brain).

Symptoms:

① Painless / painful lump.

② Pricking pain, recent nipple retraction, bloody discharge.

③ Sym of METs (axillary lump + Cachexia + Path fracture + Tendrils + dyspnea).

Signs:

① Asymmetry or enlargement of Breast.

② Skin dimpling

③ Skin puckering

④ Peau d'orange (due edema caused by obst of skin

lymphatic by CA cells when pt

sites of depression due to atrophy + Clavate arms.

⑤ Skin nodule.

⑥ Skin ulceration or fungation due direct invasion of skin by CA

(7) Skin tethering → Cause by invasion + shortening of
ligament of Cooper

Where mass move w/ Range + Skin
is indents (Tethered)

(8) Skin fixation → mass can't move w/out move Skin.
(9) Nipple retraction, direction.

General:

① The Breast

x sweat gland of ectodermal origin develop milk line of schultz from Axilla to inguinal region.

x dx: ① Amastia → no tissue, areola, nipple.

② Amazia → no tissue but there's nipple + areola.

→ Poland's syndrome:

- Amazia.

- Absence pectoralis major.

- " costal cartilage.

- " ribs.

- Brachysyndactyly.

③ Polymastia → multiple Breast as w/ ① Turner syndrome
most common Axilla. ② fleischer's "

④ Athelia → No nipple.

⑤ Polythelia → multiple nipple.

⑥ Congenital nipple retraction → Ca ① CA Breast

↓ Bilateral, Birth, Slit like line. ② ductectasia - Slit like line.

③ Chronic Breast inflammation.

x Anatomy → from Xephesternum to ^{Ant.} Axilla line.
from 2nd rib to 6th rib.

tail to vessels. pierce deep fascia.

↪ always subcuticular except:

$\frac{2}{3}$ front pectoralis major.

$\frac{1}{3}$ in transversus dorsi serratus anterior
external oblique muscle.

Acinus → produce due estrogen but Duct → progesterone.

x nipple in male → mid clavicular line in 4th intercostal space before Puperinty

Montagry tubercle normally → lost Cyst. of inflammation.

x Artery → Axillary
 ↳ lateral intercostal → lateral mammary
 ↳ intercostal " → internal mammary.

→ Intercostal A, Thoracoacromial A

x LN → Axillary 85% 75%
 → parasternal 10%

* most common Tumor upper outer quadrant.

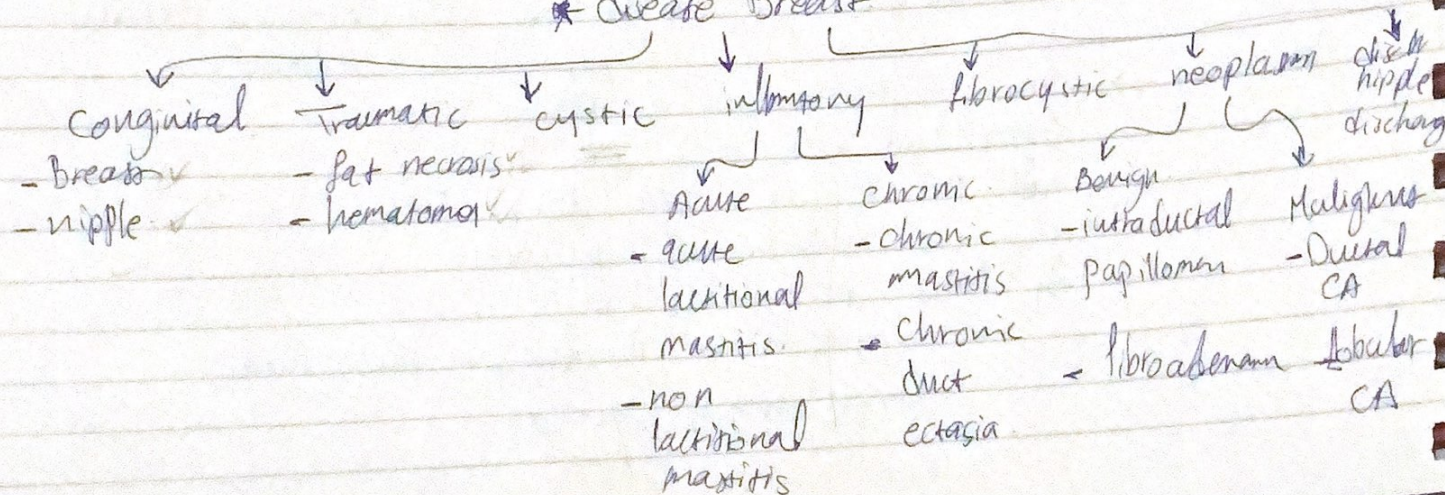
Ant → Behind pectoralis major.
post → Subscapular vessels
lateral → Axillary vein.

drain in Central group then to Apical group.
Rottor = interpectoral group bet pectorals mjo/min.

→ Berg's level → depend on pectoralis minor.

1 → 3 2 → 2 3 → 1

* Disease Breast



Treatment

▶ Operable (stage 1-2)

1. Lumpectomy or quadrantectomy
2. Radical mastectomy of Haslsted
3. Modified radical mastectomy of Patey

▶ Non operable (stage 3- 4)

1. Radiotherapy
2. Chemotherapy
3. Endocrinal therapy
4. Immunological therapy

Staging

▶ **TNM Classification**

-T tumor : T1, T2, T3, T4

-N nodes: N0, N1, N2, N3

-M metastasis : M0 , M1

▶ **Manchester classification :**

- stage 1

- stage 2

- stage 3

- stage 4

Triple assessment

1. Clinical examination.
2. Radiological (X-ray, USS)
3. Pathological (Biopsy).

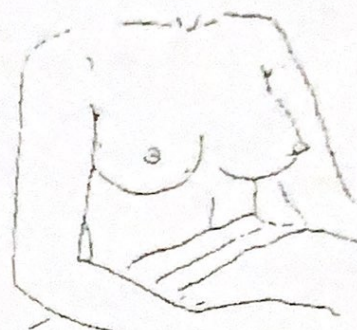
*it gives confident diagnosis in 99%
of case.*

PROPER POSITION

semi sitting at 45°

① Sitting Position → For Inspection & Palpation.

~~② Standing Position → For Palpation only~~



PROPER EXPOSURE

- The upper half of body is completely naked to the umbilicus (Back & shoulder covered with blanket)

* **INSPECTION** "Patient is Sitting only" + elevation + Press on Hip

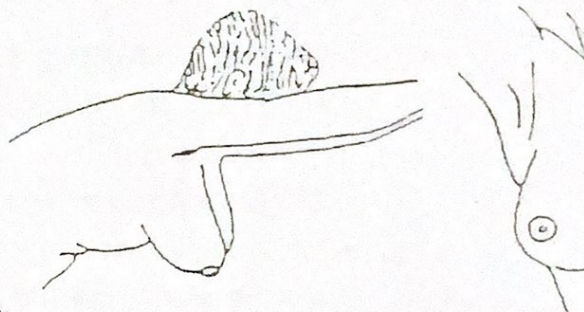
For _____

- | |
|----------------------|
| 1. Breast as a whole |
| 2. Nipple |
| 3. Areola |
| 4. Mass (NSED) |



1. Breast as a whole

- ☆ Level: (By Comparing) Elevated or at Lower level.
- ☆ Shape: Normal or Distorted.
- ☆ Size: Shrunken or Enlarged.
- ☆ Mobility:
 - Ask patient to bend forward, and note the degree of breast Protrusion
 - Ask patient to raise the arms up, so that deformity lump or dimple more obvious.



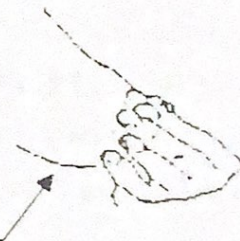
Don't Forgets

- Elevation, Shrinkage, Deficiency of protrusion on bending forward & increase deformity on raising the arm → sign of fibrosis

Q: Which diseases are occurred? (See Q: 6)

2. Nipple (Comparing both side)

- ☆ Destruction: e.g. Erosion as in Paget's disease
- ☆ Depression (Retraction) (See Q:7)
- ☆ Direction: Normally = (Downward and Laterally)
- ☆ Discharge يطلب من المريض _____



3. Areola (Comparing both side)

- ☆ Color (Pink in virgins and brown after pregnancy)

Q: Is the colour dark with fibrosis or not? Why? (See Q: 8)

- ☆ Surface (Eczyema)

- ☆ Size: Increase in pregnancy.

- ☆ Shape: Normally Rounded & Irregular with fibrosis

4. Mass: (NSED)