BREAST CARE

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MD, CIME, ABIME, MCFP

DISCLOSURE

NONE

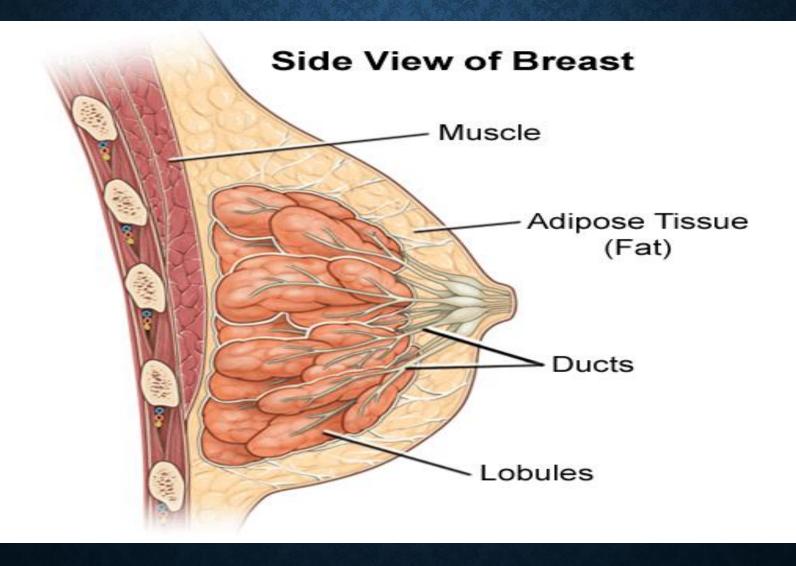
OUTLINE:

- Anatomy of the breast
- Common benign breast conditions
- Malignant breast conditions
- Red flags
- Who is at risk
- Breast exam
- **Breast screening and guidelines

ABOUT THE BREAST

- Each breast has about 15-20 lobes containing the milk sacs.
- Lobes are surrounded by fibrous and fat tissues
- Breast contains blood vessel, lymph glands and nerve.
- Milk production is not determined by the size
- Hormonal changes (menstrual, pregnancy or menopause)

BREAST ANATOMY



BREAST CONDITIONS

Malignant (cancer)

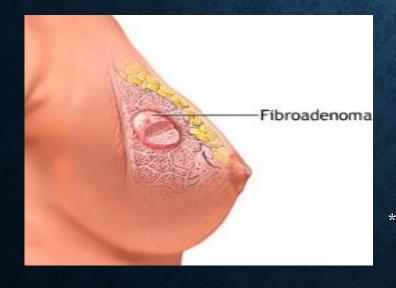
•Benign(non-cancerous)

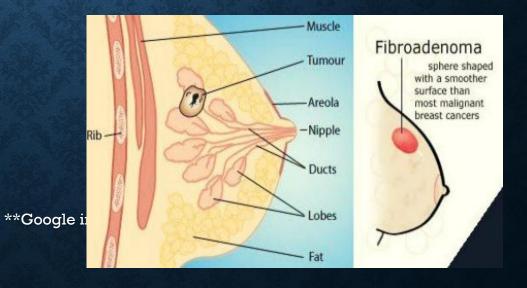
BENIGN BREAST CONDITIONS

- Intraductal papilloma
- Fibroadenoma (fibrous lump)
- Fibrocystic breast disease
- Mastitis
- Fat necrosis
- Atypical Hyperplasia
- Duct ectasia
- Galactocele

FIBROADENOMA

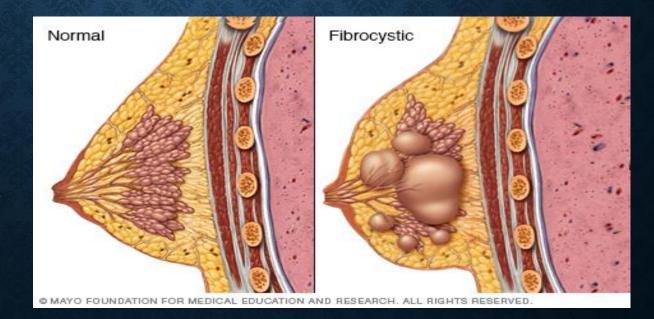
- Simple fibrous breast lump
- Common young adults
- Very common and typically benign
- Can occur unilateral/bilateral
- Painless, mobile and slow growth





FIBROCYSTIC BREAST DISEASE

- Simple breast mass containing fluid
- Multiple, frequently painful, dense,
- Age 35-50
- Worse during menstrual period
- Caffeine intake may worsen symptoms



googgle pic *uptodate.com

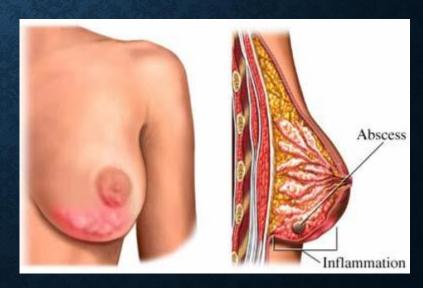
MASTITIS

- Inflammation of the breast tissues.
 - Breastfeeding …blocked milk duct→ engorgement
 - Infection: cracked skin especially nipple
 - Yeast
 - Irregular feeding

Antibiotics treatment is usually required







MALIGNANT BREAST DISEASES

Types:

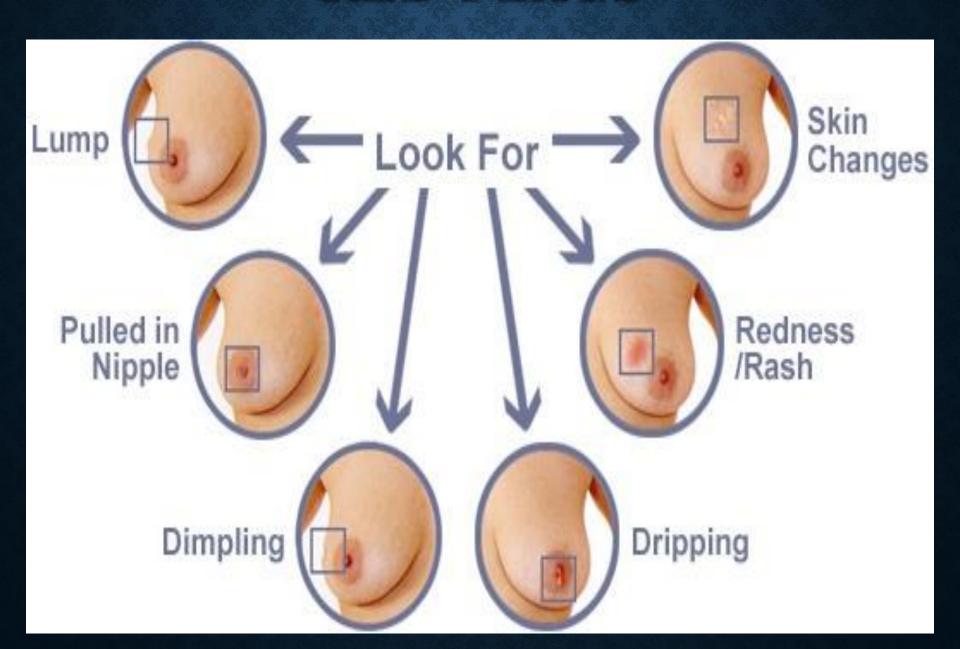
Non-invasive or In Situ Breast Cancer

Invasive Breast Cancer

Inflammatory Breast Cancer (IBC)

Paget's Disease of the Nipple

Triple Negative Breast Cancer



Breast lumps

Malignant

Hard

Painless

Irregular

Fixation to skin/chest wall

Skin dimpling

Discharge bloody/unilateral

Nipple retraction

Benign

Firm/rubbery

Painful

Regular/smooth

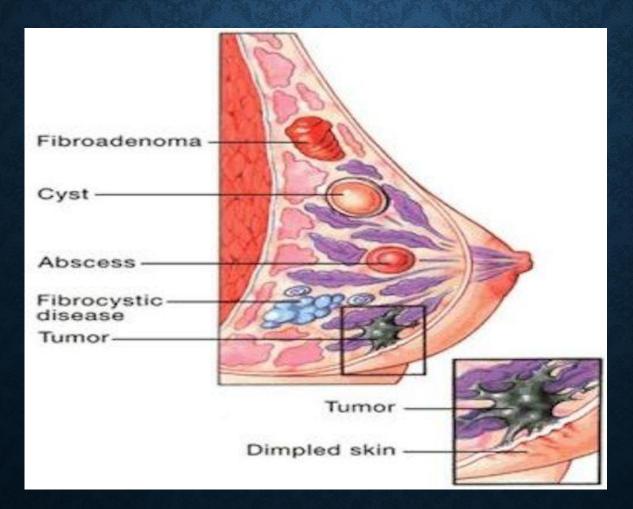
Mobile/notfixed

No skin dimpling

Discharge more likely green/yellow

No nipple retraction

• Breast lumps cont'd



Nipple retraction (pulled in nipple)

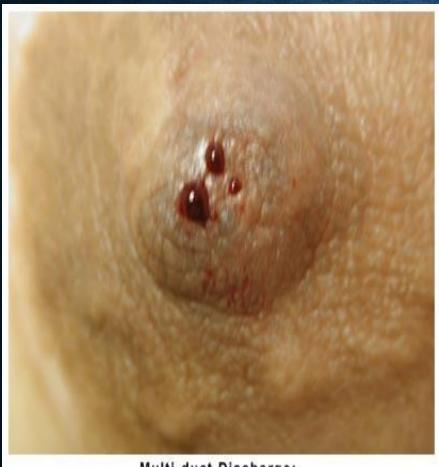
Pulling in of the nipple or other parts of the breast



• Dimpling of skin



• Breast discharge



Multi-duct Discharge:



• Skin changes



CLINICAL PRESENTATION OF BREAST CANCER

Cancer breast

Risk Factors: 1- Old Nullipara Obese Female with +ve family history
2- Duct papilloma (presents with nipple bleeding)

Size

1-Enlargement and Asymmetry

Nipple

2-Circumferential Retraction

Areola

3-Paget disease (eczema like condition

Skin

- 4-Dimpling
- 5-Nodule
- 6-Ulceration
- 7-Peau d'orange

Metastasis

8-Sister Joseph Nodule in umbilicus



WHO IS AT RISK

- Gender: Female >Male
- Advancing age
- Genetic (BRCA 1 or BRCA 2)
- Nulliparous
- Elderly primigravida
- HRT use >5yrs
- · OCP use
- Past history of breast cancer or breast condition
- Family history of breast cancer
- Radiation to the breast and chest
- Obesity especially post menopause

SELF BREAST EXAM

Timing

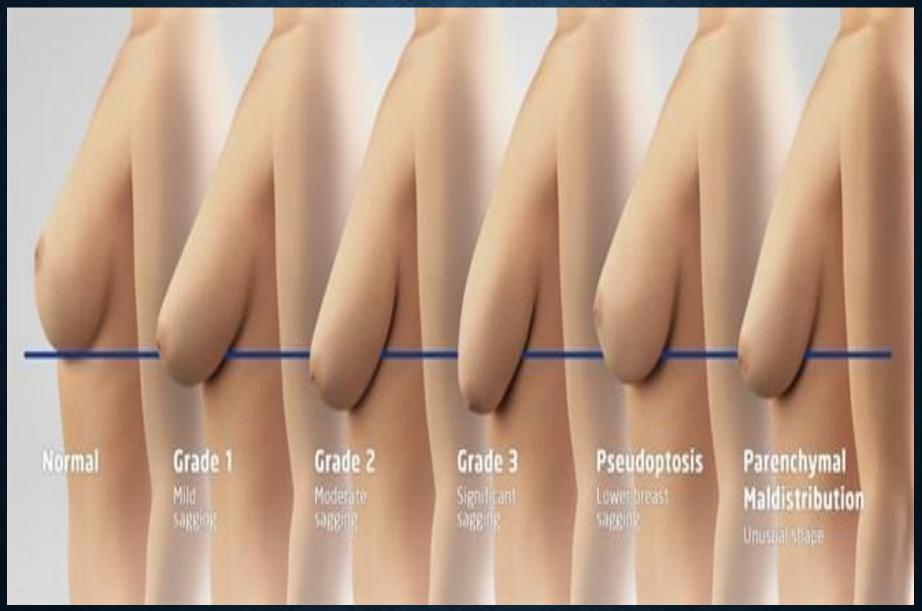
Avoid during menstrual period

Inspection

- Shape
- Size
- Skin changes

Feel

- All four quadrants
- Nipple (lump and discharge)
- Axilla (armpit)



Google image



SELF BREAST EXAM



SELF BREAST EXAM

Thank you!