



## Female Breast

Lecture (5)

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هذا العمل مبني بشكل أساسي على عمل دفعة ٤٣٦ مع المراجعة والتدقيق وإضافة الملاحظات ولا يغني عن المصدر الأساسي للمذاكرة

- Important
- Doctors Notes
- Notes/Extra explanation

{وَمَنْ يَتَوَكَّلْ عَلَى اللَّهِ فَهُوَ حَسْبُهُ}

## Objectives

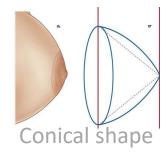
#### At the end of the lecture, students should be able to:

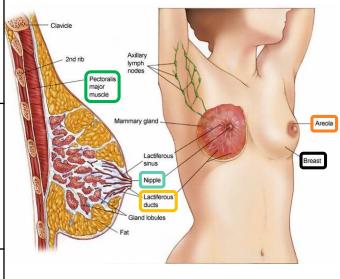
- ✓ Describe the **shape** and **position** of the **female breast**.
- ✓ Describe the **structure** of the **mammary gland**.
- ✓ List the **blood supply** of the **female breast**.
- ✓ Describe the **lymphatic drainage** of the **female breast**.
- ✓ Describe the **applied anatomy** in the **female breast**.

### **Breast**

The breast (consists of mammary glands + associated skin & connective tissue) is a gland made up of lobes arranged radially around the nipple.

Shape		- It's a specialized <b>accessory gland</b> of the <b>skin &amp; conical</b> (مخروط) in shape - <b>NOT</b> have <b>capsule</b> (that's why the cancer spread quickly)
Location		It lies in superficial fascia of the front / pectoralis region of chest
Parts	Apex (Nipple)	<ul> <li>Conical eminence that projects forwards from the anterior surface of the breast</li> <li>It lies opposite 4th intercostal space in non lactating women, may change after breastfeeding</li> <li>It carries 15-20 narrow pores of the lactiferous ducts</li> <li>It surround by Areola (dark pink brownish* circular area of skin)</li> <li>The subcutaneous tissues of nipple &amp; areola are devoid of fat</li> </ul>
	Base (3 muscles)	<ul> <li>- 2/3 of it in Pectoralis region (Pectoralis major muscle)**</li> <li>- 1/3 of it in Inferolateral region (Serratus anterior &amp; External oblique muscles)</li> <li>Vertically It extends from 2nd to 6th ribs</li> <li>Horizontally It extends from sternum (lateral margin) to midaxillary line</li> </ul>
	Tail (Axillary tail)	Superolateral region (Axillary tail or axillary process): sends a process into the axilla deep to pectoralis major muscle (deep part of the gland)





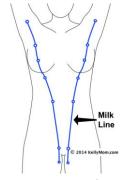
<sup>\*</sup>In women before pregnancy, after 2<sup>nd</sup> trimester of 1<sup>st</sup> pregnancy it will become brown and never come back

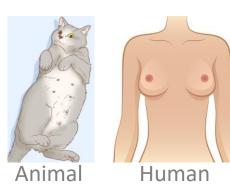
<sup>\*\*</sup>The majority of the breast lies on pectoralis major (IMPOERTANT)

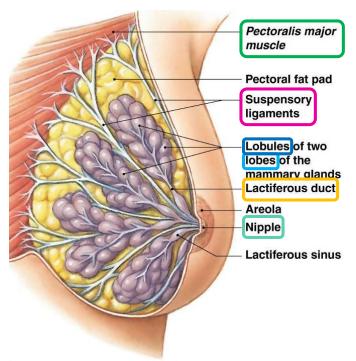
## Mammary gland



- o It consists of 15-20 lactiferous ducts which open by the same number of openings on the summit of the nipple
- It consists of 15-20 <u>lobes</u>, each lobe is formed of a number of <u>lobules</u> which are <u>embedded</u> in the <u>subcutaneous</u> fatty tissue of superficial fascia
- It has <u>ligaments of Cooper = suspensory</u> (fibrous stands & fatty tissue) gives the breasts <u>SUPPORT</u>
  - In between skin & deep fascia of pectoralis major muscle
  - In between lobes & lobules\* of mammary gland
  - \* Here the ligaments named interlobar and interlobular ligaments of Cooper
- It has Retromammary space (loose areolar tissue) allows the breast MOVE freely
  - In between mammillary gland & deep fascia of pectoralis major muscle
  - Surgery to increase breast size do in this space







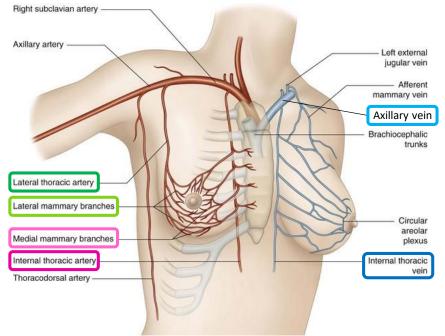
## Mammary ridge

- Extends from the axilla to the inguinal region
  - In Human → the ridge disappears EXCEPT for a small part in the pectoral region (only 1 nipple on each breast)
  - In Animals → several mammary glands are formed along this ridge (have multiple nipples)



## Breast SUPPLY (Arterial supply & venous drainage)

Arterial supply	<ul> <li>Perforating branches &amp; Medial mammary branches of internal thoracic (internal mammary) artery from subclavian artery "1st branch" (SUPPLY medial pert of breast)</li> <li>lateral mammary branches of lateral thoracic artery from axillary artery (SUPPLY lateral pert of breast)</li> <li>Mammary branches of Intercostal arteries</li> </ul>
Venous drainage	(Veins are corresponding to the arteries)  Circular venous plexus are found at the base of nipple   drain into axillary vein & internal thoracic vein (final drainage)



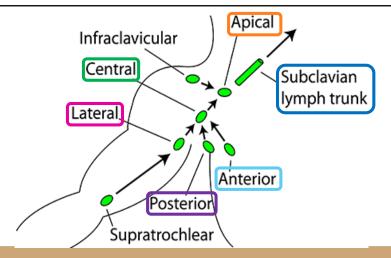
# Breast SUPPLY (Lymphatic Drainage: Axillary Lymph Nodes MAINLY)

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Pectoral (Anterior)	lies on the <b>pectoralis minor</b> along <b>lateral thoracic vessels</b>
Subscapular (Posterior)	lies on <b>posterior wall</b> of <b>axilla</b> on <b>lower border</b> of <b>subscapularis</b> ; along <b>subscapular vessels</b>
Brachial (Lateral)	lies on lateral wall of axilla along 3rd part of axillary vessels
Diacinal (Eaccial)	nes on lateral wall of axilla along sta part of axillary ressels
<u>Central</u>	lies in axillary fat at the base of axilla

All of them will go to <u>Subclavian lymph trunk</u> (It is formed by union of <u>efferent lymph</u> vessels of apical group)

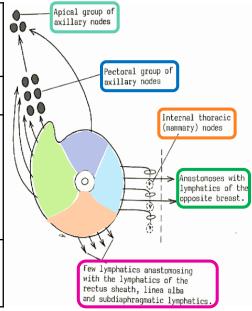
**Right** side: usually opens in **subclavian vein** | **Left** side: usually opens into **thoracic duct** 



# Breast SUPPLY (Lymphatic Drainage: Lymphatic Plexus & Gland Parts)

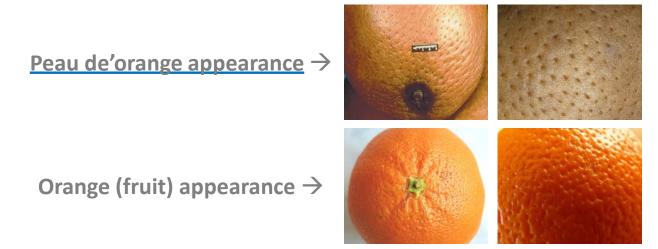
tic	Plexus	Subareolar lymphatic	Lies <b>beneath</b> the <b>areola</b>
Lymphati drainage		Deep lymphatic	Lies on the deep fascia covering pectoralis major muscle
		Both plexuses <u>radiate</u> in many directions and <u>drain into</u> different lymph nodes (75% Axillary groups + 25% Internal thoracic lymph nodes = parasternal)	

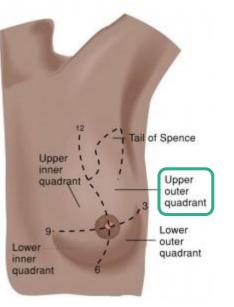
	Parts	Central	75% drain into axillary lymph nodes (pectoral group)
Lymphatic drainage		Lateral	
		Upper	drains into axillary lymph nodes (apical group)
		Medial	drains into <u>internal thoracic lymph nodes</u> (parasternal)  FORMING a CHAIN <u>along</u> the <u>internal thoracic vessels</u> & some of them PASS ACROSS the <u>front of</u> <u>sternum</u> to <u>anastomose</u> with that of <u>opposite side</u> (cancer could go to the other side by this way)
		Inferomedial	anastomose with lymphatics of rectus sheath, linea alba and (deeply) subdiaphragmatic lymphatics

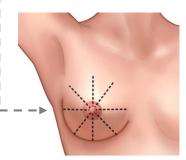


### **Breast Cancer**

- It is a common surgical condition
- o 60% of carcinomas of breast occur in the <u>upper lateral quadrant</u> (lateral=outer)
- 75% of lymph from the breast drains into the axillary lymph nodes
- In case of carcinoma of one breast, the other breast & the opposite axillary lymph nodes are affected BECAUSE of the anastomosing lymphatics between both breasts
- o **Treatment choice** In **patients** with **LOCALIZED cancer breast**: simple **mastectomy** (surgery to remove the breast) followed by **radiotherapy** to the **axillary lymph nodes**
- The lactiferous ducts are radially arranged from the nipple, SO incision of the gland
   SHOULD BE made in a <u>radial direction</u> to avoid cutting through the ducts\_\_\_\_\_
- Infiltration of the ligaments of Cooper = suspensory leads to its shortening & giving breast dimpling appearance تنقير = peau de'orange appearance (French word meaning skin of orange);









#### 1. Where is the circular venous plexus are found?

- A. At the apices of nipple
- B. At the base of nipple
- C. At the base of the breast
- D. Lateral to thoracic lymph nodes

## 2. Along lateral thoracic vessel located the pectoral group of axillary lymph nodes which lies on which of the following structure?

- A. Serratus anterior
- B. Subscapularis
- C. Pectoralis minor
- D. Pectoralis major

#### 3. Most of the carcinoma of breast occur in which quadrant?

- A. Upper lateral
- B. Lower lateral
- C. Upper medial
- D. Lower medial

#### 4. The appearance of peadu'orange is caused by infiltration of what?

- A. Lactiferous duct
- B. Mammary ridge
- C. Retromammary space
- D. Ligament of cooper

#### 5. The left subclavian trunk usually open into?

- A. Internal thoracic vein
- B. Internal jugular vein
- C. Thoracic duct
- D. Subclavian vein

#### 6. The lactiferous ducts of mammary gland are?

- A. Less than 10
- B. From 10-15
- C. From 15-20
- D. More than 20

### 7. 2/3 of the breast's base lies in which one of the following muscles?

- A. Serratus anterior
- B. External oblique
- C. Pectoralis minor
- D. Pectoralis major

#### 8. The nipple of the breast lies opposite of?

- A. 3<sup>rd</sup> costal cartilage
- B. 3<sup>rd</sup> intercostal space
- C. 4<sup>th</sup> intercostal space
- D. 4<sup>th</sup> costal cartilage







#### **Team Leaders:**

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- References:
  - 1.Girls' & Boys' Slides
  - 2. Greys Anatomy for Students
  - 3.TeachMeAnatomy.com