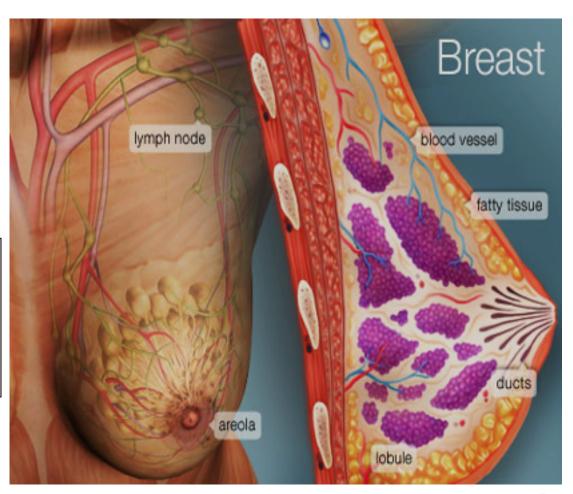
# FEMALE BREAST

DR. SAMEERAH SHAHEEN
Department of Anatomy
King Saud University

Sshahee@ksu.edu.sa





## **OBJECTIVES**

- By the end of the lecture, the student should be able to:
- Describe the shape and position of the female breast.
- Describe the <u>structure</u> of the mammary gland.
- •List the **blood supply** of the female breast.
- •Describe the lymphatic drainage of the female breast.
- Describe the <u>applied anatomy</u> in the female breast.



## **The Mammary Gland**

- They are modified sweat glands (exocrine glands).
- Become functioning only in lactating females.
- Present in both sexes.
- Lie on the front and the sides of the chest within the superficial fascia.
- It is non capsulated gland.
- Behind the breasts is a space filled with loose connective tissue called the Retromammary space, (allows

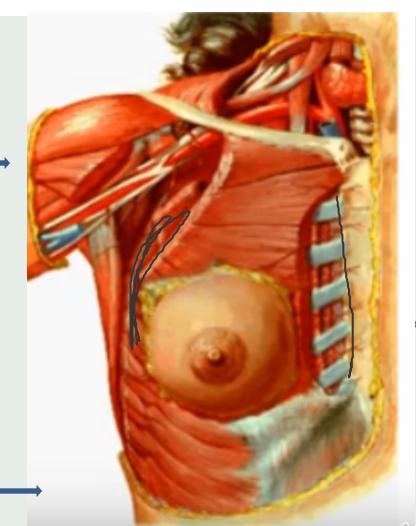
the breast to move freely).





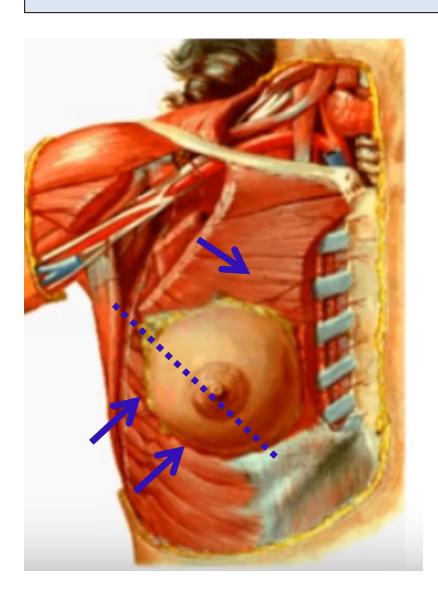
## Parts, Shape & position of the Gland

- It is conical in shape.
- The breast extends from 2<sup>nd</sup>
   rib superiorly to 6<sup>th</sup> ribs
   inferiorly.
- It extends from the sternum medially to the midaxillary line laterally.
- It has a base, apex and tail.



Cooper)

### **EXTENSION OF FEMALE BREAST**



- Base:
- Upper 2/3 of its base lies on:

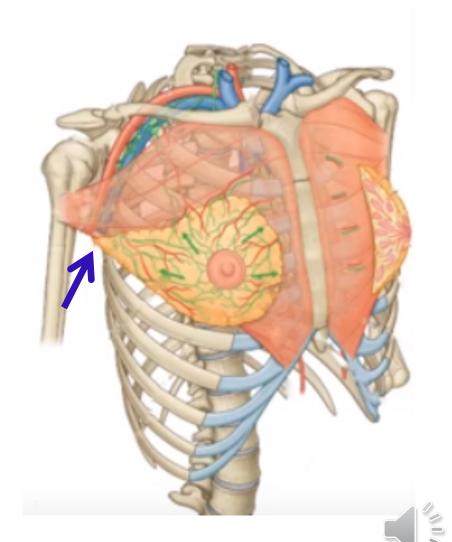
Fascia over pectoralis major,

- inferolateral 1/3 lies on:
- Fascia over serratus anterior.
- Fascia over external oblique.

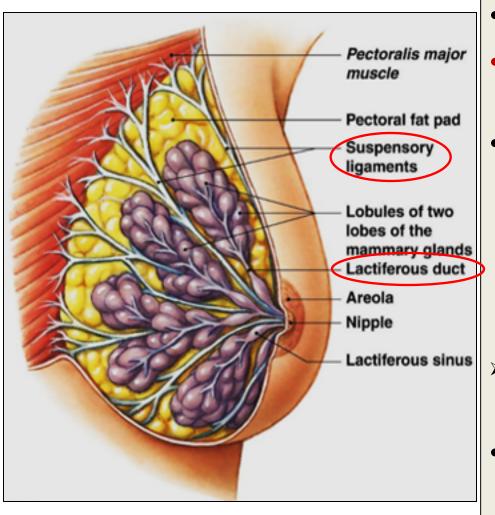


## **Axillary Tail**

- Small part (<u>superolateral</u> <u>part</u>) of the breast extends upward and laterally
- Pierces the fascia at the lower border of pectoralis major muscle and sends a process into the axilla called the axillary tail or axillary process.

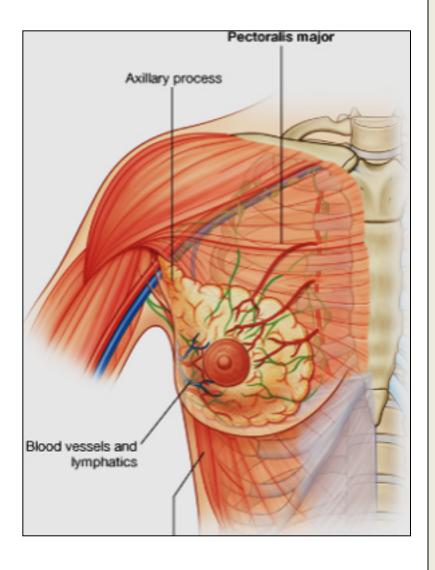


### STRUCTURE OF MAMMARY GLAND



- Breast is made of 15-20 lobes.
- Each lobe is formed of a number of lobules.
- The lobes and lobules are separated by interlobar and interlobular <u>fibrous strands</u> & fatty tissue, called (suspensory ligaments) or <u>ligaments of</u> <u>Cooper.</u> (Importance)?
- These ligaments give the breasts support by connecting the skin of the breast to the deep facia of underlying pectoralis muscle.
- It has from 15-20 <u>lactiferous</u>
   <u>ducts</u> which open separately at
   the surface of the nipple.

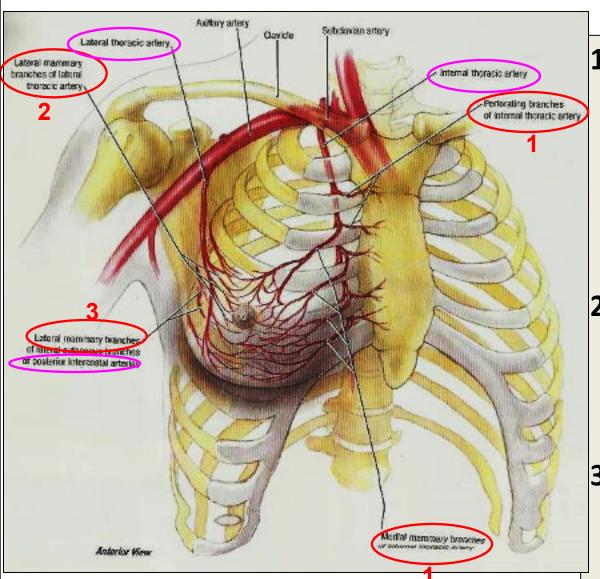
### **POSITION OF FEMALE BREAST**



#### Nipple :

- It is a conical eminence that projects forwards from the anterior surface of the breast.
- The nipple <u>lies</u> opposite <u>4<sup>th</sup></u> intercostal space.
- It <u>carries</u> 15-20 narrow pores of the lactiferous ducts.
- Areola:
- It is a dark pink brownish circular area of skin that surrounds the nipple.
- The subcutaneous tissues of nipple & areola are devoid of

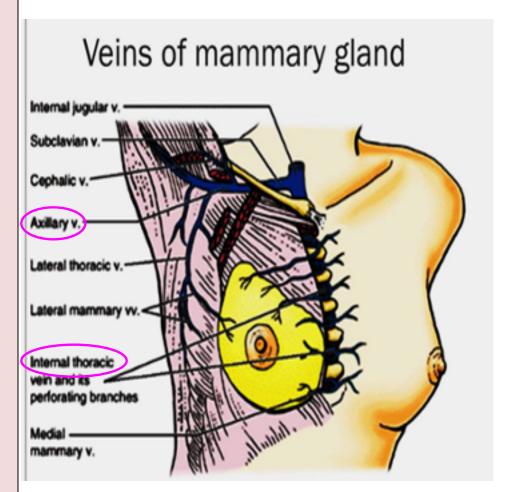
### **Blood Supply - Arteries**



- Perforating branches
   medial mammary
   branches of the
   internal thoracic
   artery.
- 2. <u>Mammary</u> branches of the lateral thoracic artery.
- 3. Mammary branches of the posterior intercostal arteries

## **Blood Supply - Veins**

- Veins are corresponding to the arteries.
- Internal thoracic → brachiocephalic vein
- 2. Axillary → subclavian vein
- 3. Intercostal → azygous (Rt) or hemiazygous (Lt) venous system.
- Circular venous plexus are found at the base of nipple.
- Finally, veins of this plexus drain into <u>axillary</u> & <u>internal</u> thoracic veins.

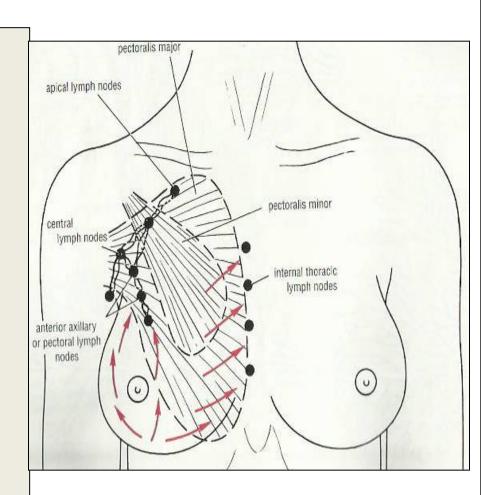




### LYMPHATIC DRAINAGE OF BREAST

#### Lymph vessels:

- Superfacial lymphatic plexus:
   Subareolar plexus
- Lies beneath the areola.
- Deep lymphatic plexus :
   Submammary plexus
- Lies on the deep fascia covering pectoralis major.
- Both plexuses radiate in many directions and drain into different lymph nodes (Axillary groups + Internal thoracic L.Ns.)

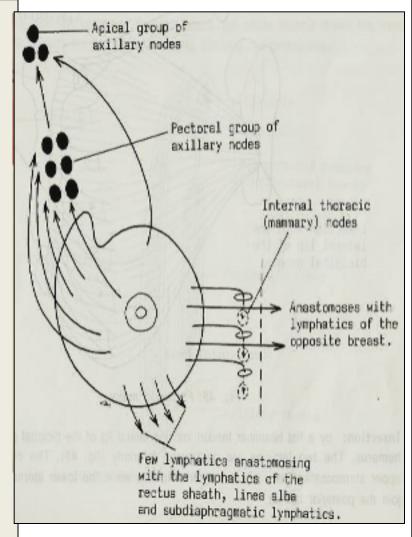




### LYMPHATIC DRAINAGE OF BREAST

#### Lymph nodes:

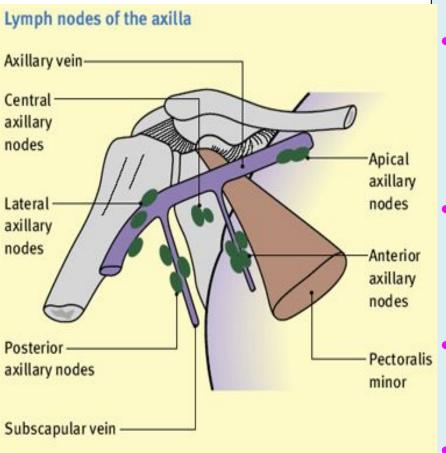
- Central & lateral parts: (75%) drain into pectoral group of axillary LN.
- Upper part: drains into <u>apical group</u> of axillary LN.
- Medial part drains into internal thoracic (parasternal) LN, forming a chain along the internal thoracic vessels.
- Some lymphatics from the medial part anastomose with lymphatics of opposite breast.
- Inferomedial part: anastomose with lymphatics of rectus sheath, linea alba and sub diaphragmatic LN.





### **AXILLARY LYMPH NODES**

They are arranged into <u>5 groups</u> which lie in axillary fat:

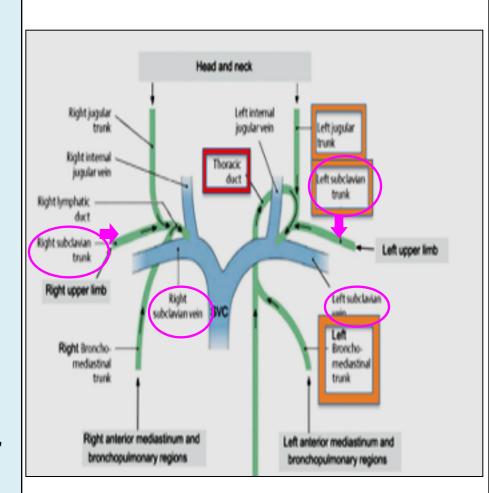


- Pectoral (Anterior) group: which lies on the <u>pectoralis minor</u> along lateral thoracic vessels.
- Subscapular (Posterior) group: which lies on posterior wall of axilla on lower border of <u>subscapularis</u>; along subscapular vessels.
- Brachial (Lateral) group: lies on lateral wall of axilla along 3<sup>rd</sup> part of axillary vessels.
- Central group: lies in axillary fat at the base of axilla.
- Apical group: lies at apex of axilating immediately behind the clavicle.

### **AXILLARY LYMPH NODES**

#### **Efferent:**

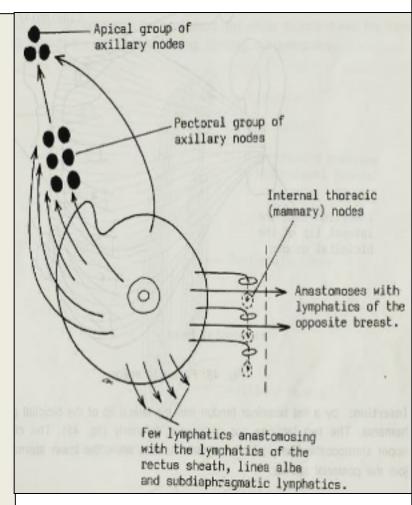
- Continue with cervical LN.
- Drain into right lymphatic duct (right side).
- Into thoracic duct (left side).
- Both will <u>terminate</u> at the junction between the internal jugular and the subclavian vein, thus, the lymphatic drainage returns back to the circulation.





### **APPLIED ANATOMY- CANCER BREAST**

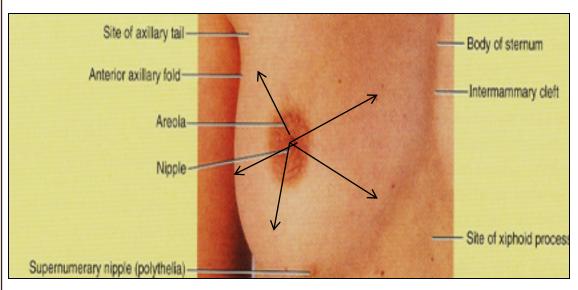
- It is a common surgical condition.
- <u>60% of carcinomas of breast</u> occur in the upper lateral quadrant.
- 75% of lymph from the breast drains into the axillary lymph nodes.
- In case of carcinoma of one breast, the other breast and the opposite axillary lymph nodes are affected because of the anastomosing lymphatics between both breasts.
- In patients with localized cancer breast, a simple mastectomy, followed by radiotherapy to the axillary lymph nodes is the treatment of choice.



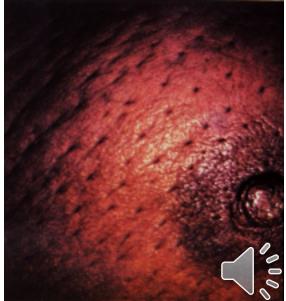


- •The lactiferous ducts are radially arranged from the nipple, so incision of the gland should be made in a radial direction to avoid cutting through the ducts.
- •Infiltration of the <u>ligaments of Cooper</u> leads to <u>its shortening</u> giving peau de'orange appearance of the breast.

## **Applied Anatomy**







# Mammary ridge

- •Mammary ridge extends from the <u>axilla</u> to the <u>inguinal region</u>.
- •In human, the ridge disappears EXCEPT for a small part in the pectoral region.
- •In animals, several mammary glands are formed along this ridge.

