

# Breast diseases

## Breast History:

- 1. Age of the patient** (e.g. 45 y/o lady has a higher risk than 16 y/o).
- 2. Chief complaint & History of presenting illness:**
  - The most common breast complaints are:
    - ⇒ **Nipple changes:** Inversion, destruction, discoloration.
    - ⇒ **Nipple discharge:** Amount? Frequency? Color? Smell? Spontaneous or squeezed? Does it come from one part of the nipple (one duct) or form many parts? Any palpable masses? Does it change with period? Headache and changes in vision (if you're suspecting pituitary adenoma)
    - ⇒ **Pain:** SOCRATES.
    - ⇒ **Lump:**
      - Onset (When? Was it gradual \ sudden?), How it was discovered by the patient?
      - Describe it: Site? How many? bilateral or unilateral? Size? Movable? Painful? (if yes → SOCRATES)
      - Does it disappear and reappear?
      - Relation of to the menstrual cycle?
      - Painful? (if yes → SOCRATES).
      - Nipple changes (inversion)? nipple discharge? Nipple bleeding?
      - Breast changes?
      - Similar symptoms in the past? Have you had breast cancer before?
- 3. Constitutional symptoms.**
- 4. Risk factors:** smoking, alcohol, Oral contraceptives, obesity
- 5. Gynecological & obstetric history:**
  - **Age at menarche?** How regular the cycle is \ was and quantity of blood.
  - **Pregnancies:** 1st pregnancy and birth? Number of pregnancies?
  - **Menopause?** Age? Was it regular?
- 6. Past medical \ surgical:**
  - **Breast trauma \ diseases? Breastfeeding?** (if yes → Abnormalities which took place during previous lactation period e.g. abscesses, nipple retraction, milk retention, 6 months → protective)
  - Medical problems? Past surgeries? Previous breast aspiration?
- 7. Drug history:** oral contraceptives? HRT?
- 8. Family history:** Malignancies (breast, ovarian, bowel) in first relatives? (if yes --? Who? Age?)
- 9. Systemic review:** To look for metastasis (BBLLL).
  - **Brain:** Headache, seizures, mental change, symptoms of high ICP.
  - **Bone:** bone pain (**worsening back pain**), fracture.
  - **Lung:** SOB, hemoptysis, pleuritic chest pain.
  - **Liver:** ask about jaundice, Right upper quadrant pain.
  - **Lymph nodes:** ask about enlargements in the axilla or other nodes.

**4 ages:**  
Age of: patient,  
menarche,  
menopause, first  
children

### Risk factors:

Age – Family history of breast and ovarian cancer – Early menarche – Late menopause – late pregnancy – obesity – smoking – alcohol – hormonal replacement therapy – oral contraceptives

# Clinical examination:

## 1. Introduction (WIPER):

- **W**ash your hands.
- **I**ntroduce yourself.
- **P**ermission, **P**rivacy, **P**osition (supine, sitting, and 45 degree)
- **E**xposure (Upper half of the body, from the waist)
- **R**ight side of the patient.

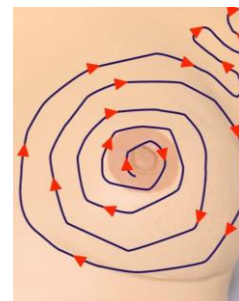
## 2. Inspection:

- **Look at the breasts and comment on the following (in front of the patient):**
  - **Breasts:**
    - **Size – symmetry – contour.**
    - **Skin:** scars – laceration - discoloration – changes: (peau d'orange appearance, dimpling) - nodules – masses (describe them) – visible veins
  - **Nipples & areola:**
    - **Present or absent?**
    - **Changes?** Inversion, destruction, retraction (pulled inward), **asymmetry**
    - **Discharge?**
- **Ask the patient to rise her arms above her head and then lower them slowly:**
  - Look for **tethering** of the nipples or the skin.
  - Any changes in the shape of breast or nipple?
  - Any masses?
  - Any obvious masses in the axilla.
- **Ask the patient to rest her hands on her hips and then press her hands against her hips** (pectoral contraction maneuver):
  - To accentuates areas of dimpling or fixation.

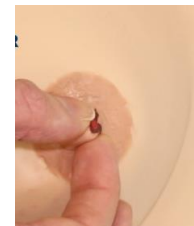
## 3. Palpation: Do you have any pain?

### \* Consider the following during palpation:

- ◇ Ask the patient to lie down & place her hands behind her head.
- ◇ Divide the breast into 4 quadrants + don't forget axillary tail (majority of breast cancers develop in the upper outer quadrant so it's **ESSENTIAL** to examine this area)
  - **Spiral method** – start at the nipple and work outwards in a concentric circular motion
  - **Clock face method** – examine each “hour” of the breast
- ◇ Begin with the normal breast so you can compare it with the diseased one.
- ◇ Start with the area away from pain.
- ◇ You palpate using the palmar surface of your fingers.



- **Palpate the breast and** If a mass is detected, ensure you complete a thorough examination of the remaining breast tissue before examining the mass further.
- **Nipples:**
  - **If the nipple is retracted:** press gently on each side, to see if it everts or not.
  - **Ask the patient to squeeze her nipple** (or you gently squeeze using your index and middle finger) to check for any discharge (comment on the discharge)



**How to examine a breast lump?** If a mass is detected assess the following characteristics, which you'll need to summarize back to the examiner.

1. **Position:** which quadrant? How far away from the nipple?
2. **Size & shape:** Approximate dimensions (e.g. 2\*3 cm)? Shape (e.g. spherical / elongated / irregular)?
3. **Consistency:** Smooth / firm / stony / rubbery
4. **Overlying skin changes:** Any changes to the skin surrounding / overlying the mass? – **e.g. erythema / puckering**
5. **Mobility:** Assess the degree of mobility by asking the patient to rest her hands on her arms with the arms relaxed, then hold the lump between your thumb and index and try to move it in direction, after that, ask the patient to press her hands against her hips and reassess the mobility (Fixed lump = less movement) Does it move freely? Does it move with the overlying skin? Does it move with pectoral contraction?

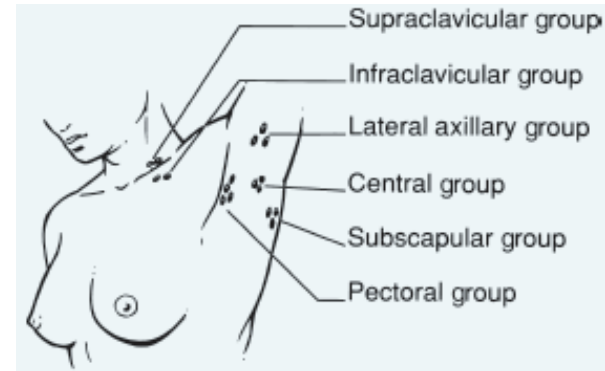


6. **Fluctuance:** Hold the mass by its sides then apply pressure with another finger to the center of the mass. If the mass is fluid filled (e.g. cyst) then you should feel the sides bulging outwards.



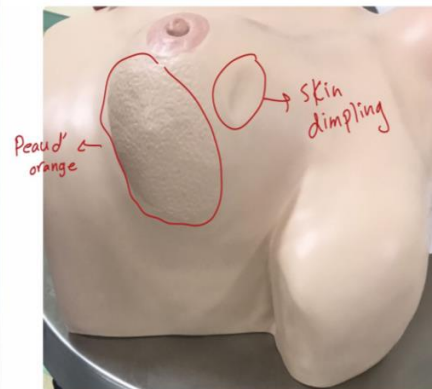
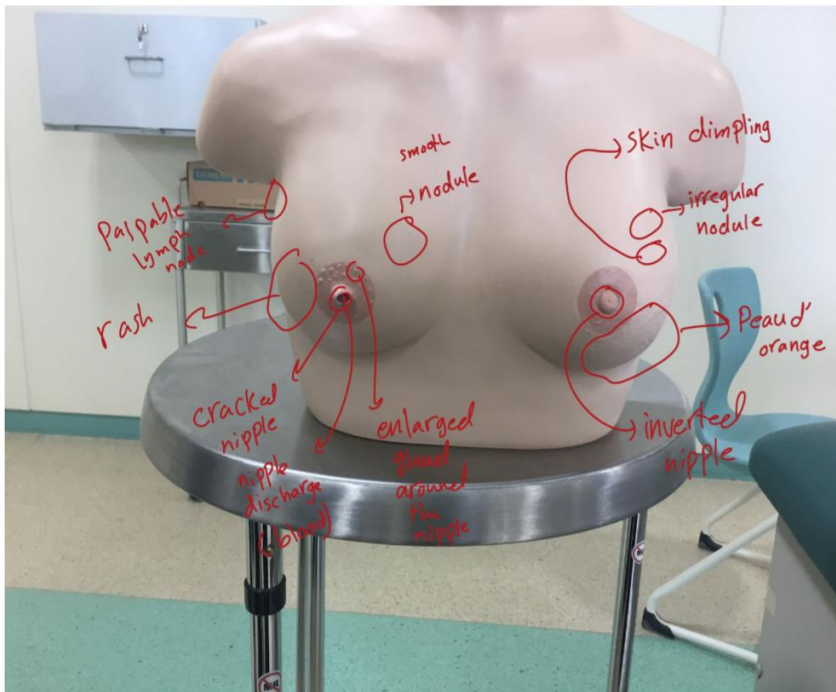
• **Axillary nodes:**

- Ask the patient to set on the edge of the bed facing you, then support patient's arm on the side being examined with your forearm (if you're examine the right axilla, use your right forearm to support the patient's (and vice versa for the left))
- Palpate all *lymph nodes with your free hand* (must examine ALL). From distal arm to under arm with deep palpation
  - **Axillary** (pectoral, medial, lateral, posterior, central)
  - Supraclavicular
  - Infra-clavicular
  - Nodes deep in the chest or abdomen
  - Infra-mammary ridge: shelf in the lower curve of each breast (Usually missed during clinical examination).



**4. Complete your examination with:**

- **Chest:** look for any evidence of pleural effusion by percussing over the base of the lung
- **Abdomen:** look for ascites and hepatomegaly.
- **Lumbar spine:** look for any tenderness.



The Doctor said breast examination will be abnormal so check the picture.  
Special thanks to Atheer Aljeraibah for sharing the pictures.

Pictures from Reproductive block OSCE team

**Good luck!**

**Done by:** Shahad AlEnezi