



BENIGN BREAST DISEASE

453 COURSE

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THE COMMON SYMPTOMS

- 1- breast pain is the commonest complain
- 2- breast mass
- 3- nipple discharge
- 4- abnormal appearance not commonly seen in benign breast disease

FIBROCYSTIC CHANGES

- it is common benign breast condition
- Age group –common in age 30—45 years
- The main complain is cyclic pain . Can present with mass or nipple discharge
- Clinical exam – nodular breast
- Diagnosis – ultrasound –multiple small cyst
- mammogram if age more than 40 to exclude malignant feature

TREATMENT OF FIBROCYSTIC CHANGES

- 1- assure patient that there is no pathology
- 2- control pain by simple non steroidal anti inflammatory drugs
- 3-exercises to activate pectoral muscle to enhance fluid filtration by lymphatic
- 4- to use good supportive bra
- 5-trial of vitamin E , prime rose oil capsule for at lest 1/12
- 6- danazol (anti estrogen) tablet but is not commonly used

BREAST CYST

- Commonly presented as pain and mass
- Affect age group 30- 40 years and above
- .clinical exam mass of variable size tender
- Ultrasound is diagnostic . The cyst can be simple or complicated
- Simple cyst can be aspirated once ,twice . In the third time have to be excised
- Complicated cyst is a cyst with solid component

COMPLICATED CYST

- Ultrasound is diagnostic but mammogram have to be done for age above 40 to rule out malignancy
- Complicated cyst have to be biopsied –ultrasound guided true cut biopsy
- The management depend on the pathology result
- Sever , florid hyperplasia and a atypia –have to be excised
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FIBROADENOMA

- Commonly present clinically as mobile mass. it may be associated with pain
- It can be single mass or multiple of variable size
- No risk of malignant transformation
- Affect young age group from puberty to late 20
- Ultrasound can diagnose fibroadenoma but can not differentiate it from phyllodes

INDICATION FOR SURGERY

50% of fibroadenoma disappear by it self . The rest either stay the same or become smaller or become bigger.

- 1- size more than 4 cm can be remove surgically
- 2- painful fibroadenoma
- 3- unclear pathology report eg hypercellular ,phyllodes variant
- 4- unusual age eg 40 or 50 years
- 5- family history of malignancy –just to relive patient anxiety
- 6- rapidly growing fibroadenoma

Phyllodes Tumor

- It is a variation of fibroadenoma with more fibrous tissue component
- It affects age group 30 years and above
- About 1% of cases can be malignant
- Also 1% can recur if not completely excised
- Diagnosis is by ultrasound and ultrasound guided true cut biopsy

Phyllodes

- the risk of malignancy increase with increase in size
- Treatment is complete surgical excision
- For malignant phyllodes(sarcoma) –surgical excision with 1 cm free margin with post operative Radiation therapy

Ductectasia

- It is dilatation of lactiferous duct .
- Clinical presentation -bilateral spontaneous nipple discharge of variable color
- Can be blood serous thick yellow or greenish discharge
- Diagnosis - breast ultrasound there will be dilatation of ducts

Ductectasia

- Patients can be assured that she did not need treatment
- Patients late 30 years and above should have mammogram to rule out underlying malignancy
- Patient with ductectasia is at higher risk of having breast infection

Periductal mastitis and Periductal abscess

- The causative organism is mix eg gram + gram - ,anaerobe and Bacteroid

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NON LACTATING ABSCESS AND MASTITIS

- Treatment is by be broad spectrum antibiotic iv
- If patient developed Periductal abscess it is usually small in the nipple areola complex
- I&D is the treatment

LACTATING MASTITIS AND ABSCESS

- Clinical presentation fever, pain , breast swelling and tenderness
- Mastitis is bacterial infection of breast tissue
- Staphylococcus aureus is the causative organism
- Source form the mouth of baby in he presence of crack in the nipple
- Treatment is by IV flucloxacillin

LACTATING ABSCESS

- clinically- sever breast pain ,fever and tender mass
- Treatment is by I&D
- Antibiotics is to be used if it is associated with cellulites or systemic manifestation fever or leukocytosis
- Mother can lactate her baby

INTRADUCT PAPILOMA

- Clinical presentation – bloody nipple discharge
- Examination – blood discharge unilateral from single duct opening
.no mass
- Investigation ultrasound and mammogram if age above 40 to rule out malignancy
- Treatment observation if symptom persist surgery is indicated (microdochectomy) excision of affected duct

INTRADUCTAL PAPILLOMA

- ◆ **Slow-growing**
- ◆ **Overgrowth of ductal epithelial tissue**
- ◆ **Usually not palpable**
- ◆ **Most common cause of bloody nipple discharge**
- ◆ **40-50 years of age**

Galactocele

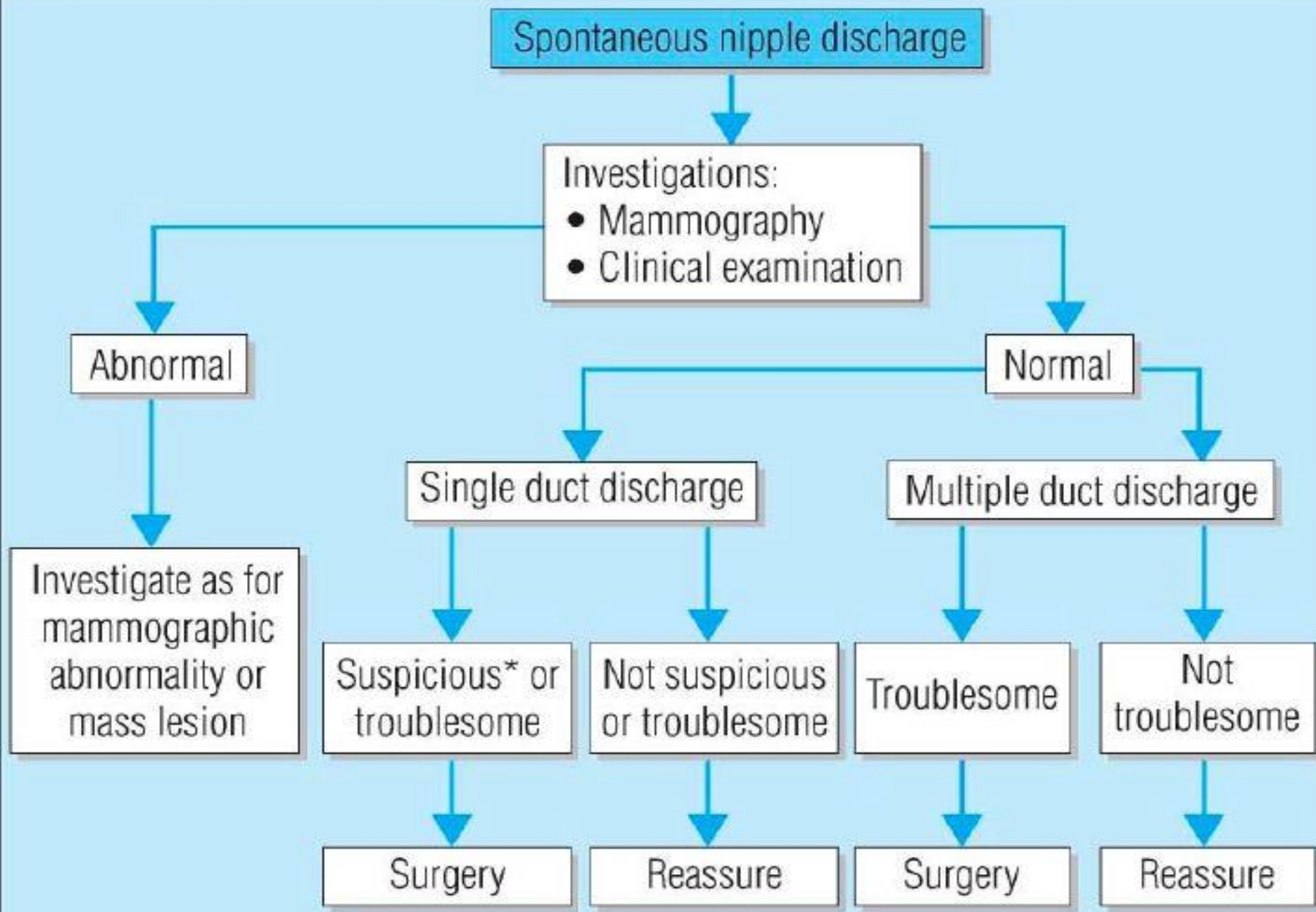
- It is milk containing cyst –affect lactating mother
- Clinical presentation – mild breast pain with mass during lactation
- No associated fever or tenderness which differentiated it from breast abscess
- Diagnosis by ultrasound
- Treatment –aspiration under full aseptic technique

FAT NECROSIS

- Clinical presentation mass appears post trauma 3-4 month
- Exam non tender ill-defined boarder
- Investigation ultrasound and mammogram can not rule out malignancy
- Ultrasound guided true cut biopsy is diagnostic
- Treatment -assure patient it will resolve with time

COMMON BENIGN BREAST DISORDERS

- ◆ **Fibroadenoma**
- ◆ **Fibrocystic changes**
- ◆ **Intraductal papilloma**
- ◆ **Mammary duct ectasia**
- ◆ **Mastitis**
- ◆ **Fat necrosis**
- ◆ **Phylloides tumor**
- ◆ **Male gynecomastia**



* Bloodstained, moderate or large amounts of blood on testing or persistent

BI-RADS Classification	Features
0	Need additional imaging
1	Negative – routine in 1 year
2	Benign finding – routine in 1 year
3	Probably benign – 6 month follow-up
4	Suspicious abnormality – biopsy recommended
5	Highly suggestive of malignancy – appropriate action must be taken

Benign	Malignant
Pure hyperechoic	Hypoechoic, spiculated
Elliptical shape (wider than tall)	Taller than wide
Lobulated	Duct extension
Complete thin capsule	Microlobulation

SURGERY

Surgery for breast cancer:

- ▣ Lumpectomy
- ▣ Mastectomy

Lymph node surgery:

- ▣ Sentinel node biopsy
- ▣ Axillary lymph node dissection

Breast reconstruction surgery

GENETICS

- ◆ **Early age of onset**
- ◆ **2 breast primaries or breast & ovarian CA**
- ◆ **Clustering of breast CA with:**
 - Male breast CA
 - Thyroid CA
 - Sarcoma
 - Adrenocortical CA
 - Pancreatic CA
 - Leukemia/Lymphoma on same side of family
- ◆ **Family member with BRCA gene**
- ◆ **Male breast CA**