

Case scenario week 5

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- 72 y - teacher - lump in Rt Breast - superior lateral side Group A1.
below areola - covered by skin - appear normal without pain. خالد خانين
- 2 months month ago - less than 1 month see Redness adjacent lump.
- have family history (+)
- Her brother have osteo carcinoma.
- Daughter of her aunt → Breast Ca
- aunt → GI cancer.

Diagnosed: invasive lobular carcinoma.

Q1: Sign & symptoms of breast cancer:-

Sign:-

Breast:

- 1. asymmetrical - enlarged.
- 2. skin dimpling - skin puckering → due to fibrosis & contraction of Cooper ligament.
- 3. peau d'orange → patient sitting & elevating arm → due to edema caused by obstruction skin lymphatic by cancer cell.
- 4. nodule.
- 5. skin ulcer or fungated due to direct invasive skin by cancer.

Mass:

- 1) Hard - Irregular - non mobile within breast substance.
- 2) Fixated to skin - underlying muscle or chest wall ⇒ skin tethering.
↓ due to invasion & shorting of ligament of Cooper.
- 3) skin fixation vs skin tethering
↓ not moving at all. ↓ moving within range then the skin is indert.

Nipple:

- ① retraction ② change direction
- axillary & subaxillary LN palpable.
- Distent MET:
 - Chest ex.
 - pelvic & GT → kurkenburg tumor
 - Liver → hepatomegaly + ascitis.

Symptoms:

- ① painless lump (accidental finding)
- ② retraction nipple - Blood discharge.
- ③ Symptoms of MET:
 - A) axillary lump
 - B) backach. due to spine MET
 - C) pathological f.
 - D) dyspnea → invasion chest.
 - * jaundice + ascites → liver.

examination of Breast:

A - Inspection: patient sitting only.

- ① Breast
- ③ mass
- ④ nipple
- ⑤ areola.

- position → sitting for ^{inspi}
- exposure → upper half of body to umbilical. _{Palpate}

* Breast:

1. level.

2. size & shape.

3. mobility

① ask patient lying forward to see protrusion.

② ask patient to elevate arms → dimpling & pulsing lump.

* elevation - shrinking - ↓ of protrusion → fibrosis.

Nipple:

retracted - miss direction. Depression - discharge - Destructive
↓ normal
Downward & lateral. _{paget D.}

areola:

size ↑ in pregnancy.

color → pink in virgin & brown (in) after pregnancy

surface → ezy sema.

shape: normal round → irregular fibrosis.

mass.

USE D.

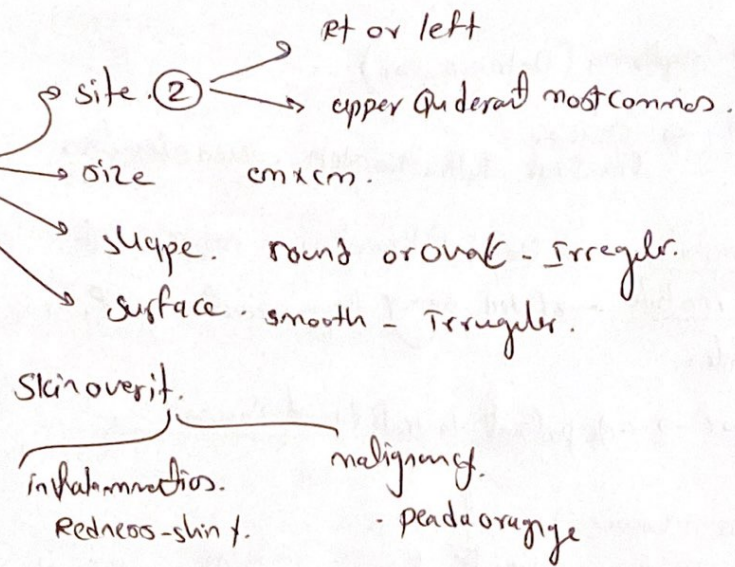
- ⑥
- ⑧

Mass NSEID

N → Number.

E → edge.

S → 6



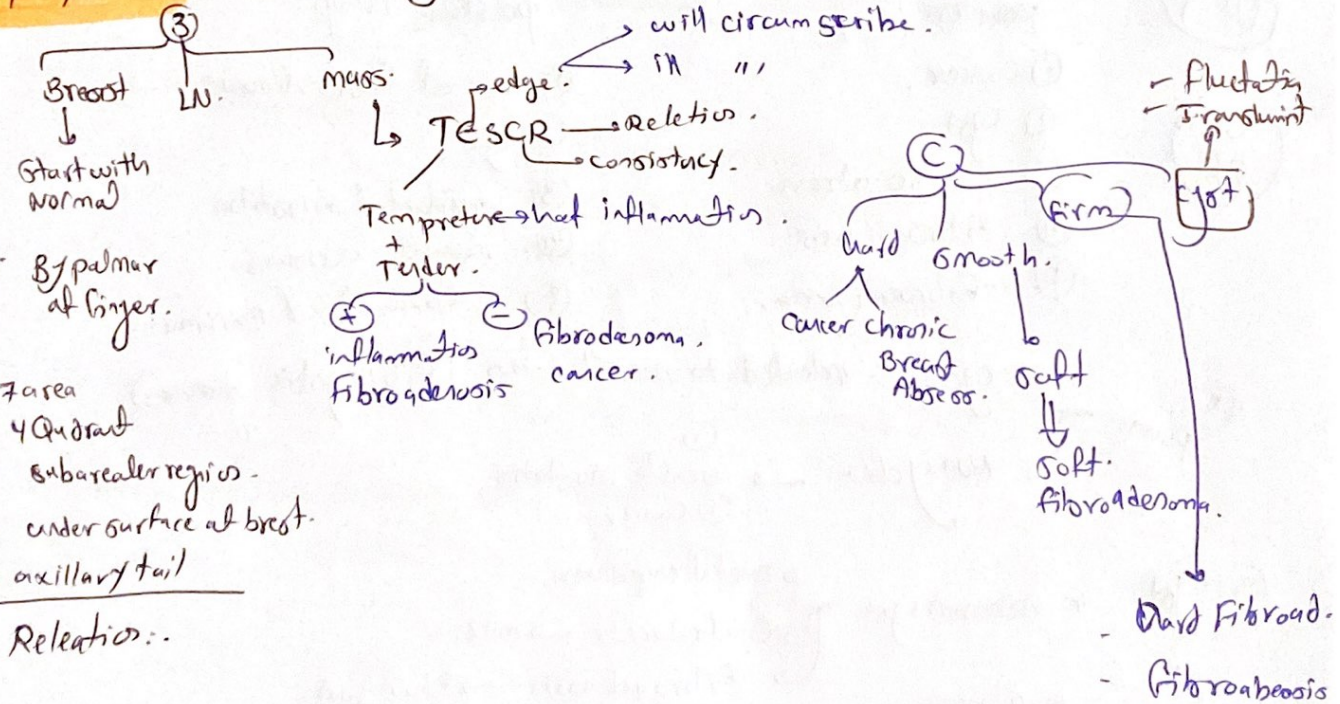
Dy:

Deep mass.
Lounder surface at breast.

Drain: axillary subareolar.

Distal effect: upper limb. → wasting - edema - deformity.

Palpation: - patient sitting



Relation: -

Reactions: -

- ① nipple → Ductal papilloma (Retroareolar)
- ② Reaction to skin → cancer.
fixation infiltrates skin - when elevates puckering.
- ③ to Breast:
 - if mobile → hard fibroadenoma move Breast.
 - Non mobile → fixed away from areola → fibroadenosis.
- ④ Reaction to muscle:
 - A) pectoralis major → ask patient to put hand in waist
 - mobile.
 - not mobile → infiltration.
 - B) axilla: mass in lower quadrant.
ask patient when relaxed & then against wall in your shoulder.
 - mobile
 - non mobile.
- ⑤ Reaction to rib:
 - move lump when patient relaxed → move.
 - no move.

Presentation:

① Lump

painless lump

vs

painful lump.

① cancer.

① area of fibroadenosis.

② cyst

② cyst

③ chronic abscess.

③ periductal mastitis.

④ fibroadenosis.

④ acute abscess.

⑤ fibroadenoma.

⑤ inflammatory carcinoma.

② pain:

- cyclin: related to menstruation (fibrocystic diseases).
- non cyclin:
 - ① acute mastitis.
 - ② cancer.

③ Cyst:

- * Retention cyst
 - ductal papilloma.
 - Galactocele → milk.
 - fibroadenosis → Blood clot.
- * abscess.
- * Normal hormonal change.

④ Change nipple & areola →

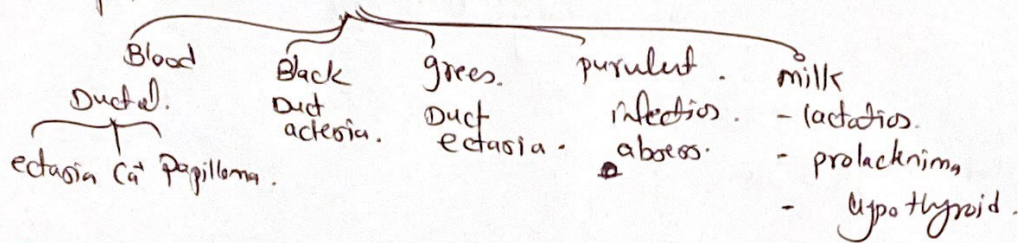
- paget.
- carcinoma.
- eczema.
- duct ectasis.

Nipple discharge

- From surface:
 - ① eczema.
 - ② paget D.
- From single duct:

Blood	serous.
① Ductal carcinoma.	✓
② Ductal ectasia.	"
③ Ductal papilloma.	Fibroadenosis.

Multiple:



Nipple change:

Destruction - Depression - Displacement - Discharge
Duplication - Discoloration.

Change in shape & size: pregnancy - carcinoma - Benign hyperatrophy.

Causes of massive Breast enlargement:-

- ① Benign hyperatrophy
- ② Gait Fibroadenoma.
- ③ Phylloid tum.
- ④ sarcoma.
- ⑤ Colloid carcinoma.
- ⑥ Bilateral elephantiasis

Differed between eczema &	paget.
Bilateral	unilateral.
itching.	No.
ozing	No.
Young lactating	oldery.
No lump	lump.
nipple itched	Destruction.
response to steroid	Not response.

Investigations:

- ① most important soft tissue mammography.
- ② USS.
- ③ Biopsy * fine needle
 - * True cut biopsy
 - * Frozen section biopsy.
 - * Incisional or excisional biopsy.

How to Diagnosis → Triple assessment:

- 1- clinical ex.
- 2- Radiological → USS - mammography.
- 3- pathological biopsy → 99% of Diagnosis.

Staging: TNM Manchester stage 1 → 4

Treatment: operable stage (1-2)

- ① Lumpectomy or Quadrantectomy.
- ② Radical mastectomy (halsted)
- ③ modified " "

Non operable stage (3-4)

- ① chemotherapy.
- ② Radiotherapy.
- ③ Hormonal therapy.
- ④ Immunotherapy.

✓ Simple mastectomy:

Remove all breast - areola & nipple + skin. without dissecting axilla.

✓ modified Radical mastectomy:

Remove breast + nipple & areola complex with skin & level 1 & 2 axilla - preserving pectoralis major.

✓ halsted same modified (+) pectoralis major & minor.

• Breast conserving surgery ① Lumpectomy.

② Lump + lymphadenectomy. + Radiation.

" + Radiation + biopsy.

• Reconstruction surgery:

Silicone gel - autogenous Transplants.
↳ muscle flap → latissimus dorsi
↳ Transverse abd.