

THE BREAST

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BENIGN BREAST DISEASE

LEARNING OBJECTIVES:

Difference between benign and carcinomatous lesions

Investigations

Diagnosis

Treatment

Reassurance

Benign breast disease

Injuries of breast

Inflammation of breast

Breast cysts

Galactocele

Fibroadenoma

Phyllodes tumor

Injuries of breast

Haematoma

Resolving haematoma can present as lump

Traumatic fat necrosis

Can mimic ca breast

Caused by:

Direct blow

Contraction of pectoralis major

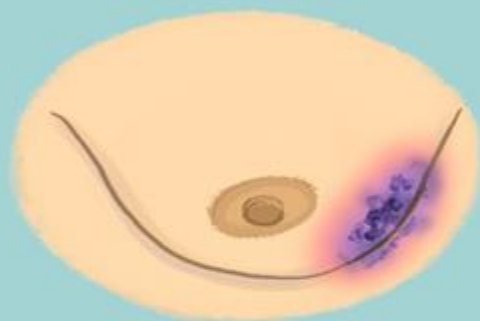
Seat belt injury



Symptoms of Breast Fat Necrosis



Nipple retraction



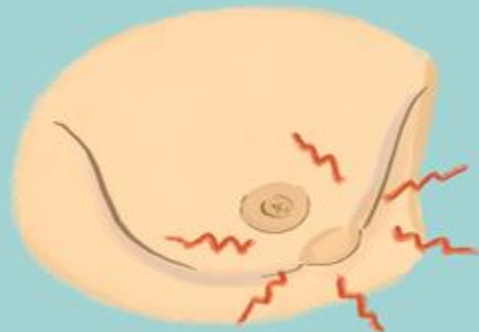
May look red and bruised



Skin tethering or dimpling



Feels like a hard, round lump, or like a section of thick skin



Usually painless, but may be tender or painful in surrounding areas

Inflammations of breast

Bacterial mastitis

Chronic intramammary abscess

Tb of breast

Mondor's disease

**Periductal mastitis d/t duct
ectasia**

Bacterial mastitis

AETIOLOGY

Lactational mastitis

Predisposing factors are

Cracked nipple

Staph aureus from nasopharynx of infant

Blockage of lactiferous ducts by epithelial debris/milk clots

Clinical features

Mastitis

Signs of acute inflammation

(rubor, calor, tumor, dolor, functio laesa)

Breast abscess

Marked skin thinning

Signs of inflammation

Fluctuations +ive

MASTITIS



BREAST ABCESS



TREATMENT

Support of breast

Local heat (hot compresses)

Analgesia (oral + topical)

Antibiotics

Flucloxacillin / co amoxiclav

BREAST ABCESS

Incision and drainage



Tuberculosis of breast

Rare, usually associated with active PTb/tuberculous cervical adenitis

Presented with multiple chronic abscesses /sinuses

Diagnosed on bacteriologic /histological examination

Treated with Antituberculous chemotherapy



DUCT ECTASIA

Dilatation of breast ducts often associated with periductal inflammation

Present as nipple discharge, subareolar mass, abscess, mammary duct fistula, nipple retraction (slit shaped)

Investigation:

Mammography
cytology
Histopathology

Management:

Antibiotic therapy
Hadfield operation (excision of major ducts)

FIBROADENOMA

Most common in age 15-25

Hyperplasia of single lobule

Surrounded by well marked capsule

Mouse of breast

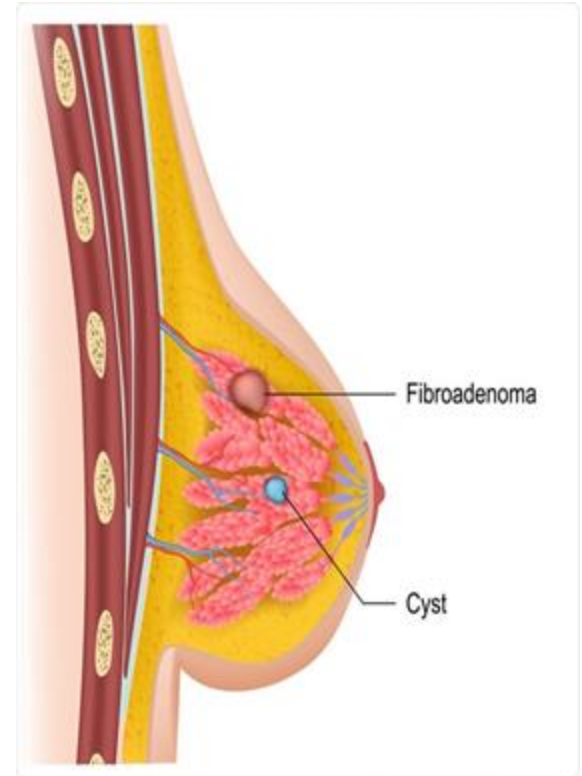
Don't need excision until associated with suspicious cytology/histopathology

Treatment

Surgery

Cryoablation

Large core vacuume biopsy



Phyllodes tumour

Previously known as
Serocystic disease of bordi/cystosarcoma phyllodes

Usually in women **over age 40**

Large massive tumour with unevenly bosselated surface

Histology:

Low malignant potential resembling fibroadenoma

Higher mitotic index

Treatment:

Enucleation /wide local excision in benign type

Mastectomy in malignant type



STAY HOME STAY SAFE

THANK YOU