

# Common Breast Complaints:

- Palpable mass
- Abnormal mammogram with normal physical exam
- Vague thickening or nodularity
- Nipple Discharge
- Breast pain
- Breast infection or inflammation

*The physician's goal is to determine whether the abnormality is benign or malignant... assess risk factors for breast cancer!*

# Common presenting symptoms of breast disease

Symptom	Likelihood of Malignancy	Risk of Missed Malignancy
Palpable Mass	<p>Highest</p> <p>Lowest</p>	<p>Lowest</p> <p>Highest</p>
Abnormal mammogram with normal breast exam		
Vague thickening or nodularity		
Nipple discharge		
Breast pain		
Breast infection		

# Common Breast Complaints

- Palpable mass
  - Detected during clinical breast examination (CBE) or breast self-examination (BSE)
  - Factors increasing suspicion of malignancy:
    - Skin dimpling
    - Palpable axillary nodes
    - Mass with irregular borders
    - Increasing age

*Determine whether mass is cystic or solid*

# Common Breast Complaints

## Palpable Mass

- Cystic mass
  - Common (especially in premenopausal women)
  - Ultrasound: oval or lobulated & anechoic with well-defined borders
  - Asymptomatic: no further intervention
  - Symptomatic: FNA
    - If bloody fluid, send for cytology

# Common Breast Complaints

## Palpable Mass

- Solid mass
  - Tissue diagnosis may be necessary to rule out malignancy
    - FNA biopsy
    - Core-needle biopsy (preferred)
    - Open surgical biopsy

# Common Breast Complaints

- Abnormal mammogram after normal breast exam
  - Factors increasing suspicion of malignancy:
    - Previous normal mammogram (therefore representing a change)
    - Asymmetric density
    - Architectural distortion
    - Spiculated or irregular mass
    - Pleomorphic microcalcifications (especially clustered, linear or branching)

# Common Breast Complaints

- Most common initial presentation for women with breast cancer
  - 5-10% of screening mammograms abnormal
  - 10% with abnormal mammograms have breast cancer
- Use BIRADS system for assessment

# Common Breast Complaints

- Vague thickening or nodularity
  - Normal breast texture often heterogeneous, especially in pre-menopausal women
  - Symmetrical tender nodularity is rarely pathologic
    - Often represents fibrocystic changes
      - May resolve with time; follow clinically

# Common Breast Complaints

- Reexamine asymmetrical vague thickening in premenopausal women after 1-2 menstrual cycles
  - Biopsy if lesion persists or worsens
- Use core biopsy (not FNA) to ensure adequate sampling in presence of vague thickening

# Common Breast Complaints

- Vague thickening or nodularity
  - Factors increasing suspicion of malignancy:
    - Skin changes
    - Asymmetry between right and left breast
    - No generic hormonal changes (e.g. pregnancy, beginning or ceasing contraception)
    - Palpable axillary nodes

*Order mammogram if patient is  
>35 yr or >30 with family history of breast  
cancer*

# Common Breast Complaints

## Nipple discharge

### – Classification:

- Physiologic
  - i.e. Pregnancy
- Pathologic
- Galactorrhea
  - Endocrine disorder (e.g. hypothyroidism, hyperprolactinemia)
  - Medications
    - » Antidepressants
    - » Antihypertensives
    - » H<sub>2</sub>-receptor antagonists
    - » Antidopaminergics

# Common Breast Complaints

- Galactorrhea (cont.)
  - Thorough H & P
  - Imaging:
    - Mammography
    - Subareolar ultrasound
    - Ductography (limited, controversial)
      - Mammography with offending lactiferous duct cannulated & filled with contrast
    - Ductoscopy (limited, controversial)
  - Treatment:
    - *Pathologic* persistent nipple discharge is treated surgically
      - Single-duct excision if offending duct can be identified
      - Central duct excision if offending duct cannot be individually identified

# Common Breast Complaints

- Nipple discharge
  - Factors increasing suspicion of malignancy:
    - Bloody discharge
    - Unilateral discharge
    - Associate palpable mass
    - Abnormal mammogram

# Common Breast Complaints

- Breast pain
  - Not usually presenting symptom of breast cancer
  - Predictable pain before menstrual cycle (cyclical mastalgia) probably hormonally mediated
    - Treatment:
      - NSAIDs
      - Supportive bras
      - Dietary recommendations: avoid methylxanthines (coffee, tea, soda)
      - Oral ingestion of evening primrose oil (pain relief in ~50%)
      - For severe, intractable pain: danazol, bromocriptine, tamoxifen

# Common Breast Complaints

- Factors increasing suspicion of malignancy:
  - Abnormal skin changes
  - Noncyclic pain



*Order mammogram if pain is noncyclic & patient >35 yr or >30 yr with family history of breast cancer*

# Common Breast Complaints

- Breast infection or inflammation
  - Lactational infections (acute mastitis)
    - Fullness or mass with overlying erythema & tenderness
    - Serous or bloody nipple discharge may occur
    - Fever & chills common
    - Staphylococcus or less commonly streptococcus
    - Occurs in early nursing; 8-20% incidence
    - Cellulitis
      - Treatment: oral ABX covering gram-positive cocci, apply warm packs, keep breast emptied (weaning is not necessary; source of bacteria is infant oral flora)
  - Abscess
    - Treatment: surgical drainage

# Common Breast Complaints

- Chronic subareolar infections with duct ectasia
  - Dilated ducts filled with thick, cheesy secretions
  - Usually subareolar & periareolar
  - Mass forming
- Periductal mastitis (recurrent subareolar abscess, squamous metaplasia of nipple ducts)
  - Reaction to overproduction of keratin in large nipple ducts
  - Associated with smoking
  - May develop nipple retraction or peri-areolar fistula tract as complication of abscess formation

# Common Breast Complaints

- Breast infection or inflammation
  - Factors increasing suspicion of malignancy:
    - No associated fever or white blood cell count elevation
    - No response to antibiotics
    - Symptoms not associated with lactation