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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Likelihood of Malignancy</th>
<th>Risk of Missed Malignancy</th>
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<tr>
<td>Palpable Mass</td>
<td>Highest</td>
<td>Lowest</td>
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<tr>
<td>Abnormal mammogram with normal breast exam</td>
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<td>Vague thickening or nodularity</td>
<td>Highest</td>
<td>Lowest</td>
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<td>Nipple discharge</td>
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<td>Breast pain</td>
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</tbody>
</table>
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
      » H2-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