History of Breast lumps

Breast

Breast

1 History of Breast lump

Introduction: Greet the patient, introduce yourself, explain what you plan to do, & take Patient ID	
Site	• Where? bilateral or unilateral?
Onset, duration, timing	• When did it start? • How did you notice? • Suddenly or gradually? How long did it last? • Constant or intermittent? (How many times if intermittent/timing)? • How has it changed with time? Progressive or regressive

Character	• Is this your first time experiencing this?
	• How many lumps?
	• fixed? mobile?
	• Soft or hard lump?
	• Change in breast size?
	• Painful? (if +ve → rarely malignant)
	  ○ If yes → Is the pain cyclical or acyclical then take SOCRATES
	• Relation of to the menstrual cycle:
	  ○ Is there any cyclical variation? increase or decrease in size? (if +ve → benign disease)
	  ○ Do lumps appear just before menstruation? (if +ve → hormonal and benign)
	• Eczema-like symptoms? Itchy? warm?
	• Dimpling?
	• Nipple changes? Retraction, inversion, destruction, discoloration?
	• Nipple discharge? If yes →
	  ○ One or both nipples ? (Serous bilateral → FIbrocystic change)
	  ○ Spontaneous or induced?
	  ○ Recent history of breastfeeding?
	  ○ ABCDF: Amount, Blood, Color, Discharge, Frequency?
	  ○ Does it affect your daily life? Do you need to change your clothes?

Radiation	• Did the swelling spread to anywhere else? Such as head or underarm
Alleviating & Exacerbating F	• Is there anything that relieves it or makes it worse?
Severity	• How has this affected your daily life? • Does it wake you up from sleep? • If there's pain → scale 1-10
Associated symptoms & Risk factors	• OC? HRT? Radiation therapy? (when and duration) • History of first pregnancy? First menstrual period? Number of pregnancies? Breastfeeding? (if +ve reduce → incidence of breast cancer) • Bone pain? SOB? (metz) • History of malignancy or pre-malignant condition? As breast cancer • Family history of breast CA or any ovarian CA? Family history of breast lumps or cancer?
Constitutional Symptoms	• Nausea? Vomiting? Night sweats? Weight loss? Loss of Appetite? Fever? Fatigue?
Finishing & Thank the patient	

Breast

2 Examination

WIPER: **w**ash hands, **i**ntroduce yourself, **p**ermission, **e**xpose patient, **r**eposition

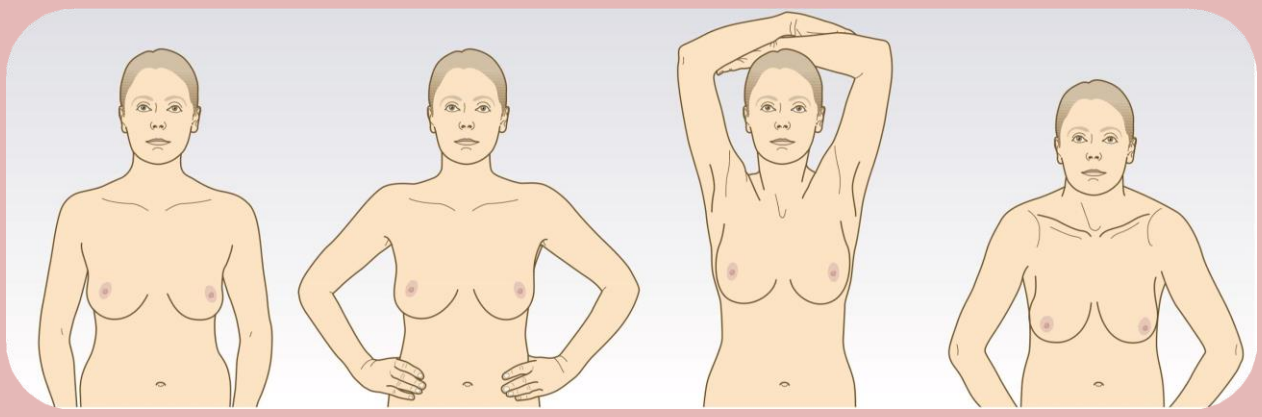
Position:

- Patient should be in a sitting position, 45° angle, exposure from the clavicle to the umbilicus.
- Always examine the patient with nurse or relatives

Inspection:

1. **Look for :**
   - Asymmetry, local swelling, dilated veins
   - Skin changes :
     - ➢ Lump, ulcer, puckering, peau d'orange, scar, fungation
   - Nipple changes (7Ds) :
     - ➢ **D**iscoloration, **d**ischarge, **d**estruction, **d**epression, **d**eviation, **d**isplacement, **d**uplication

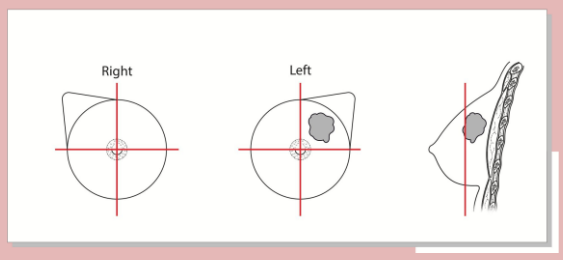
2. **Ask the patient to:**
   - Press her hands on her hips to contract the pectoral muscles and inspect again for *invisible lumps*.
   - Raise her arms above her head to expose the whole breast and exacerbate *skin dimpling or retraction*.
   - Lean forward to look for *asymmetry*.
3. Inspect the **axillae, arms and supraclavicular fossae.**



hands on her hips arms above her head Lean forward

Breast

2 Examination



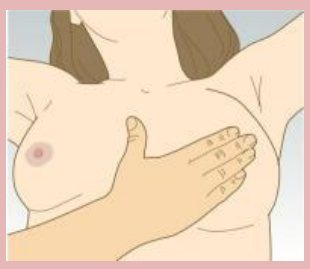
Palpation:

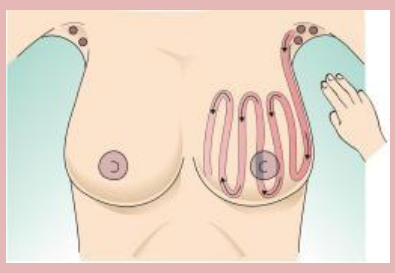
1. **Breast**
   - START with the normal breast
   - Divide the breast into 4 quadrants then use the **bulb of fingers** to palpate each quadrant, then centrally around the nipple.
   - If a mass is found, comment on:
     - ➢ Site (which quadrant), Size, Shape, **c**olor, **t**exture, **f**ixation to skin, **m**obility, **a**ttachment to muscle (ask patient to tense their muscles), **c**onsistency, **f**luctuation, etc. (all lump examination).

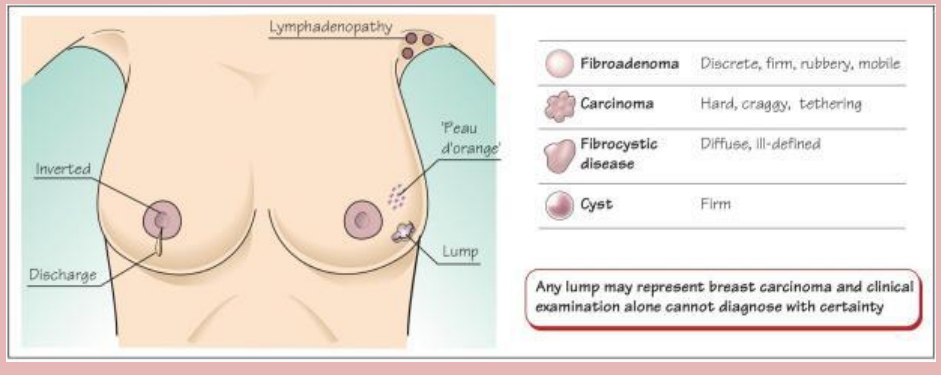
2. **Nipple:**
   - If the nipple is **retracted**, press with your thumb and index and see if it everts.
   - Look for any lumps deep to the nipple.
   - Squeeze the nipple to check for any **discharge**.

3. **Axilla:**
   - Hold the patient's right arm with your left hand and tell them to relax, palpate the patient's axilla with your right hand.

4. **Other lymph nodes**
   - Palpate for supraclavicular, infraclavicular and cervical lymph nodes.







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3 Theoretical Notes

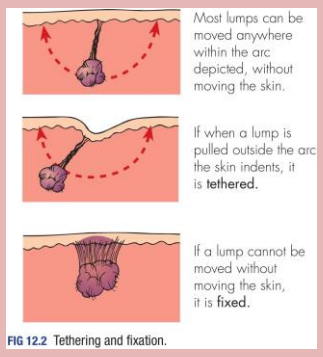


FIG 12.2 Tethering and fixation.

Difference between fixity and tethering;

1. Fixity: When a lesion is fixed to the skin, it has spread into the skin and cannot be moved or separated from it.
2. Tethering: Is one which is more deeply situated and distorts the fibrous septa (the ligaments of Astley Cooper) that separate the lobules of breast tissue. This puckers the skin, but the lesion remains separate from it and can be moved independently.

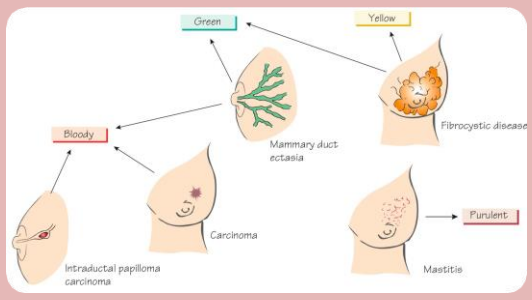
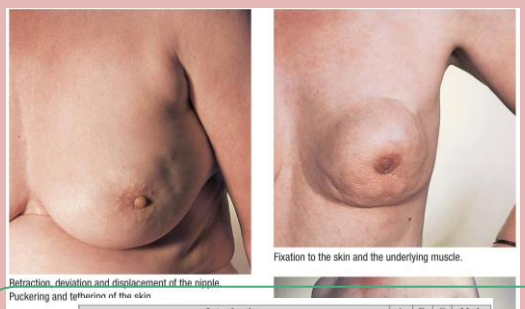


Table 28.4 Types of nipple discharge

Discharge	Causes
Bright red blood	The most common cause is a benign intraductal papilloma. Other causes include carcinoma. Bloody nipple discharge is sometimes seen during the third trimester of pregnancy and usually subsides once lactation begins
Dark, altered blood	As above, usually with an element of ductal obstruction
Slightly bloodstained fluid	Intraductal papilloma, intracystic carcinoma (especially with an associated mass)
Clear, yellow, serous fluid	May be due to malignancy but is usually due to underlying fibrocystic changes
Thick, green discharge	Ductal ectasia is the most common cause
Milky discharge	Usually due to insufficient suppression of lactation after weaning but is rarely the manifestation of a secreting prolactinoma of the pituitary gland


Retraction, deviation and displacement of the nipple.
Fixation to the skin and the underlying muscle.
Puckering and tethering of the skin
Peau d'orange.

	Introduction	A	B	C	Mark
1	Greeting the patient				
2	Self-introduction & permission				
3	positioning & Exposure of patient(both breasts &pt.Reclined 45˚				
4	ask for any pain				
5	Hand washing				
	Inspection	A	B	C	Mark
6	Both breasts shape, size & symmetry				
7	Nipple & areola complex changes				
8	Breast's skin changes(peaudo'orange, tethering, dimpling				
9	ask the patient to elevate her hands above head for tethering or dimple				
10	Axilla for swelling, scar, inflammation				
	Palpation	A	B	C	Mark
11	Normal breast (get an idea about normal texture)				
12	The diseased breast to identify the affected quadrant				
13	The Nipple areola complex				
	Palpate the breast Mass	A	B	C	Mark
14	size & shape				
15	surface & borders				
16	Consistency				
17	Tenderness & Temperature of overlying skin				
18	Mobility				
19	Test for superficial fixation				
20	Test for deep fixation (hands on hip)				
21	Axillary L.N palpation				
22	supraclavicular L.N palpation				
	Further considerations (mentioned only by candidate)	A	B	C	Mark
23	Lung examination				
24	Abdominal examination				
	Finishing	A	B	C	Mark
25	Cover the patient & thank him				

Revision panel 12.7
A simplified plan for the diagnosis of the common breast lumps

Define the surface and shape and then define the consistence

Irregular and indistinct		Smooth and well defined	
Hard	Rubbery	Hard	Rubbery
↓	↓	↓	↓
Carcinoma	Nodularity	Cyst	Fibroadenoma

Revision panel 12.4
The cardinal signs of a late cancer of the breast

Hard, non-tender, irregular lump
Tethering or fixation of the lump
Palpable axillary lymph glands

Revision panel 12.10
The breast changes of pregnancy

Fullness and pricking sensations
Enlargement
Distended subcutaneous veins
Increased nipple and areolar pigmentation
Circumareolar pigmentation
Hypertrophy of subareolar
(Montgomery's tube
A clear, expressib

Revision panel 12.8
The differences between eczema and Paget's disease of the nipple

Eczema	Paget's disease
Bilateral	Unilateral
Commonly occurs	Occurs at menopause


igure 28.12 A close-up view of peau d'orange.

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