BREAST EXAMINATION

Basic Facts

- Most frequent CA in women
- Increasing frequency: now 1 in 8 women will develop breast CA
- 180,000 new cases per year with 40,000 deaths
- Earlier diagnosis is occurring with breast self exam, clinical breast exam and screening mammography
- Early breast cancer easy to confuse with benign disease therefore biopsy warranted
- Tumors are present for many years before clinically palpable

Aids in Early Diagnosis

- Identify high risk groups
- Breast Self Exam: data
- Clinical Breast Exam: guidelines and data
- Screening mammography: Guidelines
- Prevention of breast cancer: exercise and diet
- Chemoprevention of breast cancer controversy

History and Physical Exam Findings

- History of presenting illness
- Changes in contour, nipple discharge, lump, eczema
- Risk factor assessment: Gail model
- Review of systems questions
- Physical exam

Presenting Symptoms

- Breast infection
- Breast pain
- Nipple discharge
- Vague thickening/nodularity
- Abnormal mammogram
- Palpable mass
BREAST EXAMINATION

Breast Examination Glossary

Asymmetry: Important consideration in inspection of breast for early diagnosis of cancer. Recent changes in contour of breast (compared to other side as control) require further investigation.

Cystic Disease: Lumpiness of breast tissue
Normal condition in may women. Often called cystic mastitis, however, -itis, properly refers to inflammation, and there is no inflammatory element. Related terms are adenosis, bluedomed cysts, Bloodgood cysts, Schimmelbusch disease. Preferred term cystic mastopathy or fibrocystic changes.

Dominant Lump: Clinical term for mass of breast which differs in consistency from surrounding breast tissue, usually having palpable margins. Often difficult to distinguish from diffuse induration of breast tissue occurring with pronounced cystic mastopathy.

Ectasia: Dilated or stretched condition. As related to breast tissue, dilation of terminal ducts. Often asymptomatic. Clinical presentation by crushing or non-bloody nipple discharge.

Eczema: Cutaneous inflammatory lesion which tends to thicken, become scaly, vesicular, crusty, or weeping. Nipple-areolar eczema raises suspicion of carcinoma (Paget's).

Fat Necrosis: Chronic inflammatory process, usually caused by trauma, resulting in breast mass. Blood, extravasated ductal contents, foreign body suture) causes this reaction to injury. Plasma cell mastitis is a less advanced stage of this process. Clinically and on gross inspection may resemble carcinoma, but is benign.

Fibro Adenoma: Most frequent benign tumor of breast.

Fistula: Abnormal communication between two epithelial surfaces.

Gynecomastia: Hyperplastic changes in male breast which produce enlargement of varying degrees, often accompanied by tenderness. May be unilateral or bilateral; central or slightly eccentric.
BREAST EXAMINATION

Breast Examination Glossary

-dynia, -algia: pain
-(ga)lact: pertaining to milk
-gyne(co)-: female feminine-like condition
-iferous: bearing, carrying
-itis: inflammation
-mammo-, masto-, mazo-: pertaining to breast
-oma: tumor, swelling (hematoma)
-(o)rrhea: flowing
-pathy: diseased condition
-thel(e) (ia): nipple

Exam Techniques

Palpate thoroughly:

- Palpation should be done with the pads of three fingers of one hand.
- Use circular movement of the three finger pads, with varying levels of pressure
- Use the vertical stripe method to exam the breasts
- If there is a large mass, it may be done more easily with both hands.
- Palpate the breasts with the patient in the supine position with her arm elevated above her head. If the right breast is being examined, the right arm should be elevated.