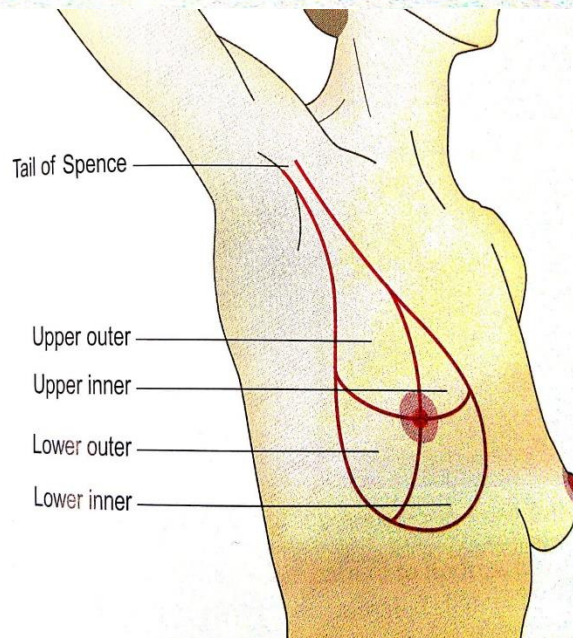
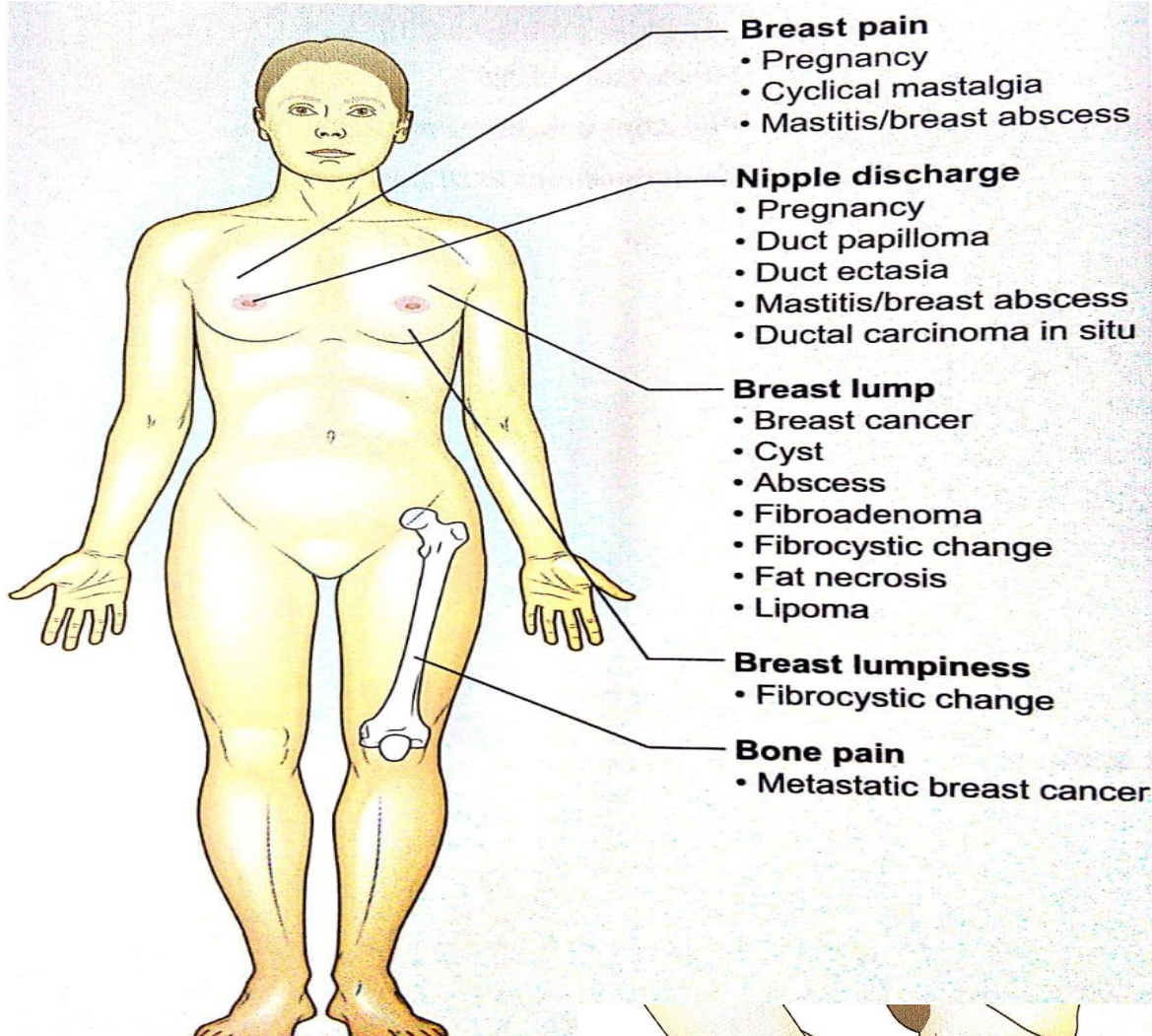


# GENITOURINARY HISTORY –BREAST

## # General reminders :

- **stay patient patient-centered** --- focus on the patient's needs, let them tell their story, ask questions in an open-ended way , give them adequate space and time to say what they want to say .
- **stay non-judgmental** --- people will come to you with a breast mass that looks pretty clearly to be cancerous and they've had it for months and you want to say why didn't you come in before now??!!! that isn't helpful ( be humble , just listen ) لا تحسس المريض إنه شخص سيء
- **get the patients ice** --- their ideas, their concerns and their expectations this topic particularly because a very common reason people come to you with complaints relative to the breast is because they think they might have cancer and so you want to be very sensitive to that , you want to know what do they think is going on and how does that concern them , how is it affecting their life and what do they expect you to do. you just want to make sure you're very sensitive to their needs and stay patient centered.
- **benign and malignant processes cause similar conditions, but a benign more common** --- cancer is the diagnosis you cannot miss because obviously the consequences are very severe perhaps even fatal so remember they may look similarly initially and benign ones are going to happen more often so that's important to going in .  
people may come with no symptoms at all and so it's important for you to know and probe as to people's risk factors . sometime they're not there for their symptoms but they're there for another reason or they're there just for a healthy checkup and you want to make sure that you assess the risk. Also they may come to you after a screening test has been done and need some explanation of the results or further work up or further examination so it's not always about eliciting a complaint from the breast tissue.

# SYMPTOMS AND DEFINITIONS



## 1- Breast lump

### - Breast cancer

Cancers are solid masses with an irregular outline. They are usually, but not always, painless, firm and hard, contrasting in consistency with the surrounding breast tissue.. The incidence increases with age, **but manage any mass as potentially malignant until proven otherwise**. Cancer of the male breast is uncommon and can have a strong genetic factor.

Other items are more common than cancer that present similarly but are benign:

### - Fibrocystic changes

Fibrocystic changes are rubbery, mobile, bilateral and benign, and most prominent premenstrually, but investigate any new focal change in young women which persists after menstruation. ( they tend to be worse premenstrually and to resolve after menstruation ) .These changes and irregular nodularity of the breast are common, especially in the **upper outer quadrant in young women**.

### - Fibroadenomas

These smooth, mobile, discrete and rubbery lumps are the second most common cause of a breast mass in women under 35 years old. These are benign over-growths of parts of the terminal duct lobules.

### - Breast cysts

These are smooth fluid-filled sacs, most common in women aged 35–55 years. They are soft and fluctuant when the sac pressure is low but hard and painful if the pressure is high. Cysts may occur in multiple clusters. **Most are benign**, but investigate any cyst with blood-stained aspirate or a residual mass following aspiration, or which recurs after aspiration.

(when you aspirate these you're looking for a couple of things, one you want to make sure the mass completely resolves after aspiration, if it doesn't you have to worry about cancer. Also if the aspirate is bloody you have to be careful you want to rule out cancer. If the cyst recurs rapidly after aspiration again think about cancer but otherwise cysts are benign )

### - Breast abscesses

There are two types:

- **lactational abscesses** in women who are breastfeeding, usually peripheral
- **non-lactational abscesses**, these tend to be more central under the areola, often associated with nipple inversion. They usually occur in young female smokers.

### 2- Breast pain

Most women suffer cyclical **mastalgia** at some stage. Chest wall pain may be confused with breast pain.

**Mastalgia** is pain of the breast, mast referring to breast and algia referring to pain.

- Characteristics of mastalgia:
  - 1- Cyclical mastalgia: Related to the menstrual cycle; usually worse in the latter half of the cycle and relieved by the period.
  - 2- Non-cyclical mastalgia: No variation, pain is just there all the time it's not associated with the menstrual cycle.

### 3- Skin changes

#### - Simple skin dimpling

The skin remains mobile over the cancer.

“mobile dimpled skin over a cancer”

#### - Indrawing of the skin

The skin is fixed to the cancer.

#### - Lymphoedema of the breast

The skin is swollen between the hair follicles (causes the hair follicles to remain recessed as the rest of the tissues swell) and looks like orange peel (peau d'orange). The most common causes are **infection** or **tumour** and it may be accompanied by redness, warmth and tenderness. These are aggressive tumours with a poor prognosis.

#### - Eczema of the nipple and areola

This may be part of a generalised skin disorder. If it affects the true nipple, it may be due to Paget's disease of the nipple, or invasion of the epidermis by an intraductal cancer.





**Fig. 10.6** Skin dimpling due to underlying malignancy.



**Fig. 10.8** Paget's disease of the nipple.



**Fig. 10.7** Peau d'orange of the breast.

## 4- Nipple changes

### - Nipple inversion

Retraction of the nipple is common and is often benign; however it can be the first subtle sign of malignancy when it is usually asymmetrical .

#### **Nipple inversion:**

- **Benign-** • Symmetrical/ bilateral • Slit-like
- **Malignant-** • Asymmetrical/ unilateral • Distorting the nipple architecture
  - Nipple pulled to the side

### - Nipple discharge

A small amount of fluid may be expressed from multiple ducts by massaging the breast. when it's bilateral we worry a little bit less about cancer if it's unilateral you definitely want to investigate for cancer in that instance or if the discharge is bloody or anything like that again you want to investigate for cancer

### - Galactorrhoea

Galactorrhoea is a milky discharge from multiple ducts in both breasts due to hyperprolactinaemia.

it is not a concern for at least breast cancer so you evaluate their medications and their other medical problems there may be an explanation there for why they're having this.

## 5- Gynaecomastia

Gynaecomastia is enlargement of the male breast and often occurs in pubertal boys. In chronic liver disease gynaecomastia is caused by high levels of circulating estrogens which are not metabolised by the liver. Many drugs like ( Spironolactone, Cimetidine, Digoxin) can cause breast enlargement. it could be the result of a genetic syndrome like klinefelter syndrome (Decreased androgen production) .



## THE HISTORY

Benign and malignant conditions cause similar symptoms but benign changes are more common. Not all patients have symptoms. Women may have an abnormality on screening mammography; asymptomatic women may present with concerns about their family history. Breast cancer may present with symptoms of metastatic disease. Men may present with gynaecomastia. Explore the patient's ICE . Women are often worried that they have breast cancer.

- get the presenting symptom
- get the history of that symptom  
( SOCRATES,perhaps not every item applies )
- ask about relationship to menstrual cycle
- Evaluate for cancer risk factor . (Box 10.4)



### 10.4 Indicators of breast cancer risk\*

- Female
- Increasing age
- Family history, especially if associated with:
  - Early age of onset
  - Multiple cases of breast cancer
  - Ovarian cancer
  - Male breast cancer
- Early menarche
- Nulliparity or late age of first child
- Late menopause
- Prolonged hormone replacement therapy use
- Postmenopausal obesity
- Mantle irradiation for Hodgkin's disease, especially at young age (<30 years)

\*The role of the oral contraceptive pill as a major risk factor for breast cancer is still debated.

