

H&E — BREAST LUMP

HISTORY

1 Chief Complaint

“Lump in breast × duration”

2 History of Present Illness

◆ Onset

- Sudden → abscess / cyst
 - Gradual → fibroadenoma / carcinoma
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◆ Progression

- Slowly increasing over years → fibroadenoma
 - Rapid increase → carcinoma / abscess
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◆ Pain

- Painless lump → carcinoma (classical)
 - Cyclical pain → fibrocystic disease
 - Severe pain + fever → abscess
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◆ Relation to Menstrual Cycle

- Increases before menses → fibrocystic disease

Very important in young women.

◆ Nipple Discharge

Ask:

- Blood-stained → carcinoma / intraductal papilloma
- Milky → galactorrhea

- Pus → infection
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- ◆ Skin Changes

Ask:

- Dimpling?
 - Ulcer?
 - Redness?
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- ◆ Nipple Changes

- Retraction?
- Deviation?

Suggest malignancy.

- ◆ Fever

Suggest abscess or mastitis.

- ◆ History of Trauma

May cause fat necrosis.

- ◆ Past History

- Previous lump?
 - Surgery?
 - Radiation?
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- ◆ Family History

Very important:

Breast cancer in mother/sister.

- ◆ Provisional Ideas from History

- Fibroadenoma

- Carcinoma breast
 - Breast cyst
 - Fibrocystic disease
 - Breast abscess
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EXAMINATION

Expose from clavicle to inframammary fold.

Examine both breasts.

Always compare sides.

INSPECTION

Patient in sitting position.

- ◆ Look for:
 - Asymmetry

- Visible lump
 - Skin dimpling
 - Peau d'orange
 - Ulceration
 - Nipple retraction
 - Nipple discharge
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◆ Ask Patient to:

- Raise arms
- Press hands on hips

Look for skin tethering (malignancy).

2 PALPATION

Patient supine, arm behind head.

Use flat of fingers.

◆ Lump Characteristics (Very Important)

Assess:

- Site (quadrant)
 - Size
 - Shape
 - Surface
 - Margins
 - Consistency
 - Mobility
 - Tenderness
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◆ Findings

Fibroadenoma

- Young female
- Firm
- Smooth
- Well-defined

- Highly mobile ("breast mouse")
 - Non-tender
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Carcinoma

- Hard
 - Irregular
 - Ill-defined
 - Fixed
 - Non-tender
 - Skin tethering
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Cyst

- Smooth
 - Soft to firm
 - Fluctuant
 - May be tender
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Abscess

- Tender
 - Warm
 - Fluctuant
 - Red skin
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- ◆ Skin Pinch Test

If skin cannot be pinched → infiltration.

- ◆ Fixity to Muscle

Ask patient to contract pectoralis muscle.

If lump moves → not fixed.

If becomes immobile → muscle involvement.

3 AXILLARY EXAMINATION

Very important.

Palpate:

- Central
- Pectoral
- Subscapular
- Apical
- Lateral nodes

Hard, fixed nodes → malignancy.

4 SUPRACLAVICULAR NODES

Enlargement suggests advanced disease.

5 NIPPLE DISCHARGE TEST

Gently press around areola.

Check nature of discharge.

6 PERCUSSION

Not useful in breast exam.

7 AUSCULTATION

Not routinely used.

DIFFERENTIATING BENIGN VS MALIGNANT

Feature	Benign	Malignant
Pain	Often present	Usually absent
Surface	Smooth	Irregular
Margins	Well-defined	Ill-defined

Mobility	Mobile	Fixed
Skin	Normal	Dimpling / Peau d'orange
Nodes	Absent	Hard, fixed

 RED FLAG SIGNS OF MALIGNANCY

- Hard irregular lump
- Skin dimpling
- Peau d'orange
- Nipple retraction
- Bloody discharge
- Axillary nodes

 VIVA QUESTIONS

- Lymphatic drainage of breast?

- Why upper outer quadrant common for carcinoma?
 - What is peau d'orange?
 - What is triple assessment?
 - Most common benign tumor? (Fibroadenoma)
 - Most common site of metastasis? (Bone)
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-> The end <-