

Fibrocystic disease of the breast



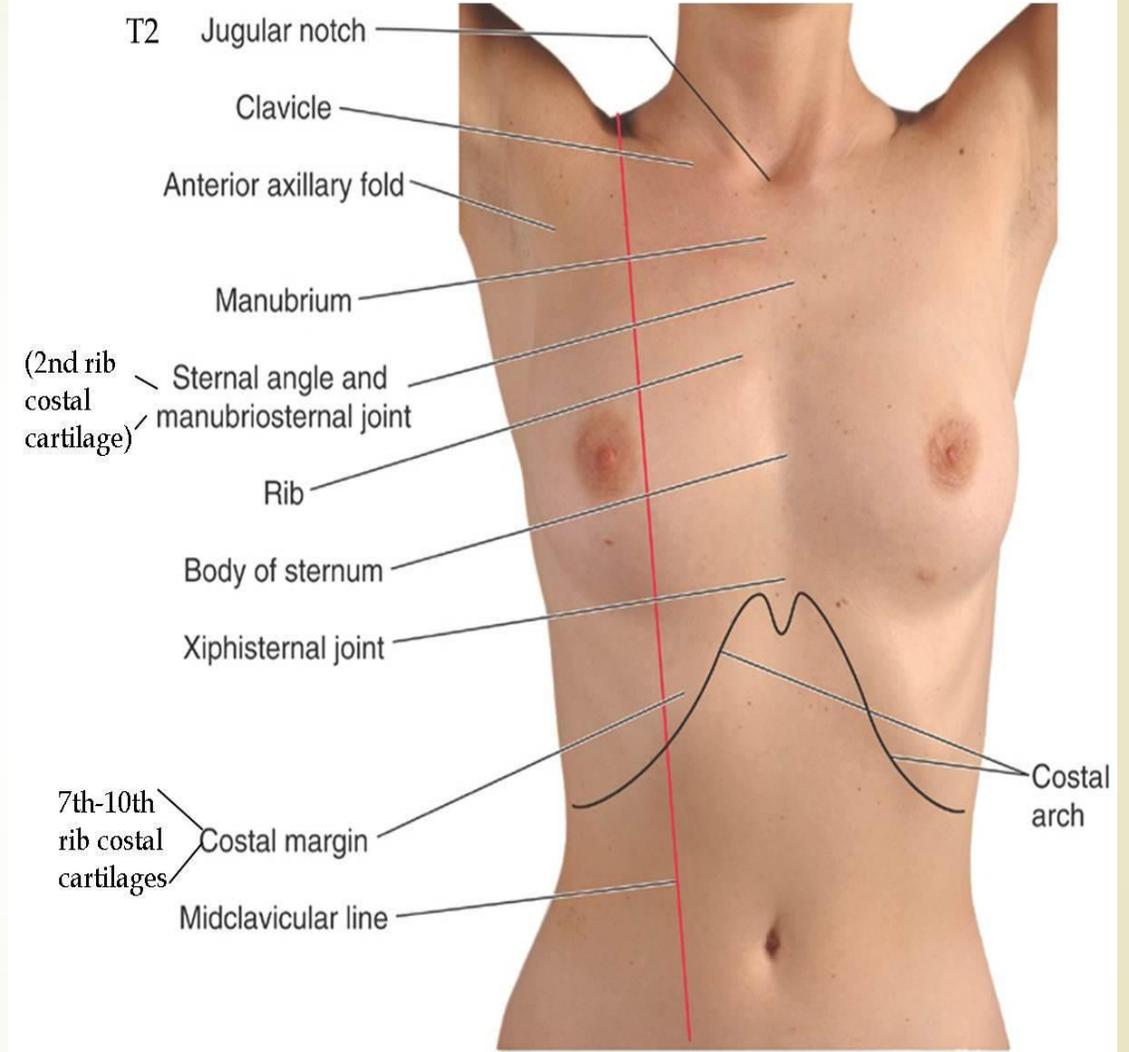
رب اشرح لي صدري ويسر لي امري واحلل
عقده من لساني يققهوا قولي



Anatomy of the breast

- It is conical in shape .
Modified sweat gland.
It has a base, apex and tail.
Its base extends from 2nd to 6th ribs and from the sternum to the anterior axillary line.

Surface Anatomy: Female

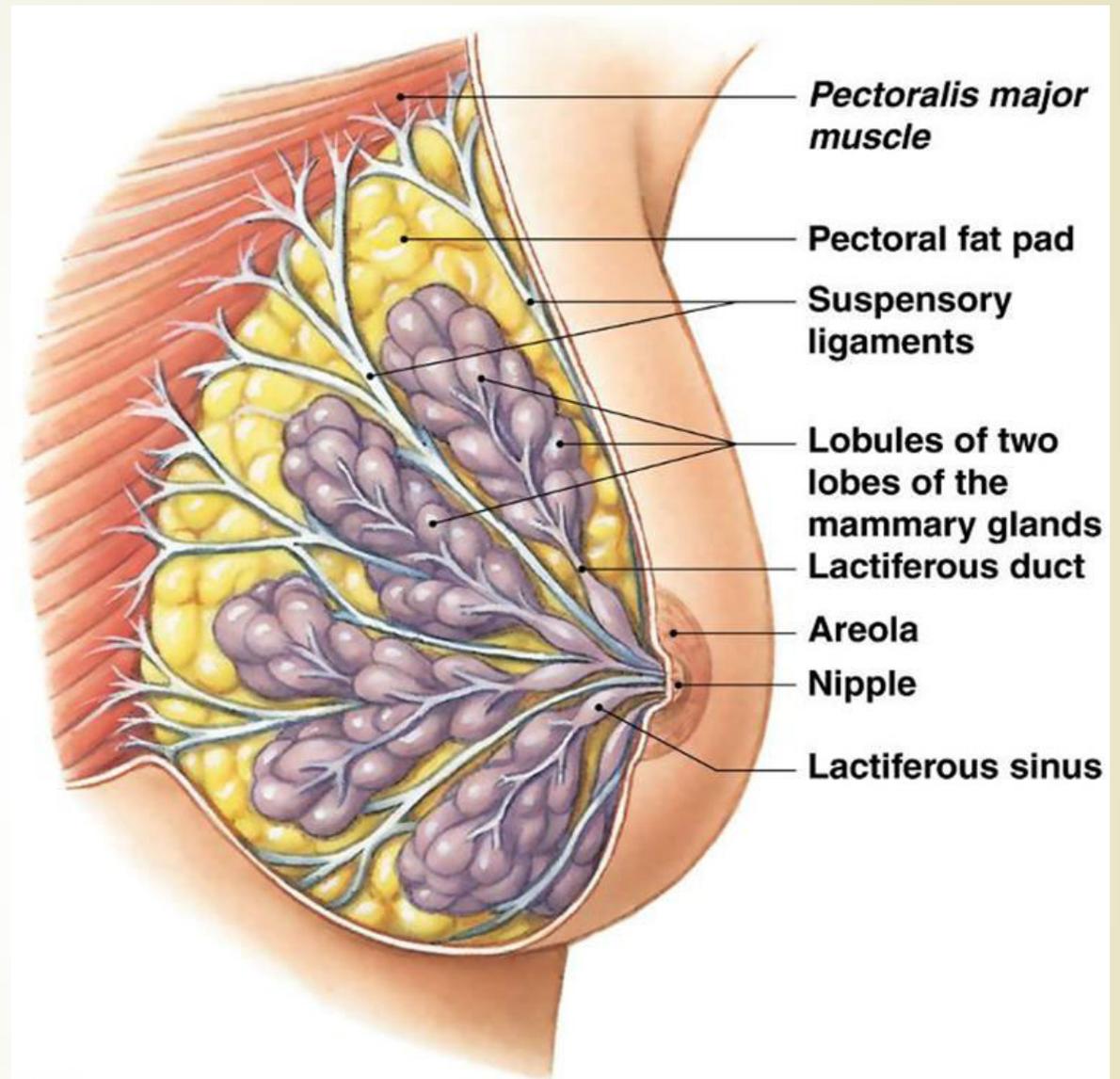


► **The nipple:**

It is a conical eminence lies opposite 4th intercostal space carries 15-20 narrow pores of the lactiferous ducts.

The areola :

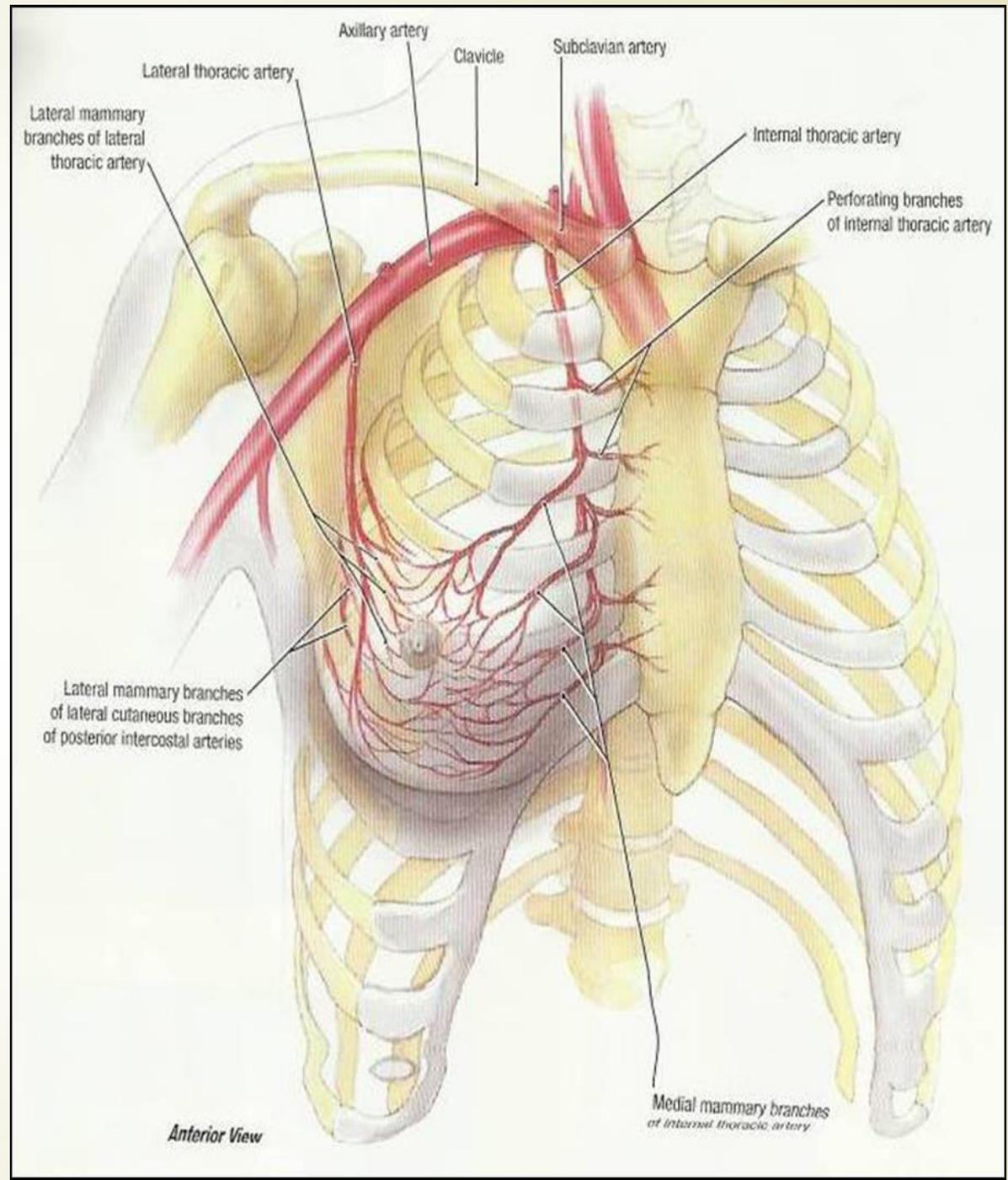
a dark pink brownish circular area of skin that surrounds the nipple. has fibrous strands (ligaments of cooper) which connect the skin with deep fascia of pectoralis major.



a The mammary glands of the left breast

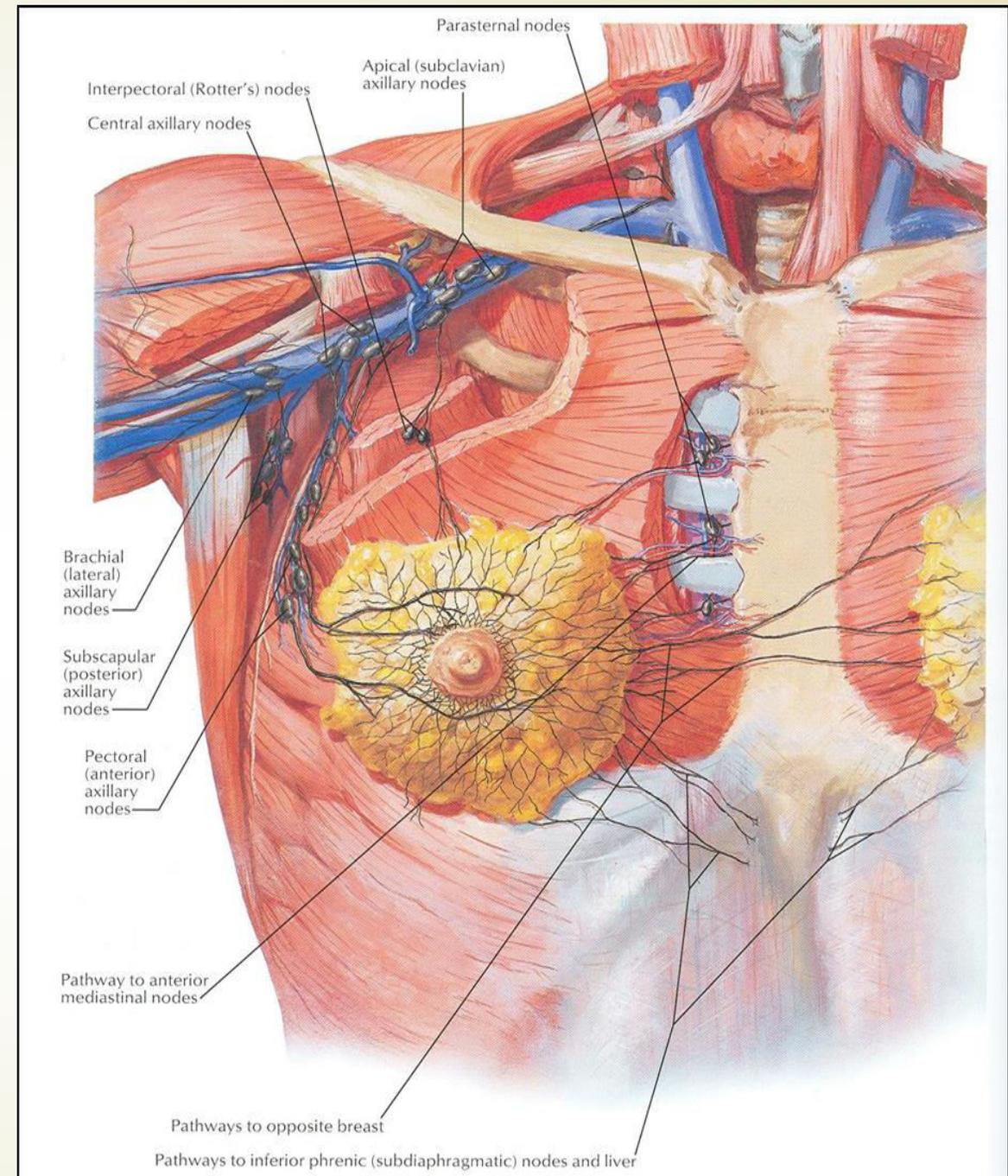
Arterial supply

- ▶ 1. Perforating branches of internal thoracic (internal mammary) artery.
- ▶ 2. Mammary branches of lateral thoracic artery.
- ▶ 3. Mammary branches of Intercostal arteries.



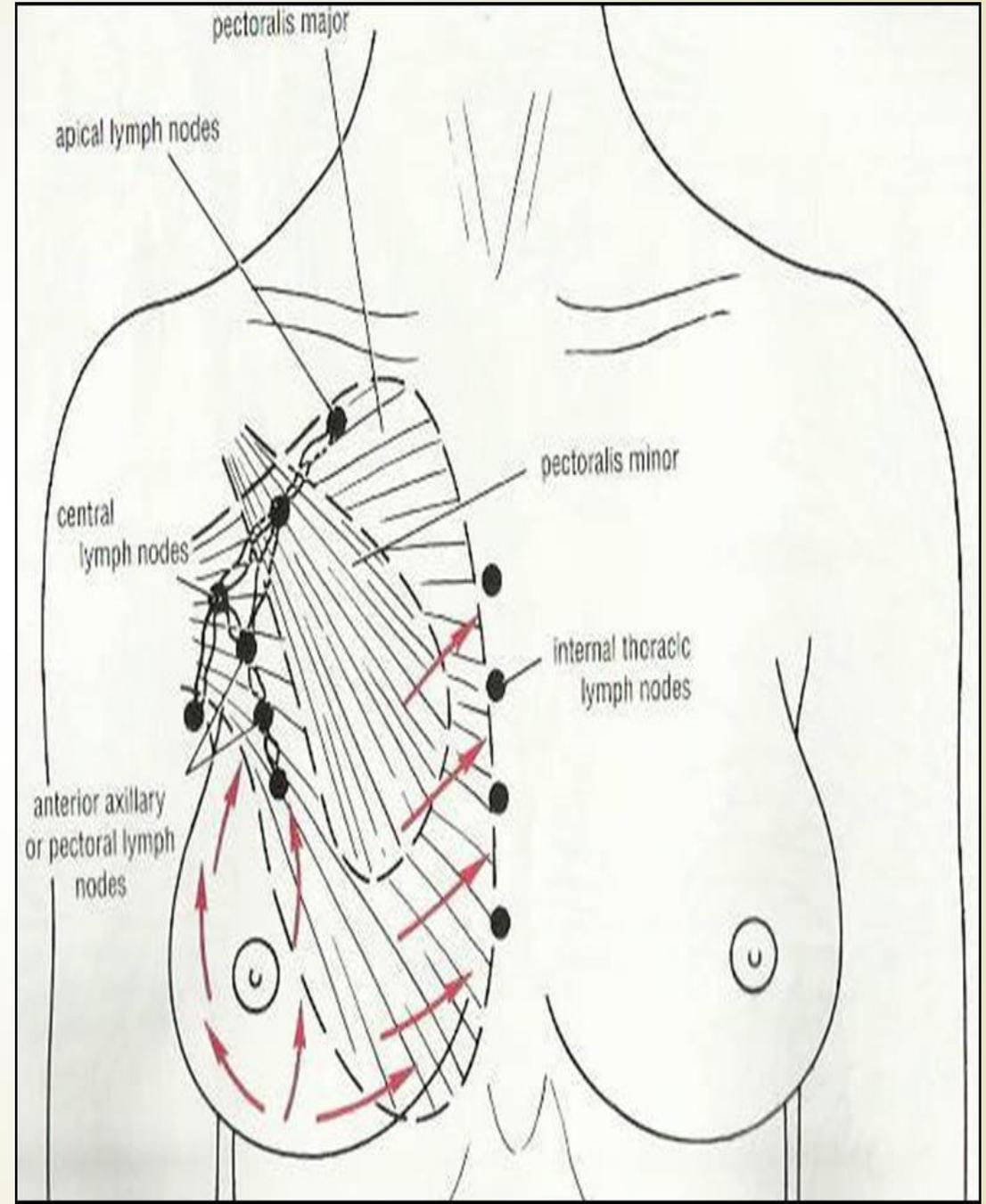
Venous drainage

- Veins are corresponding to the arteries.
- Circular venous plexus are found at the base of nipple. Finally, veins of this plexus drain into axillary & internal thoracic veins.



Lymphatic drainage :

- ▶ Central & lateral parts of the gland (75%) drain into pectoral group of axillary lymph nodes.
- ▶ Upper part of the gland drains into apical group of axillary lymph nodes.
- ▶ Medial part drains into internal thoracic (parasternal) lymph nodes, forming a chain along the internal thoracic vessels.





Normal breast :

- ▶ Breast is convex , symmetrical
No discharge in non lactating non pregnant female
 - Breasts are usually nodular or granular prior to menses
 - Palpation should not elicit pain Consistency of breast tissue is highly variable depending upon age, time in menstrual cycle

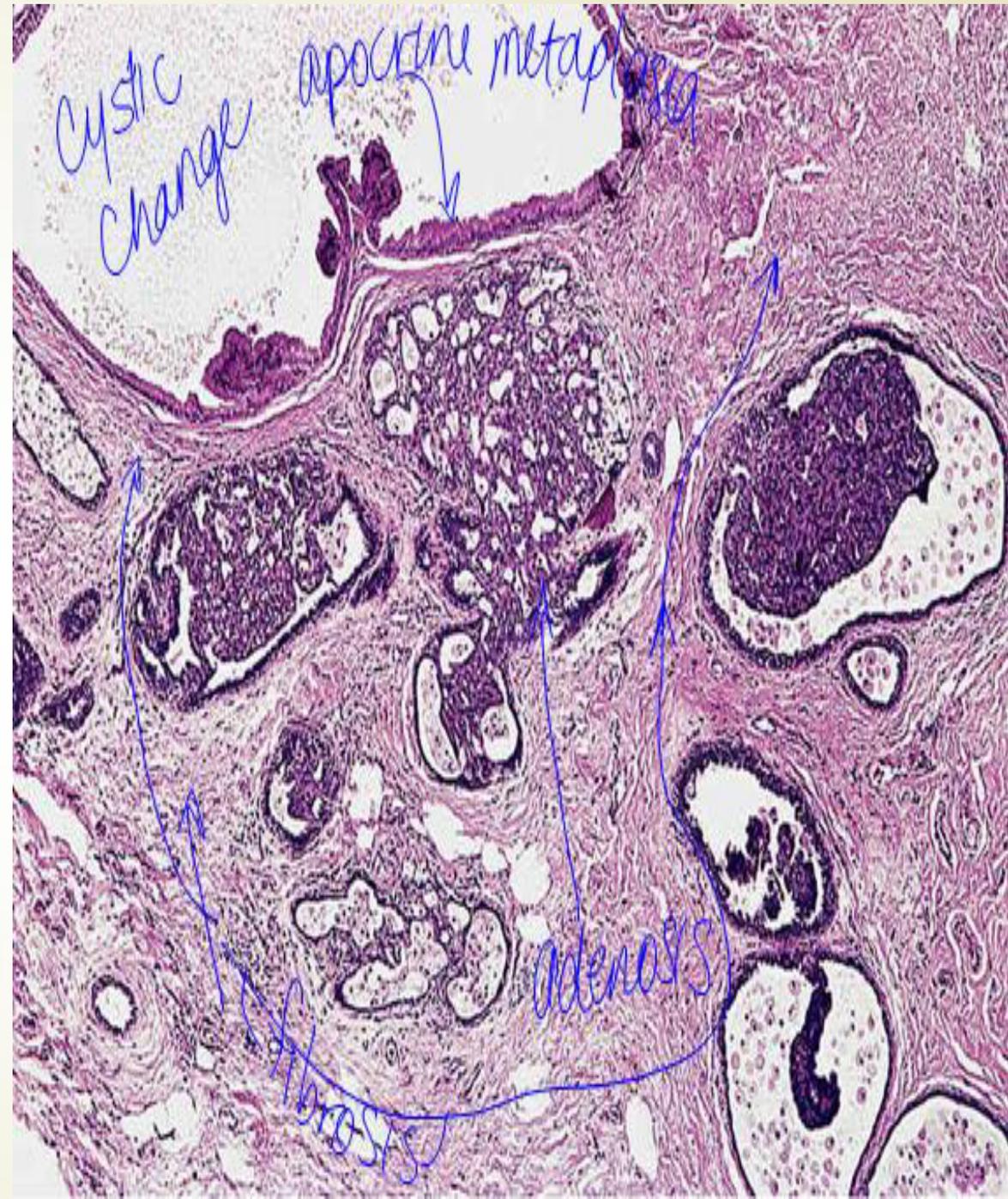
Pathophysiology

Etiology :

throughout a woman's reproductive life and, superimposed upon this, cyclical changes throughout the menstrual cycle.

The pathogenesis of ANDI involves disturbances in the breast physiology extending from a perturbation of normality to well-defined disease processes

- ▶ Pathology
- 1- Cyst formation
- 2 -Fibrosis
- 3 -Hyperplasia
- 4 -Papillomatosis



- **Symptoms and Signs :**

it may be completely asymptomatic or presenting with cyclic changes

1/ breast lump : the most frequent complaint , it might be accidentally discovered & could be multiple painful lumps , unilateral or bilateral , related to menstrual cycle

2/ breast pain : exaggerated by pre-menstrual tension , dull aching pain

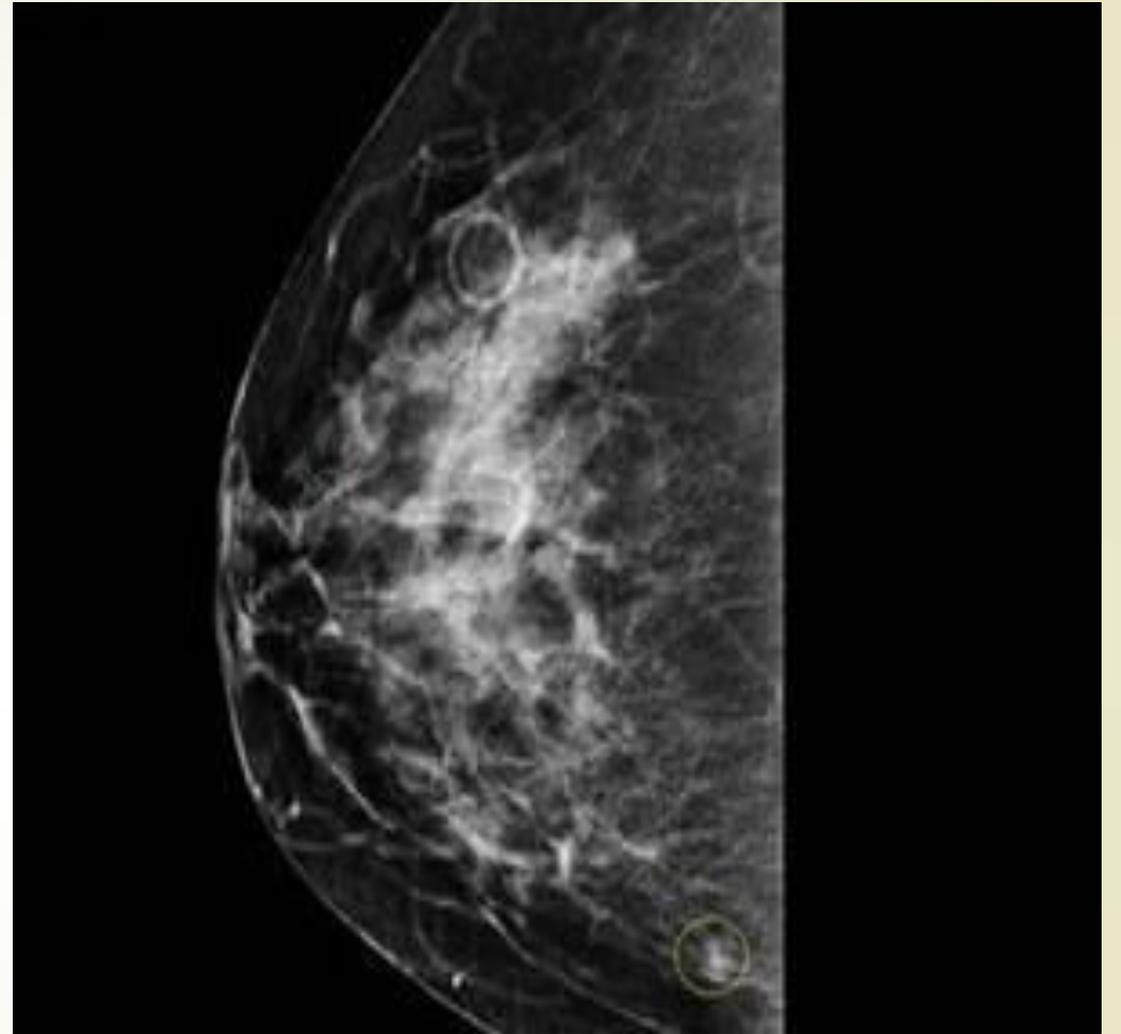
3/ breast discharge : usually clear or yellow



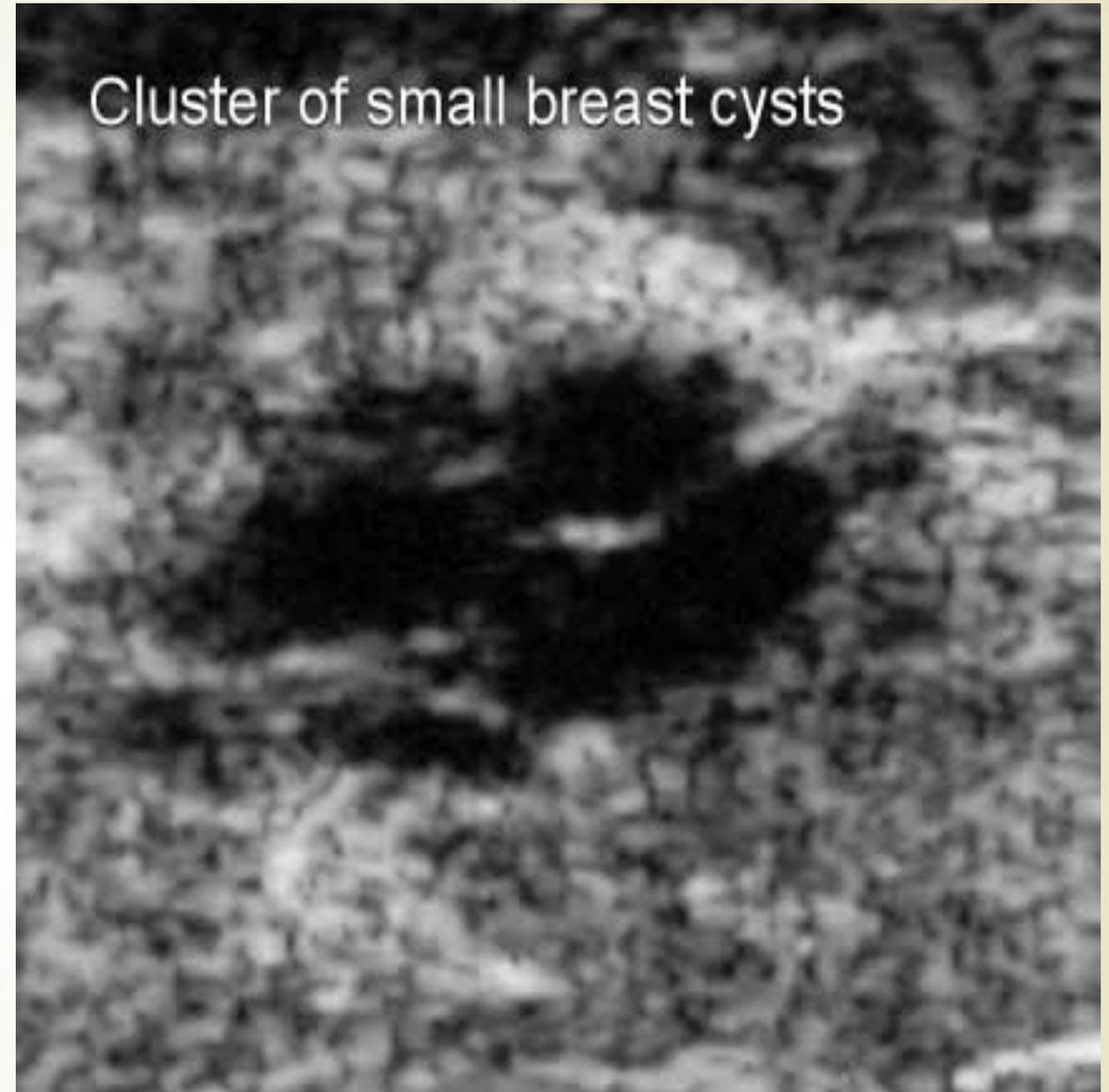
Diagnosis

► Mammography :

areas of increased density
microcalcification may be seen



- **Ultrasound :**
- Particularly useful in delineating solid from cystic breast masses



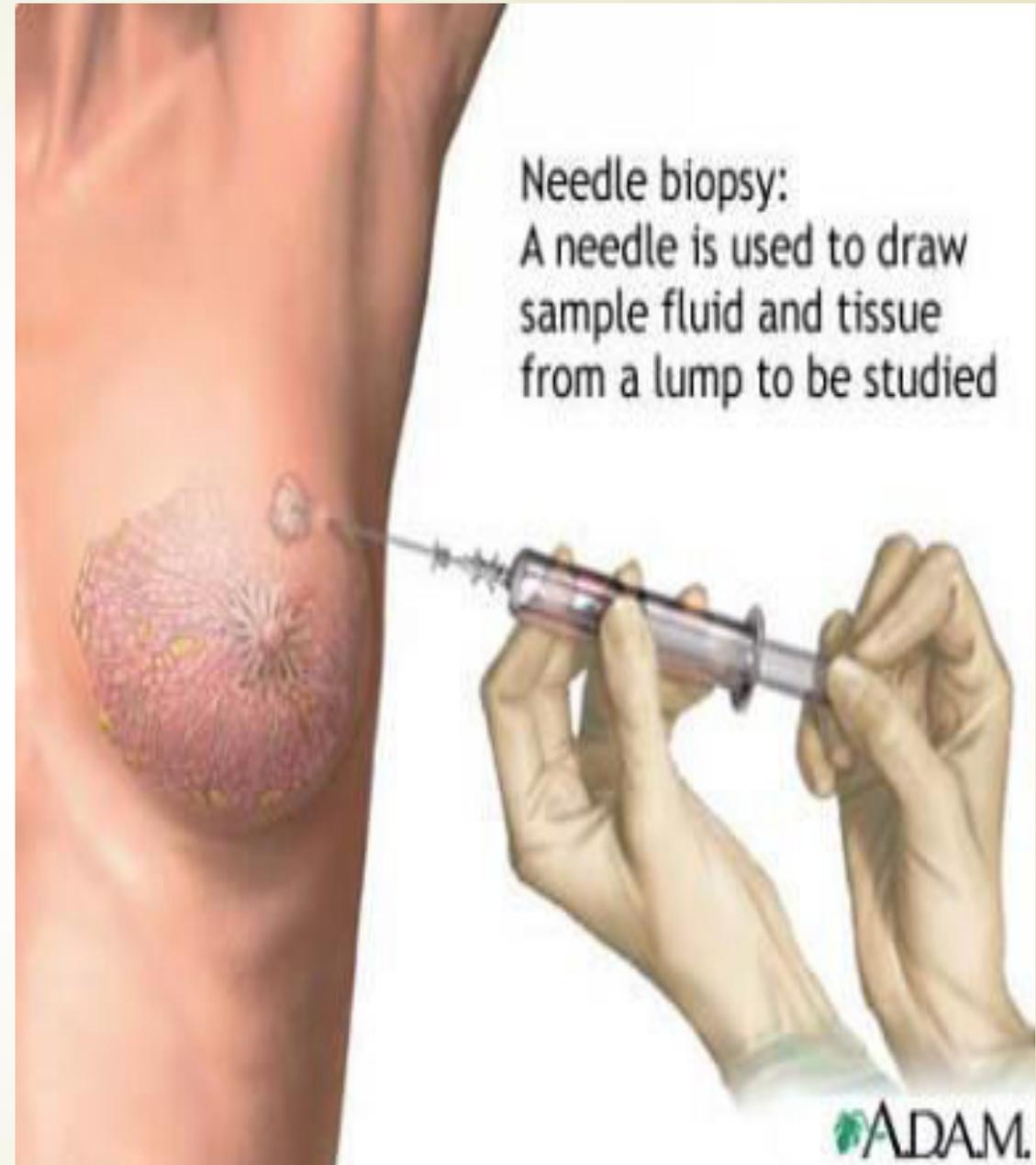
► 3- Needle aspiration biopsy.

indications :

a lump like structure

a hard dense area or any abnormal tissue areas, as defined by clinical examination, mammography or USG.

In patient with high risk of breast cancer





Treatment and prevention :

- ▶ If there is discomfort --- mild pain reliever ASA or ibuprofen are quite effective in addition to well fitted bra.

If medication doesn't alleviate the discomfort, your doctor may try to treat cysts by removing the fluid through aspiration.

If the cyst persists and continues to cause discomfort, it may be removed surgically. Other breast lumps may also be removed by surgery.



Prof. Dr .
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