

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

Notes on Breast Surgery

By

Prof. Asem Elsani M.A. Hassan

(M.B.B.Ch, M.Sc., M.D)

Professor of General & Minimally Invasive
Surgery

Faculty of Medicine

Sohag University

2017/2018

Disorders of the nipple

- Congenital absence (athelia)
- Supernumerary nipples (polythelia)
- Nipple retraction
- Cracked nipple
- Papilloma of the nipple.
- Retention cyst of a gland of Montgomery.
- Chancre of the nipple
- Eczema
- Paget's disease
- Abnormal discharges

Congenital nipple disorders

- Absence of the nipple (athelia):
 - ⇒ rare
 - ⇒ usually associated with amazia
- supernumerary nipples (polythelia):
 - ⇒ not uncommon
 - ⇒ along the mammary (milk) line (ridge)→
from ant. fold of axilla to fold of groin.

Unilat. breast agensis



Abnormal nipple discharge

- Clear serous: physiological in pregnancy, duct papilloma, mammary dysplasia
- Blood-stained: ductectasia, duct papilloma, carcinoma
- Black or green: ductectasia
- Purulent: infection
- Milk: lactation, galactorrhoea

Nipple retraction

- Congenital (simple nipple inversion):
 - ⇒ at puberty, unknown aetiology, 25% bilat.
 - ⇒ problems with breast feeding & infection
 - ⇒ ttt: spontaneous resolution, simple cosmetic surgery, mechanical suction device
- Recent (acquired):
 - ⇒ Benign: ductectasia, periductal mastitis, chronic abscess (slit-like retraction)
 - ⇒ Malignant: (circumferential retraction)

Nipple discharge - ttt

- Exclusion of carcinoma (occult test, cytology, mammography)
- Simple reassurance
- Removal of the affected duct (microdochectomy) or ducts (cone excision of major ducts after Hadfield)