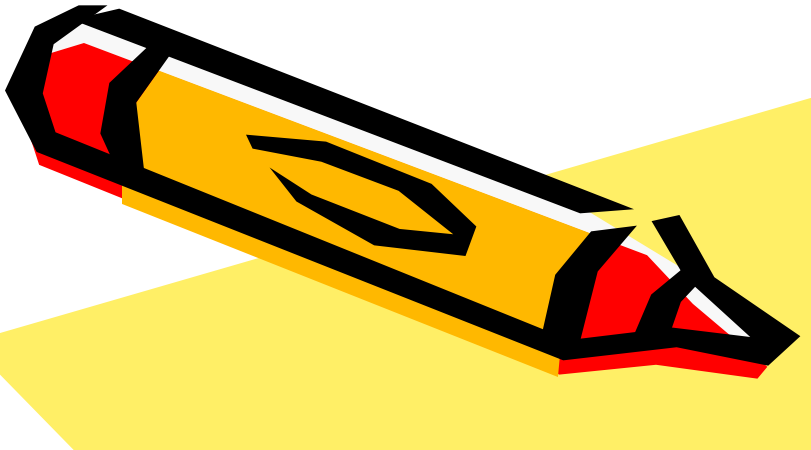

بنام سرچشمه جان وخرد



Benign breast disease

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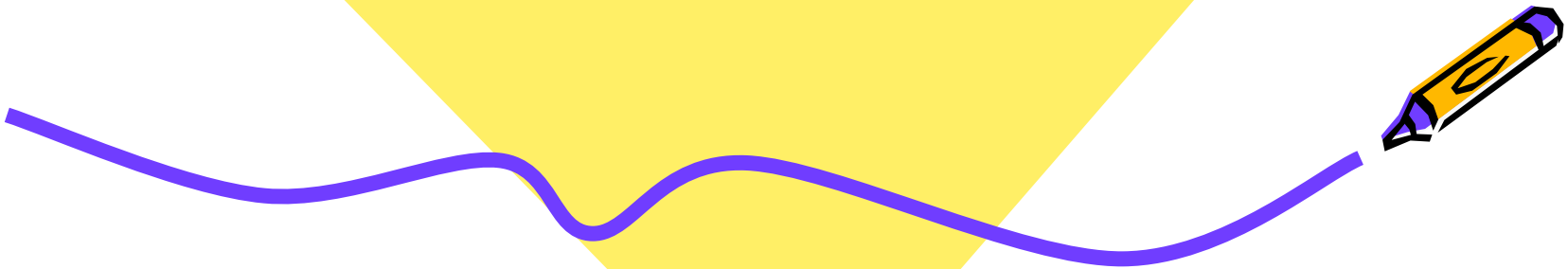
Breast pain (mastalgia)



- The most common symptom
- rarely a symptom of breast cancer in the absence of corroborating physical or imaging findings.
- Pain was more commonly reported among older women, those with larger breast sizes, and those less fit and/or physically active

Breast pain is classified

- cyclical
- noncyclical,
- extramammary.

- Women who present with breast pain should undergo a thorough history and physical examination before clinical judgment is used to determine whether imaging tests are necessary

imaging

- Cyclical or bilateral diffuse breast pain usually does not require imaging.
- Noncyclical, unilateral, or focal breast pain that is notextramammary suspicious findings on P/E may benefit from breast imaging to elucidate the underlying etiology and exclude breast cancer.

imaging

- Women under 30 years of age should undergo ultrasound;
- those between 30 and 39 should undergo ultrasound with or without mammography;
- those 40 or over should undergo both ultrasound and mammography

TREATMENT

- **First-line therapy** — conservative and typically includes reassurance that this is not a malignancy
- physical support
- analgesics
- manipulation of hormone-based medications for those who take them

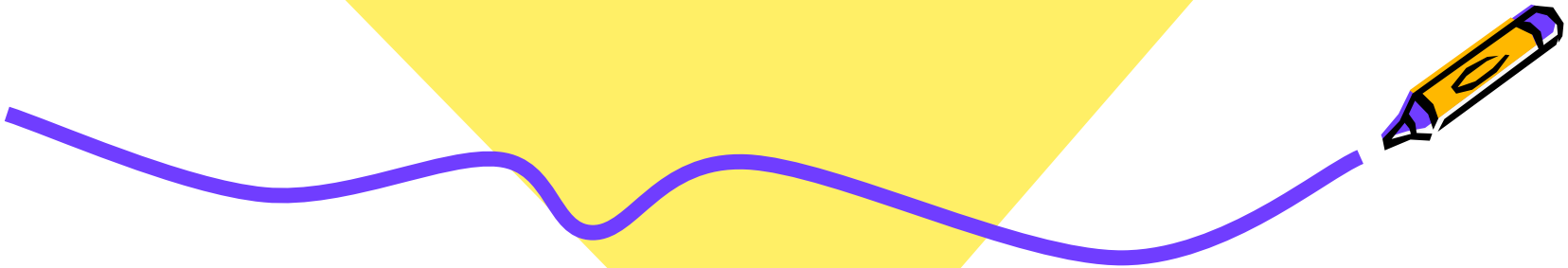
TREATMENT

- **Second-line therapy** — Treatment with one of the second-line therapies may be required in patients who still have debilitating breast pain despite first-line therapy for six months.
- tamoxifen
- danazol .

TREATMENT

- diet and lifestyle
- caffeine abstinence
- evening primrose oil [EPO])
- Postmenopausal hormone therapy
- oral contraceptives

Fibroadenoma



- The most common benign tumor in the breast
- The etiology of fibroadenomas is not known, but a hormonal relationship is likely .
- They are most commonly found in women between the ages of 15 and 35 years

- Fibroadenomas typically are asymptomatic but may cause discomfort for a few days before the onset of menses.
- On examination, fibroadenomas are rubbery, well circumscribed, and mobile . The average size is 2 to 3 cm (range 1 to 10 cm) .
- They are most frequently found in the upper, outer quadrants

- Fibroadenomas can be diagnosed clinically; in equivocal cases, ultrasonography and/or needle aspiration are helpful . Mammography is not indicated to evaluate masses in the adolescent .

Management

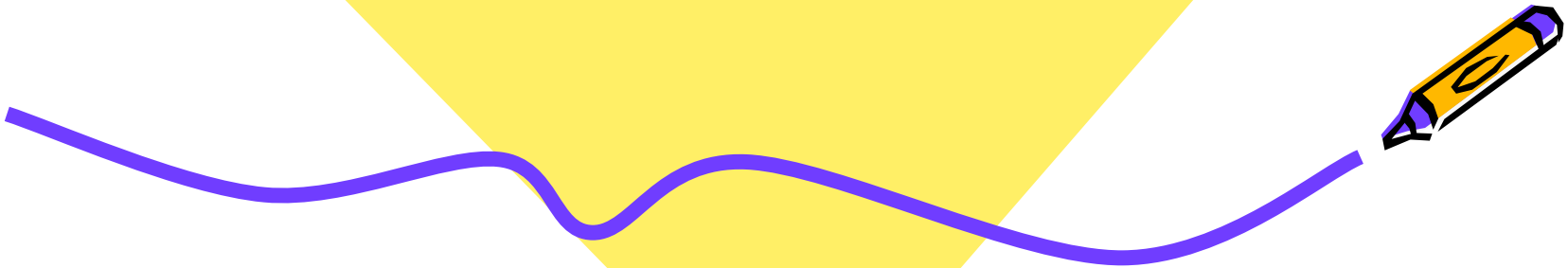
- careful follow-up and reassurance
- Fibroadenomas less than 5 cm without concerning features can be observed at 1 to2 month intervals . When the mass regresses, observation at 3 to 4 month intervals are appropriate for up to 2 years while the mass is regressing .

Management

- persistence of the lesion → US
- Ifthe US characteristic are entirely consistent with a fibroadenoma, the mass need not be biopsied or excised unless there is overriding clinical concern .
- The decision to proceed with excision is based on family anxiety, history of breast cancer, and the patient's age.

- Most clinicians recommend excision of persistent masses
- However, if there is growth of the lesion, the lesion is greater than 5 cm, or the lesion persists to adulthood, excisional biopsy is warranted
- For the majority of women with simple fibroadenomas, there is no increased risk of developing breast cancer

Fibrocystic change



- *more than 50 percent of women of* reproductive age have fibrocystic changes particularly in premenopausal women
- *prevalence of fibrocystic changes in adolescents is not known*
- The etiology is unknown, but are thought to result from an imbalance between estrogen and progesterone

- Patients with fibrocystic change present with painful breast tissue before menses and report improvement during menstruation .
- . may be bilateral, unilateral, or focal.
- the breast tissue frequently is nodular

- On examination, fibrotic tissue may be palpated and is generally found in the upper outer quadrants of the breast.; generally does not form a discrete or well-defined mass.
- A serosanguineous discharge may be present

imaging

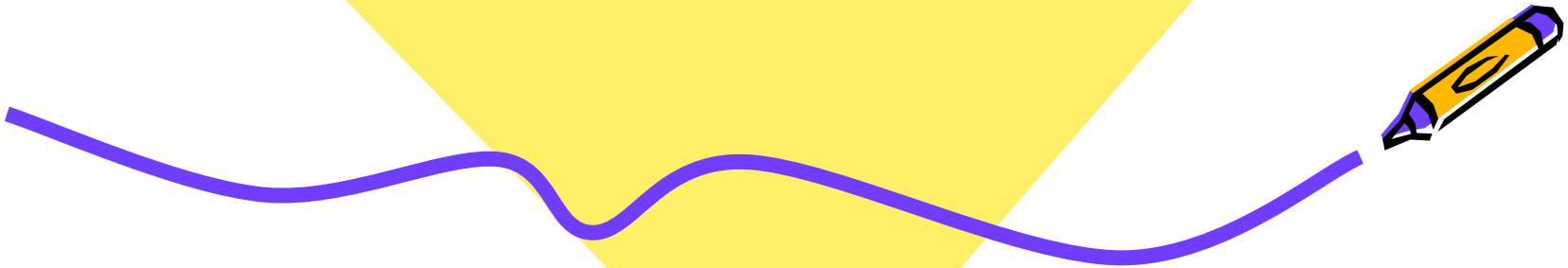
- Ultrasonography may be helpful in the diagnosis
- mammography is not indicated for adolescents

treatment

- Mild analgesia : NSAIDS

  In adults, danazol and tamoxifen have been effective
- Oral contraceptives : improve symptoms in 70 to 90 percent of women .
- Elimination of caffeine

Breast cysts



- fluid-filled round or ovoid masses.
- can present as symptomatic gross palpable masses or as microcysts, usually found as an abnormality on an imaging exam.

imaging

- A breast cyst is diagnosed by breast ultrasound, which also classifies it as simple, complicated, or complex.
- The sonographic appearance helps guide clinical management

Management

- Simple cysts, clustered simple microcysts, and most complicated cysts are benign (BI-RADS 2), and no intervention is needed.
- FNA is only performed if the simple cyst is inflamed or infected (ie, skin erythema).

Management

- Complicated cysts are rarely malignant, but those that are BI-RADS 3 should be followed with imaging and examination every six months for one year .
- Cysts that downgrade to BI-RADS 2 at one year do not need further follow-up.

Management

- Cysts that remain BI-RADS 3 require further follow-up every six months.
- Core needle biopsy (CNB) is indicated if the lesion increases in size or changes in characteristics on repeat imaging

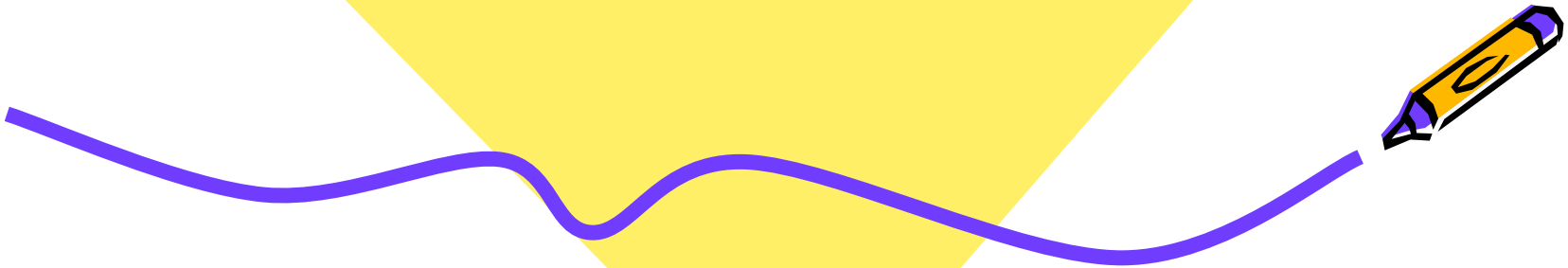
Management

- Complex cysts (BI-RADS 4 or 5) should be biopsied with CNB.
- If the findings on imaging and CNB pathology are concordant and benign, follow-up includes a clinical breast examination and imaging studies (breast US and mammography) every 6 to 12 months for one to two years to document stability

Management

- Surgical excision is indicated for complex cysts that are not amenable to CNB and when pathology results from a CNB are discordant, atypical, indeterminate, or reveal a malignan

Nipple discharge



- the third most common breast-related complaint
- The primary goals of evaluation and management are to differentiate patients with benign nipple discharge from those who have an underlying papilloma, high-risk lesion, or cancer

Physiologic nipple discharge

- usually bilateral and white or clear, may also be unilateral and a variety of other colors, including yellow (straw colored), green, brown, or gray, but not bloody
- Galactorrhea is usually manifested as bilateral milky nipple discharge involving multiple ducts.. unrelated to pregnancy or breastfeeding

Pathologic discharge

- characterized by unilateral or blood discharge, or discharge with an associated mass or skin change.
- An intraductal papilloma is the most common cause of pathologic discharge, followed by duct ectasia and malignancy.

imaging workup

- should begin with breast US and/or mammography depending on the age of the patient
- MRI usually follows if mammogram and ultrasound are negative.
- core needle biopsy .
- Galactography and ductoscopy . Cytology with or without duct lavage is not useful

- After a full evaluation, pathologic nipple discharge is usually managed surgically.
- The extent of the surgery will depend on the result of the imaging tests and biopsy

THANK YOU