MANAGEMENT & RECENT ADVANCES

BENIGN BREAST DISEASES
J. BALAKUMAR
1ST YR PG
GENERAL SURGERY
PRESENTING COMPLAINTS

• Mastalgia

• Lump

• Disorders of Nipple & Sub areolar tissue

• Infection
MASTALGIA

- CYCLICAL
- NON CYCLICAL
CYCLICAL MASTALGIA

- 80% reassurance
- Evening primerose oil – unsaturated fa -6 tabs od 1\textsuperscript{st} choice
- Danazol – antigonadotrophins supression of fsh & lh – 200 - 400 mg daily 2\textsuperscript{nd} choice
- Bromocriptine – dopamine agonist – hyper prolactnemia correction - 2.5 mg Bd 3\textsuperscript{rd} choice
- Tamoxif en –antioestrogen - 10 – 20 mg Daily
• Progesterone – supplementation in luteal insufficiency – 20 mg od
• Diazide diuretics – correction of body water od
• OCP’s
• Vitamin B6 & A
• Vitamin E
• Decaffeinated drinks
NON CYCLICAL MASTALGIA

• 50% response rate
• Evening primerose oil
• Bromocriptine
• Excision of trigger point zone not followed much
• Musculoskeletal cause
  – Either costochondritis or lat chest wall
  – Local anaesthetic inj, steroid inj
• Sclerosing adenosis
  – Perineural invasion stellate appearance n calcify mimic Ca
  – Excision of trigger zone points
• Previous surgery
  – Reassurance
  – Analgesics
• Cancer & referred cervical root pain
  – Analgesics
LUMP

- Fibroadenoma
- Gaint fibroadenoma
- Phyllodes tumour
- Breast cysts
- Cystic nodularity
- Galactocele
- Sclerosing adenosis
- Fat necrosis
- Lipoma, adenolipoma
- Chronic abscess
- Normal structures
FIBROADENOMA

• Surgical removal all fibroadenomas has now been condemned
• untreated, fibroadenomas slowly increase in size from 1 to 3 cm in diameter over a period up to 5 years.
• The active growth phase 6 to 12 months, they double in size. they remain static or gradually become smaller.
• 35 yr old, repeat FNAC 3 months, benign conservative
• Recurrence uncommon
GAINT FIBROADENOMA

- Enucleation with cosmetic incision
- Wide excision & mastectomy contraindicated
- Breast becomes normal size in few months

PHYLLODES TUMOUR

- Excision with wide clearance
- Very large- quadrantectomy, simple mastectomy with reconstruction
- 25% - recur – 10 yr duration – mastectomy with reconstruction
BREAST CYSTS

• Aspiration
• Excision only if
  – Blood stained aspirate (? Intra cystic Ca)
  – Recur > 2
• Danazol n Tamoxifen are tried
• Routine mammography screening in 35+ to r/o occult malignancies that occur in apocrine
CYSTIC NODULARITY

• Reassurance
GALACTOCELE

• Aspiration
SCLEROSING ADENOSIS

- Mastalgia Rx
FAT NECROSIS

- Aspiration partly helpful in areas of liquefaction
- Review after 6 wks, persist excision
LIPOMA ADENOLIPOMA

• Excision
CHRONIC ABSCESS

- Aspiration
- Open drainage by Excision of wall
NORMAL STRUCTURES

- Rib, Breast tissue, previous scar tissue, weight loss
- Reasurance
DISORDERS OF DUCT & SUB AREOLAR TISSUE

• Nipple discharge

• Nipple inversion & retraction
NIPPLE DISCHARGE

• Single duct
  – Conservative
  – Sx – Microdochetomy (pt can breast feed)

• Multiple duct
  – Conservative
  – Sx – Main duct excision

• Recurrent
  – Exploration
NIPPLE INVERSION & RETRACTION

• Congenital
  – Reassurance
  – Sx eversion of nipple (division of ducts n fibrous bands) – unsatisfactory results – flat nipple – unable to breast feed

• Acquired
  – Duct ectasia – manual eversion
  – Carcinoma
  – Post Sx – being careful at time of Sx
• Fibro epithelial polyp, Chronic sebaceous cyst, Retention cyst
  – Excision

• Nipple adenoma
  – Simple excision
INFECTIONS OF BREAST

• Lactational

• Non Lactational
LACTATIONAL

- Antibiotic
- Aspiration
- Open gravitational drainage with or without antiseptic wick
- Continuous aspiration under antibiotic cover
NON LACTATIONAL

- Aspirate C/S
- Broad spectrum antibiotic 1st
- Small Incision & Drainage
  - Complication: mammary fistula, distortion, retraction
  - Sx - fistulectomy
- Stop smoking
- Definitive – duct excision with nipple eversion
RECENT ADVANCES

• The rate of imaging-histologic discordance of benign breast disease: a multidisciplinary approach to the management of discordance at a large university-based hospital

• An organized multidisciplinary approach to imaging-histologic discordance in benign breast disease decreases the rate of discordance and unnecessary surgical interventions.
An evaluation of a 10-gauge vacuum-assisted system for ultrasound-guided excision of clinically benign breast lesions
— The Breast 18 (2009) 192–196

The 10-gauge vacuum-assisted system is highly successful for the excision of benign breast lesions; it is an alternative tool for minimal treatment of benign breast lesions.
• Response of Anti Prolactin (Bromocriptine) Treatment in ANDI (Aberration of Normal Development and Involution) Patients of Breast
  – (74%) responded well and got relieved
  – (15%) did not respond to treatment
  – (11%) developed serious side effects.
  – Patients with Galactorrhea responded 100% and with adolescent hypertrophy only responded 16.6%
  – 15% were having raised S.Prolactin

• Antiprolactin treatment is effective in most of the conditions of ANDI and can be prescribed even in patients with normal serum prolactin levels. Most of the patients do not develop serious side effects.
- Clinical Presentation and Prolactin Level of ANDI (Aberration of Normal Development and Involution) Patients of Breast
- Pharmacological manipulation of raised prolactin in patients can provide relief from symptoms.
THANK YOU