Benign breast disease Podcast

Ques 1: How is benign breast disease classified?

ANSWER: Benign breast disease can be classified under the term Abberations in normal development and involution of the breast, also known by the abbreviation ANDI. ANDI classifies benign breast changes into 6 categories, which are:

1.Developmental

2. Cyclical changes

3. Epithelial activity

4.Pregnancy related

5.Lactational

6.Involutional changes

Ques 2: What are the clinical presenting features of benign breast disease?

ANSWER: Benign breast pathology may present in the form of:

- Physiological swelling and tenderness
- Nodularity
- Mastalgia
- Dominant lumps
- Nipple discharge
- Breast infections

Ques 3: What is the most common benign breast tumour?

ANSWER: A Fibroadenoma which is grouped under Fibrocystic disease

Ques 4: What is pathophysiology of fibrocystic disease?

ANSWER: It is due to an exaggerated stromal and epithelial response to circulating hormones and local growth factors.

Ques 5: How do fibroadenomas present?

ANSWER: Fibroadenomas typically present as a painless, firm, well-circumscribed and freely mobile mass. They are often referred to as a “breast mouse”. Fibroadenomas can develop into a large tumour.

Ques 6: What is a Phylloides tumour?

ANSWER: A Phylloides tumour is a rapidly growing and may appear clinically similar to a fibroadenoma but can grow to a very large size. Phylloides tumours have a leaf-like appearance on histology.

Ques 7: Are Phylloides tumour malignant?

ANSWER: 90% are usually benign, but 10% can be malignant and can metastasise haematogenously like Sarcomas.

Ques 8: What is the management of Phylloides tumours?

ANSWER: These large tumours should have a triple assessment. If benign, then excision is appropriate. If the tumour is malignant, then the treatment is similar to that for soft tissue sarcoma, which includes

- Metastatic Workup
- Multidiscipliary Team discussion
- Mastectomy
- Radiotherapy
- Chemotherapy as for Sarcomas

Ques 9: What is the significance of nipple discharge?

ANSWER: Nipple discharge can be physiological or pathological.

Physiological discharge is usually

- Non-spontaneous
- Occurs from Multiple ducts
- Bilateral
- Non bloody
- May occur in various colours : greenish, yellowish, clear, multicoloured

Pathological discharge has a high incidence of cancer and presents as:

- A Spontaneous discharge
- Serous – pink – bloody
- Single duct
- Unilateral

Ques 10: How do we classify breast abscesses?

ANSWER: Breast abscesses can be classified as Lactational or non-lactational abscess. Lactational abscesses are usually due to Staph Aureus infections and are usually not related to cancer. They require drainage. Non-lactational breast abscesses usually occur in older women and can be due to mixed aerobic and non-aerobic bacteria. Non-lactational abscesses may be related to cancer and therefore, besides draining the abscess, the abscess wall needs to be biopsied.

Ques 11: What is mastalgia?

ANSWER: Mastalgia is Breast pain in the absence of any pathological abnormality

Ques 12: Is mastalgia the same for all patients?

ANSWER: Mastalgia can be cyclical or non-cyclical. Cyclical mastalgia is due to the hormonal effect, usually occurs in the late luteal phase of the cycle. Whereas non-cyclical mastalgia may be pathological such as from:

- A Tender cyst
- Ruptured ectatic duct
- Periductal mastitis
- Trauma – fat necrosis
- Mastitis/abscess

Non-cyclical pain may also be external to the breast, such as costochondritis.

Ques 13: What is the treatment for mastalgia?

ANSWER: Cyclical mastalgia can be treated with Danazol, bromocriptine or an anti-oestrogen such as tamoxifen. Supportive underwear can also improve pain. Non-cyclical mastalgia treatment has to be individualized to the cause of the pain.

Ques 14: Any concluding remarks?

ANSWER: There are many benign breast conditions, but each should be evaluated and appropriately investigated for possible malignancy.