

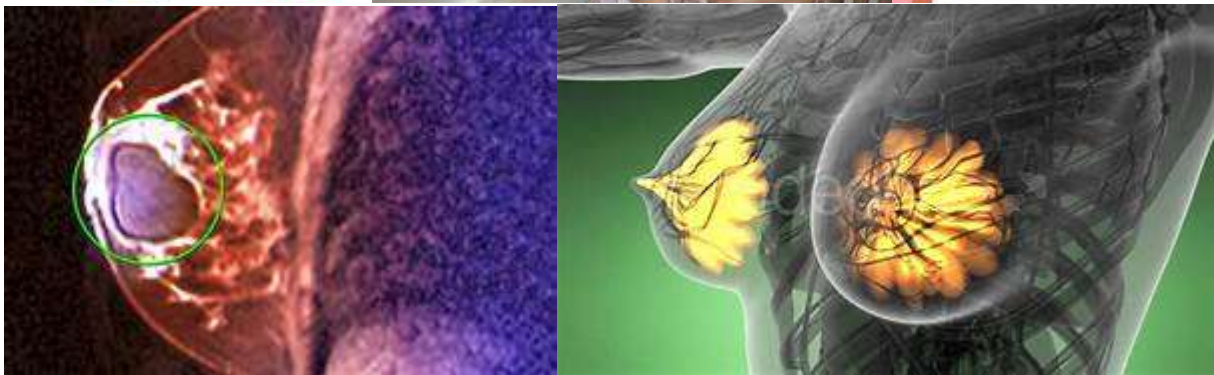
## XXII. Diseases of the Breast

**Abscess of the Breast****Breast:**

- Is enlarged
- Shows a mass

**The mass:**

- Is moderate in size
- Localized
- Ovoid in shape
- Of necrotic tissue
- With evidence of suppuration
- Some pale greyish-white fibrous tissue



N.B.:

- This breast is from a married young woman **who had stopped lactation** for few months only.
- **Grossly**, it could be mistaken for a tumour.
- **Histologically**, it proved to be chronic inflammation on top of an acute suppurative lesion.
- Infection usually starts during lactation.
- This occurs through a cracked nipple or through the milk-ducts producing an acute mastitis or a mammary abscess.
- Usually, it is unilateral.
- The inflammation starts in the interlobular connective tissue and then the glandular elements will undergo secondary degeneration.
- **The result is either resolution or suppuration** (which may be discharged to the surface).
- Occasionally, it may be a sequel to infection preceded by dermatologic lesions of the nipple such as eczema.
- Depending upon the type of infecting micro-organisms, there may be acute mastitis (in the form of a diffuse spreading infection of the whole breast with oedema of its skin) or simply a localized single abscess (or multiple smaller abscesses).
- **Other sequels:**
  - Healing with fibrosis → slight retraction of nipple.
  - Encapsulation of the abscess.
  - The pus is absorbed and a mass of fatty calcareous material persists. D.D.: Tumours.

## Tuberculosis

**Breast:**

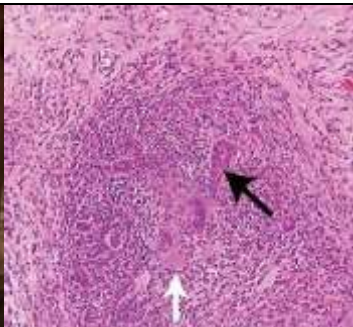
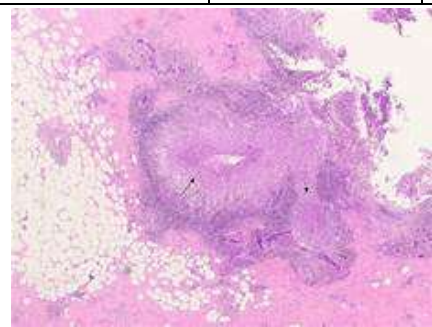
- Is enlarged (slightly)
- Shows a mass (or a focus) of caseation

**The caseous mass:**

- Large

**Cut surface:**

- Irregular
- Necrotic and caseous
- Few areas of liquefaction
- Is yellowish and creamy in colour
- Rather soft in consistence



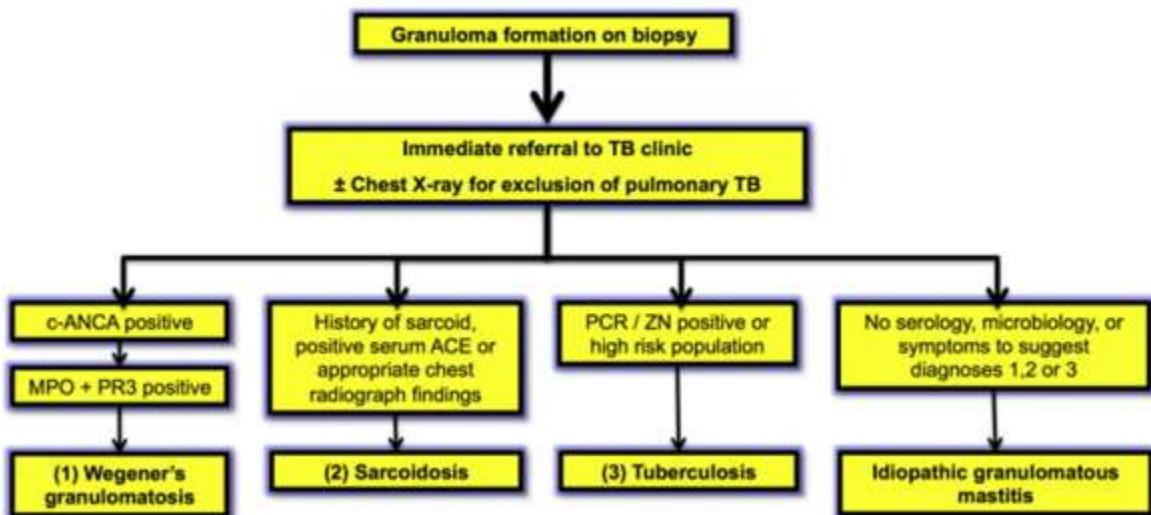
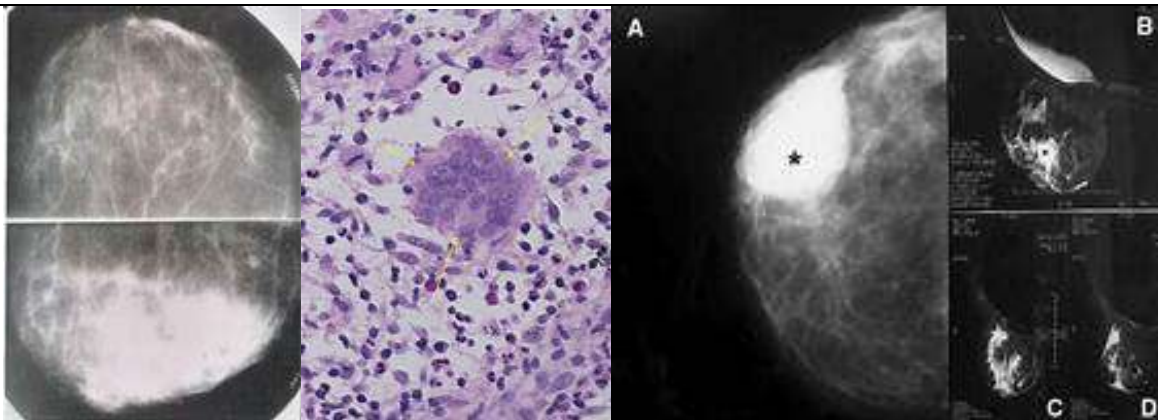
**N.B.I:**

The breast is from a female adult patient.

**The differential diagnosis must be made from:**

1. Tumours.
2. Plasma cell mastitis.
3. Fat necrosis.
  - **Early:**
    - It is a firm mass.
  - **Later on:**
    - Softening.
    - Cavitation.
    - Sinuses over the surface.

- The infection may be a haematogenous one but more commonly it is secondary to a neighbouring tuberculous infection in the axillary or mediastinal lymph nodes,
- Microscopic examination is necessary to prove the diagnosis.



**N.B.2:**

**Another specific inflammatory lesion in the breast is syphilis.**

- This occasionally occurs in the breast in the form of a chancre on the nipple (or areola) of the breast of a wet-nurse lactating a syphilitic child.
- In the secondary stage, syphilitic skin eruptions (syphilides) may affect the breasts of syphilitic patients.

**N.B.3:**

- The so-called **comedo-mastitis** is another type of mastitis which can be referred to as **plasma cell mastitis**.
- It may be mistaken for cancer because it produces an ill-defined homogeneous indurated mass which on section is firm in consistence and, on pressure; it oozes out a thick cheesy material.
- **Clinically**, the condition-which is commoner in middle-aged multipara, starts by pain, tenderness and redness of the breast followed by induration, mass-formation, fixation to overlying skin (which may show retraction) and slight enlargement of the regional lymph nodes.
- The cause is obscure (viral; bacterial; lipid granulomatous reaction) → **mammary duct ectasia**.

**N.B.4:**

- An inflammatory reaction may be superimposed upon **fat necrosis of the breast** → a localized area of induration due to the presence of a firm greyish-white nodule with foci of chalky white necrotic fatty areas and evidence of haemorrhage.
- The condition has to be differentiated from cancer.