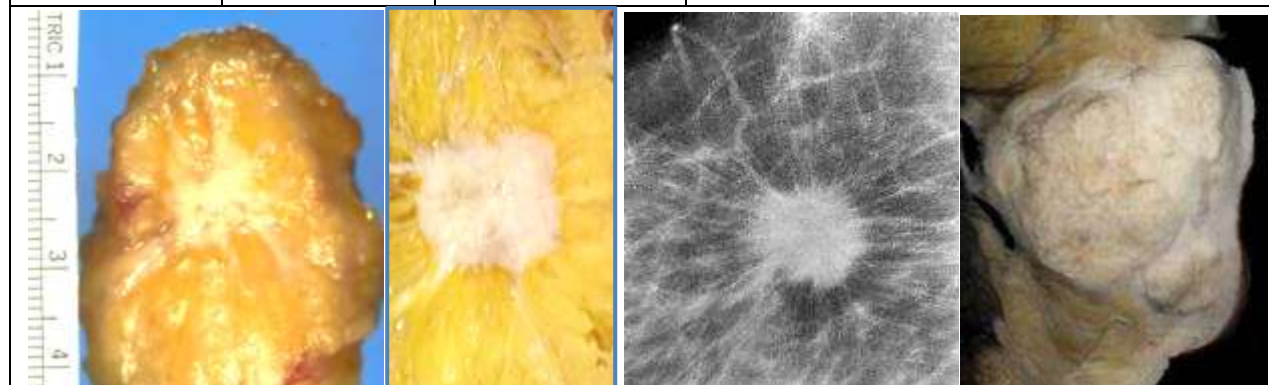


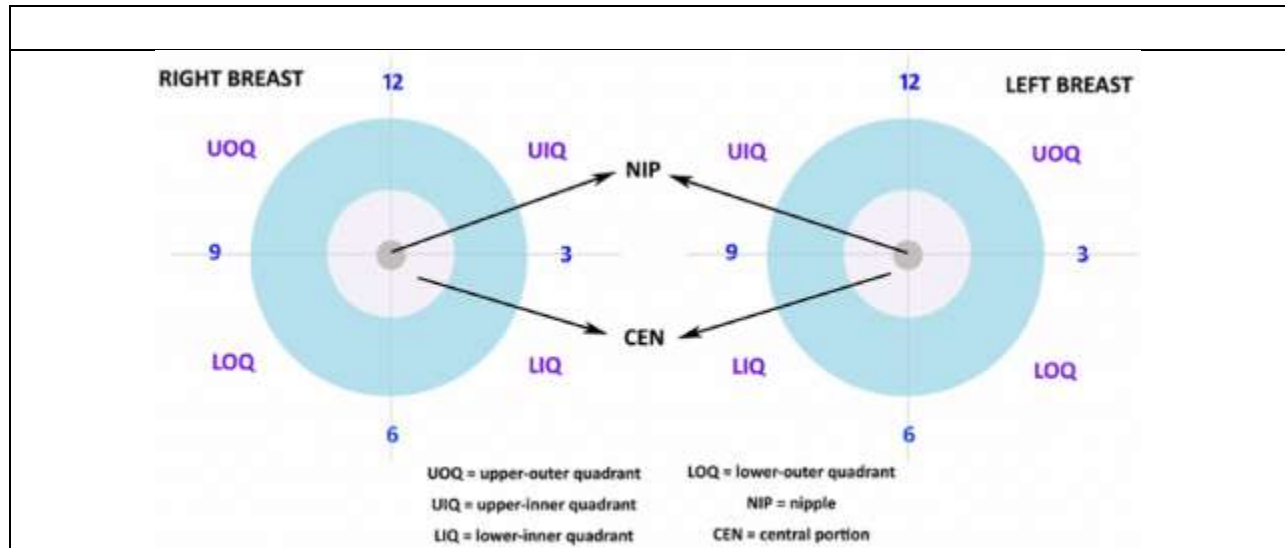
XXII. Diseases of the Breast

**Carcinoma**

Breast:	<ul style="list-style-type: none"> • Is that of an adult female • Is enlarged
	Cut surface : <ul style="list-style-type: none"> • Shows a tumour
	The tumour: <ul style="list-style-type: none"> • Has infiltrated the breast-tissue (malignancy) • Is moderately large • Reaching the nipple • Opaque greyish-white
	With areas of: <ul style="list-style-type: none"> • Haemorrhage (dark red) • Necrosis (dirty pale yellow) • Cystic degeneration
	Consistence: <ul style="list-style-type: none"> • Rather firm

**N.B.:**

- *Histologically, it proved to be an adenocarcinoma.*
- *This tumour is of a relatively low grade malignancy, and may remain localized for a relatively long time.*
- *Axillary lymph node involvement is exceptional although they may be somewhat enlarged when the tumour becomes bulky.*
- *Later on, the tumour may lead to :*
 - *Fungation.*
 - *Ulceration of the skin.*



The breast forms the commonest site for carcinoma in the female.

Predisposing factors in some cases may be:

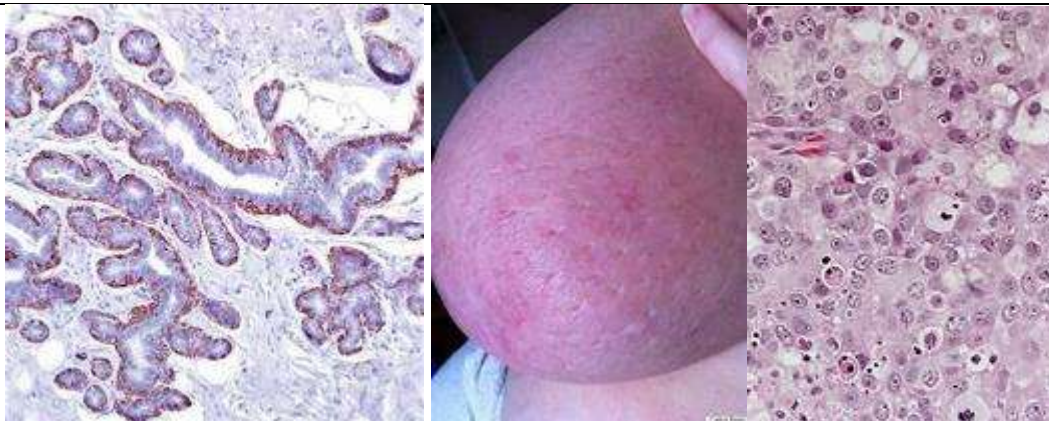
1. Cystic hyperplasia of the breast.
2. Functioning ovarian tumours.
3. Hyperoestrinism and pituitary dysfunction.

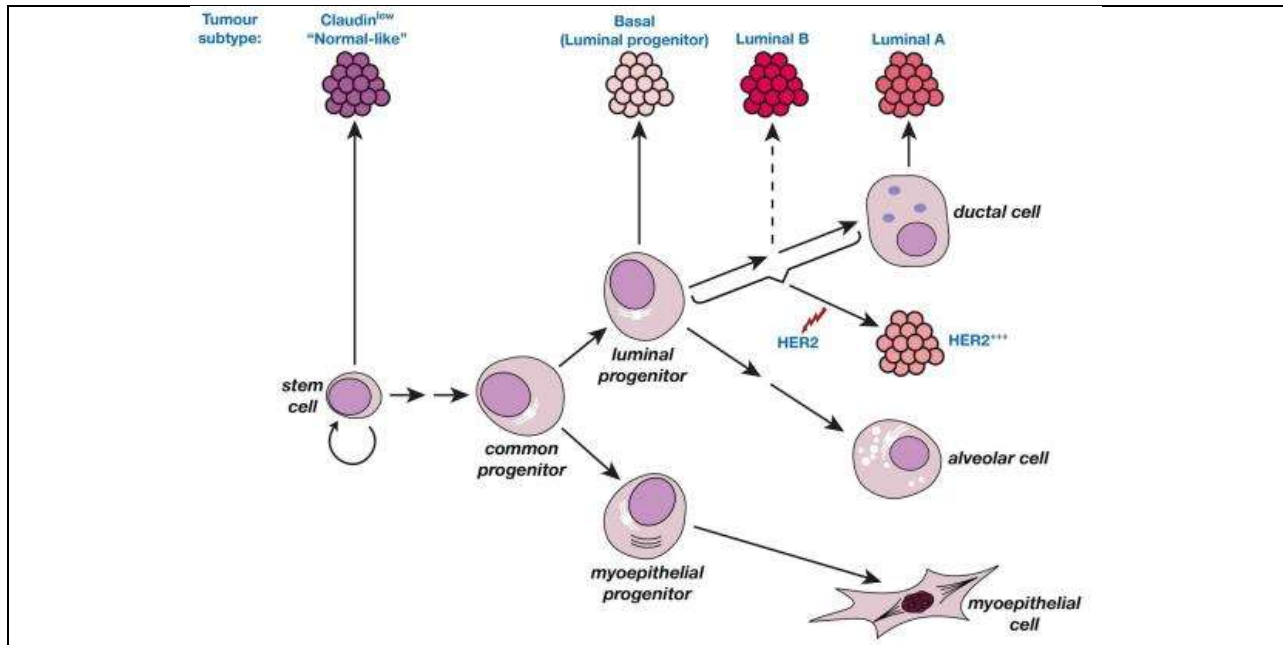
Sites according to frequency:

1. Upper outer quadrant of the breast.
2. Central sub areolar area.

Origin:

- Most cases arise from the epithelium of the ducts and only few cases arise from the lobules.
- By time, the tumour becomes fixed in position → retraction and dimpling of the skin → lymphatic obstruction → lymph-oedema and thickening of the skin.





Types: grossly

I. Infiltrating

- (a) Scirrhous (commonest; small; hard).
- (b) Medullary (uncommon; large; soft).
- (c) Mucinous (unusual; large; gelatinous).

II. Non-infiltrating:

- (a) Papillary.
- (b) Duct-carcinoma (Comedo-type; non-infiltrating but may become infiltrating).

Subtype ¹	Characteristics ¹	Prognosis ^{2,3,4}
Luminal A	ER+ and/or PR+ HER2- Low Ki67	Better prognosis High survival Lower recurrence
Luminal B	ER+ and/or PR+ HER2+ or HER2- with high Ki67	Poorer prognosis than Luminal A High survival
HER2	ER- and PR- HER2+	Poor prognosis Early and frequent recurrence
Basal-like*	Triple negative ER- and PR- HER2-	Poor prognosis Aggressive

T.N.M. Staging

T (Tumor size):

Tx → Primary tumor can not be assessed & not palpable clinically (previous excision biopsy or unplanned resection)

T0 → No evidence of primary tumor

Tis → Carcinoma in situ

T1 → < 2cm (in greatest dimension)

Tmic → microinvasion ≤ 1mm T2

T1a → ≤ 0.5cm

T1b → 0.5 -1cm

T1c → 1-2cm

T2 → 2-5 cm

T3 → > 5cm

T4 → any size with:

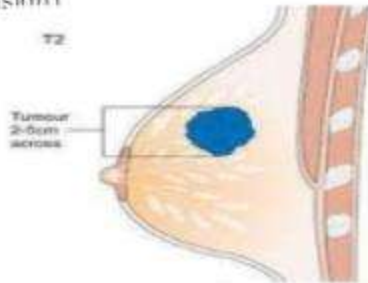
T4a → fixation to chest wall (ribs, pectoralis, intercostal muscles)

T4b → Skin involvement

peau d'orange - ulceration - fungation -satellite nodules

T4c → a & b

T4d → mastitis carcinomatosa



Carcinoma (mucoïd)

Breast:	<ul style="list-style-type: none"> • Is that of an adult female • Is moderately enlarged
	<p>Cut surface:</p> <ul style="list-style-type: none"> • Shows a tumour
	<p>Nipple:</p> <ul style="list-style-type: none"> • Slightly enlarged • Protruding (somewhat)

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