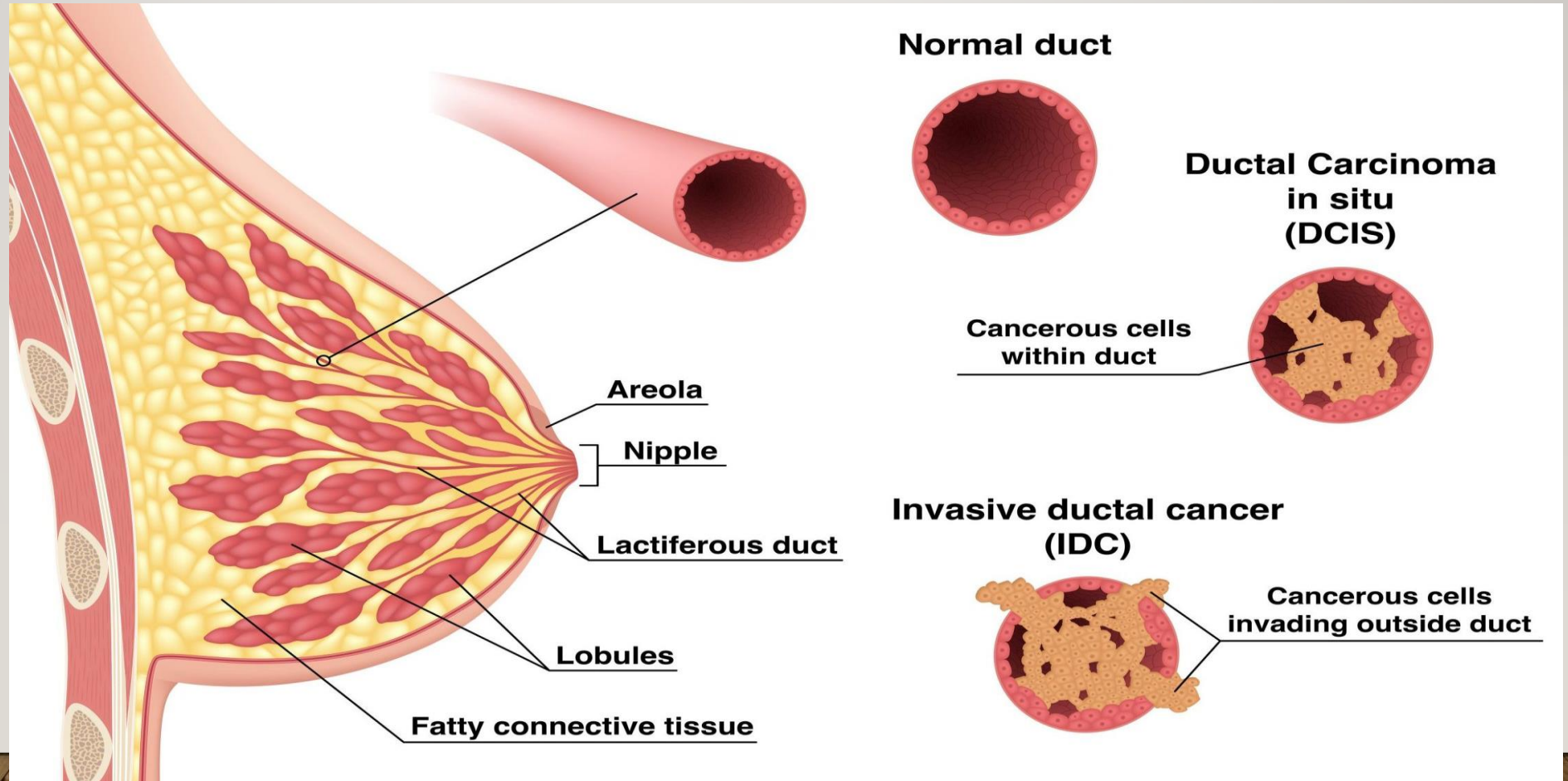


CARCINOMA OF BREAST



-
- Presented by- Dr. Kanchan More.
 - Dept . Of SURGERY

Normal Breast

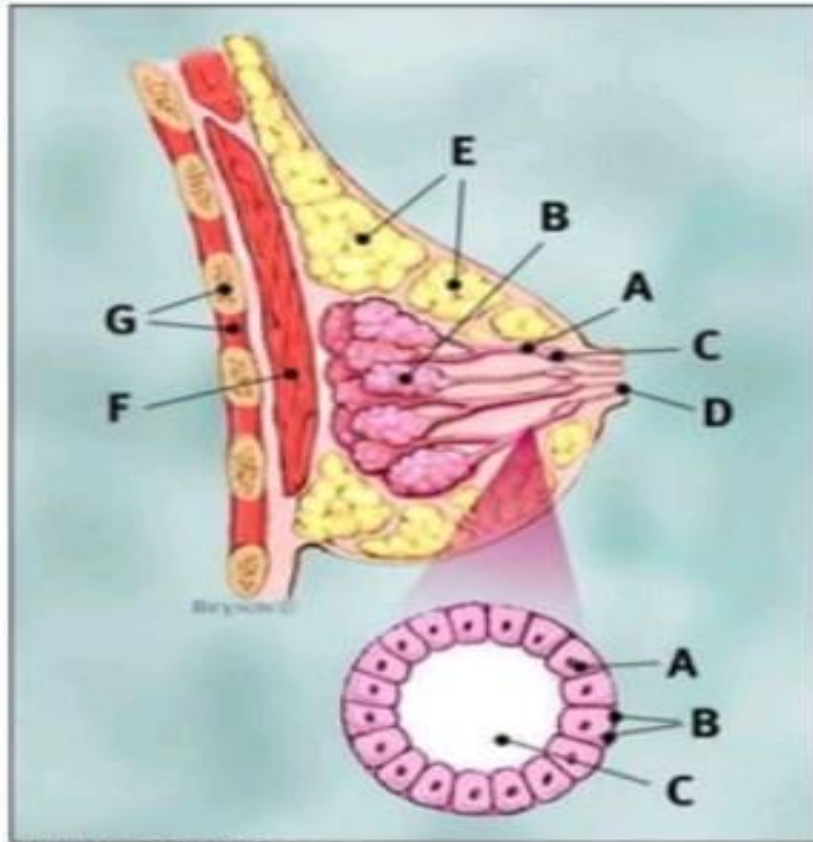


Illustration © Mary K. Bryson

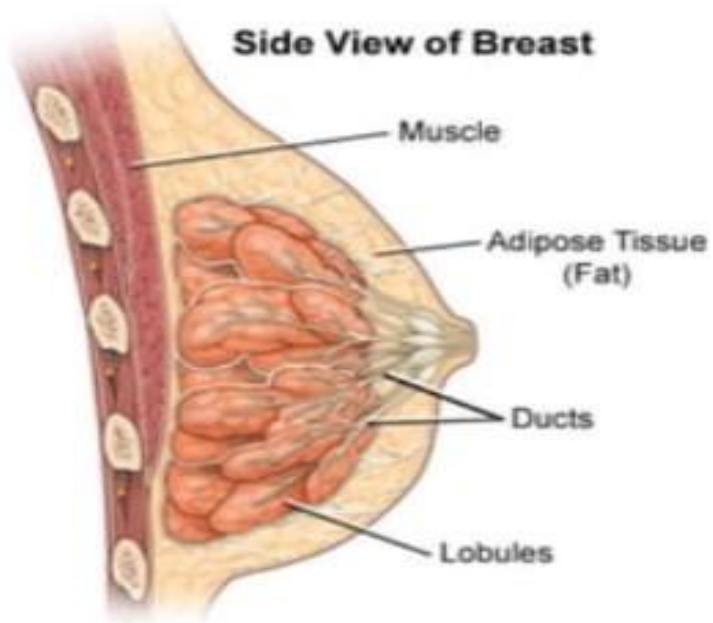
Breast profile

A	ducts
B	lobules
C	dilated section of duct to hold milk
D	nipple
E	fat
F	pectoralis major muscle
G	chest wall/rib cage

Enlargement

A	normal duct cells
B	basement membrane (duct wall)
C	lumen (center of duct)

Female Breast Anatomy



- Breasts consist mainly of fatty tissue interspersed with connective tissue
- There are also less conspicuous parts
 - lobes
 - ducts
 - lymph nodes

Breast Cancer

- The most common form of cancer among women
- The second most common cause of cancer related mortality
- 1 of 8 women (12.2%)
- One third of women with breast cancer die from breast cancer

Etiology

- The etiology of breast cancer in most women is unknown.
- Most likely due to a combination of risk factors i.e. genetic, hormonal and environmental factors .

◆ Hormonal Factors

- ↑ levels of estrogen ↑ risk:
- Early age at menarche
- Late age at menopause
- Nulliparity
- Late age at first child-birth
- Obesity

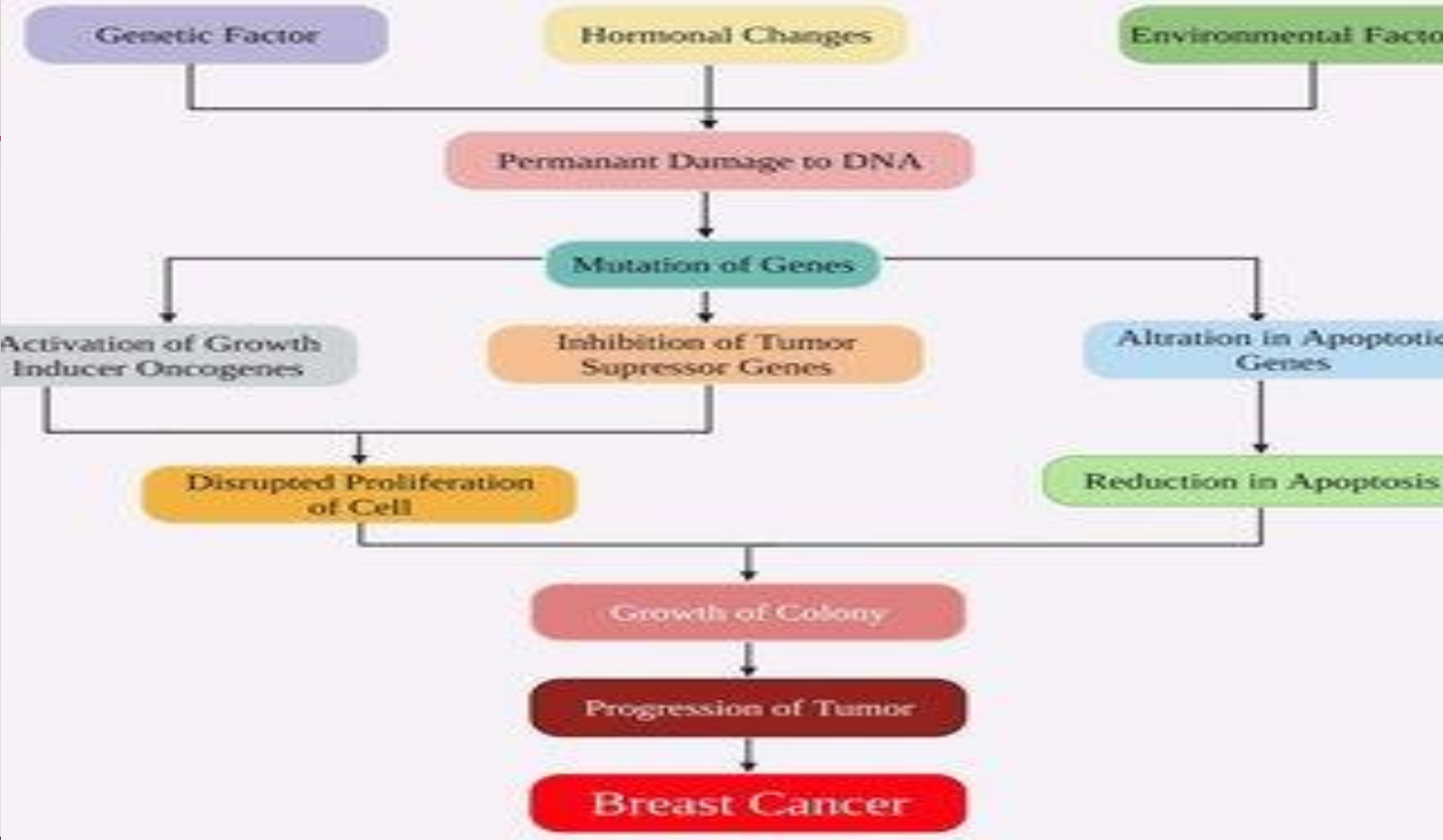
◆ Environmental Factors

- High fat intake
- Excess alcohol consumption
- Ionizing radiation

◆ Family

- Approx 10% of breast cancer is due to inherited genetic predisposition
- A woman whose mother or sister has had breast cancer is at ↑relative risk 2 to 3 times compared to other women

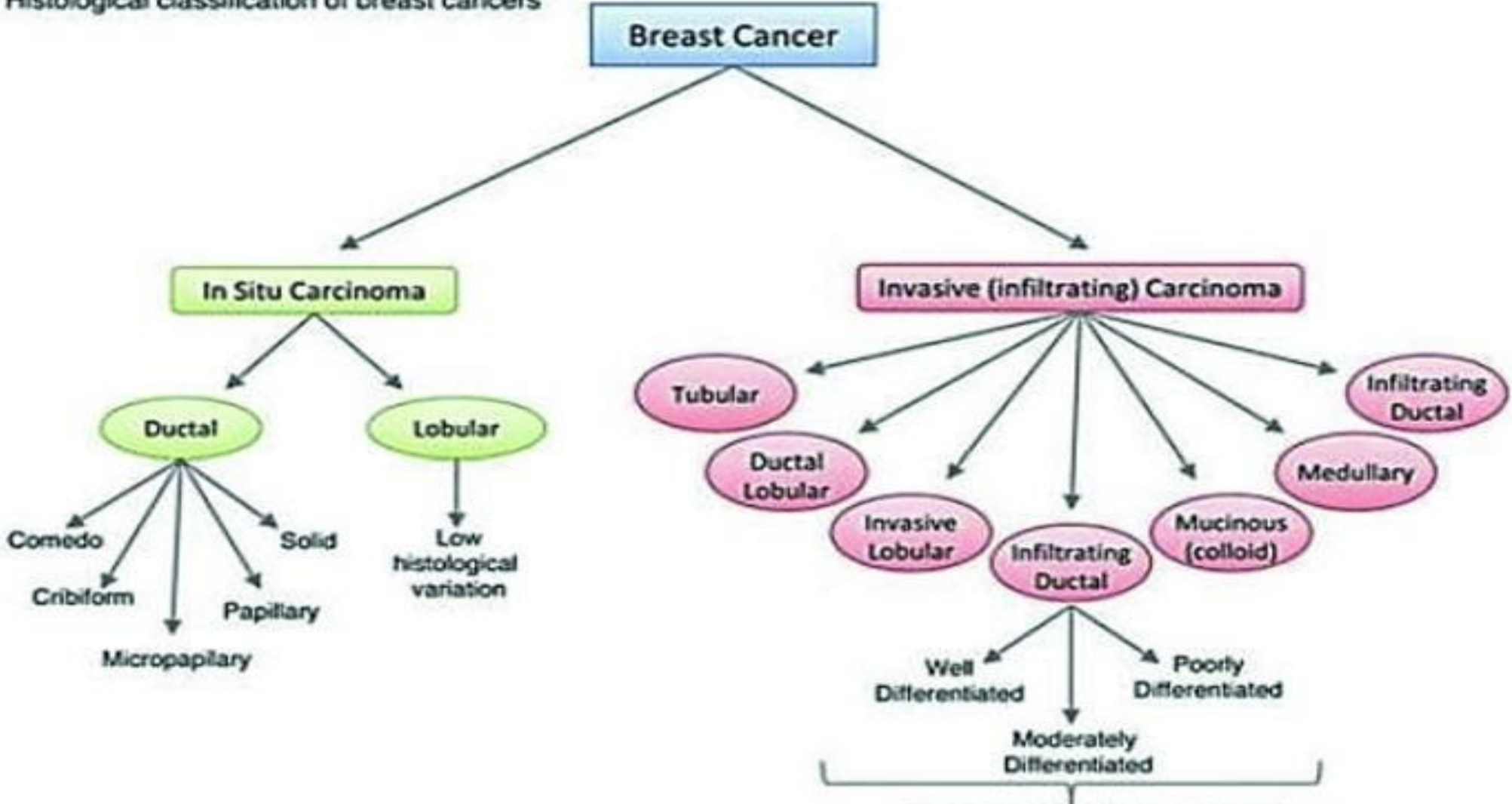
PATHOLOGY OF BREAST CANCER



Classification of carcinoma of breast

- 95% of breast malignancies are adenocarcinomas which are divided into in situ and invasive carcinomas.
- Carcinoma in situ- it is a neoplastic proliferation that is limited to ducts and lobules by the basement membrane.
- Invasive carcinoma- infiltrating cancer that has penetrated through the basement membrane into stroma.

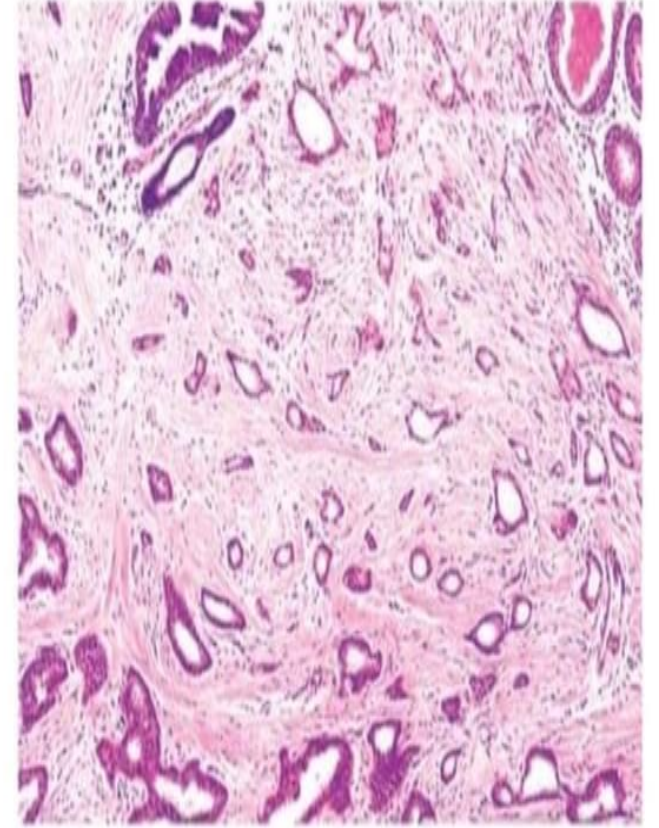
Histological classification of breast cancers



This classification is based on
1. Nuclear Pleomorphism
2. Glandular/Tubule Formation
3. Mitotic Rate (per 10 HPF)

Tubular carcinoma

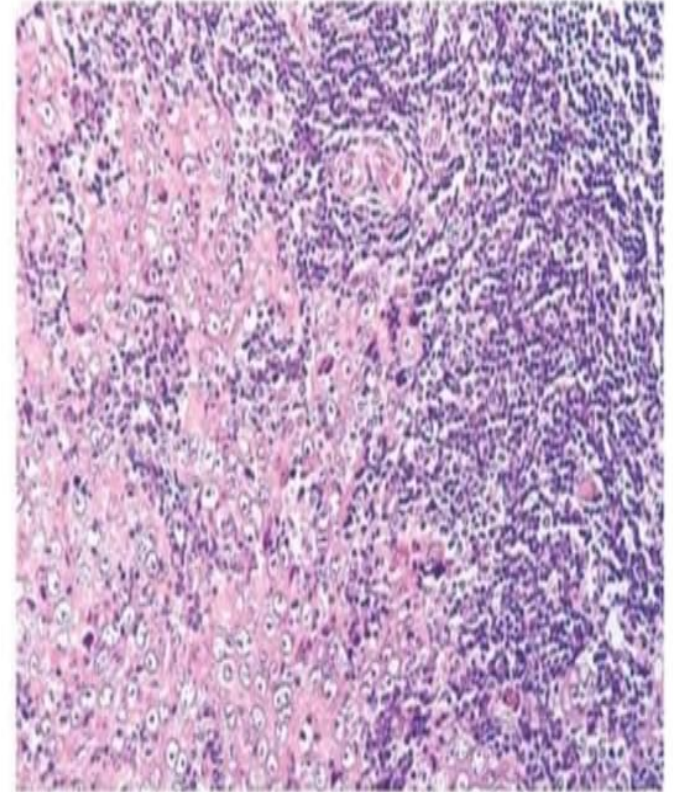
- This lesion is a well-differentiated variant of breast carcinoma with an incidence of approximately 2 percent.
- Most commonly, is diagnosed in the perimenopausal or early menopausal population.



Tubular carcinoma

Medullary carcinomas

- Most common in women in 6th decade presenting as a well- circumscribed mass with rapid growth.
- 4%
- Originates in large ducts.
- Commonly, the lesion is positioned deep within the breast and mobile.



Medullary carcinoma.

Metaplastic carcinomas

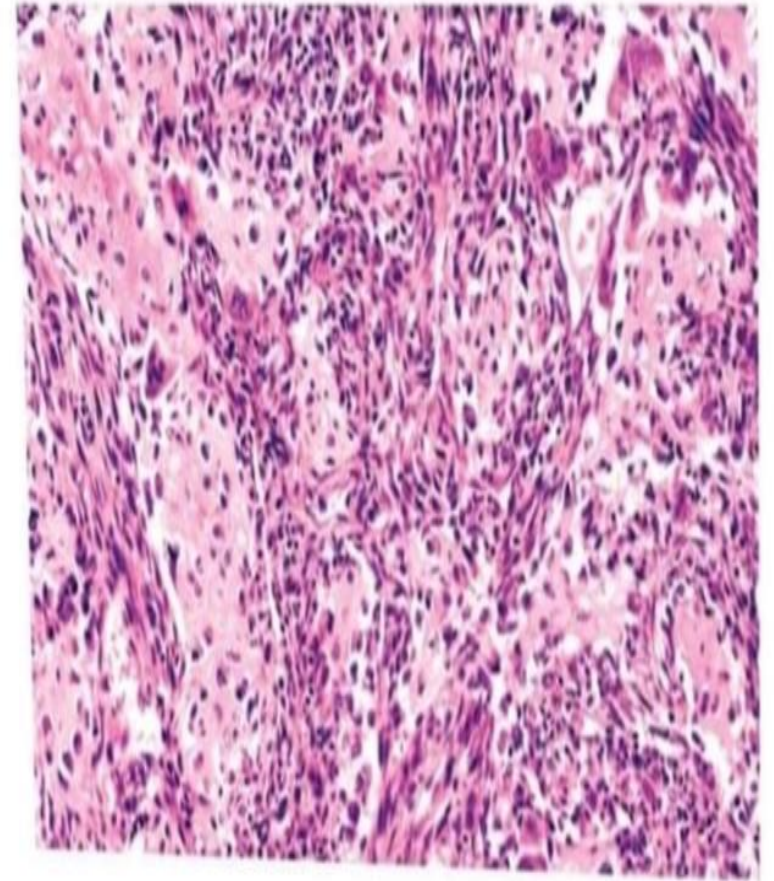
- Rare tumors- less than 1% of all cases.
- Types-

matrix producing carcinomas

squamous cell carcinomas

They are triple negative but often express myoepithelial proteins.

Poor prognosis.



Metaplastic carcinoma

Signs and Symptoms



Most common:
lump or thickening in breast. Often painless

Discharge or bleeding

Change in size or contours of breast

Redness or pitting of skin over the breast, like the skin of an orange

Change in color or appearance of areola

Diagnosis

- Early detection of breast cancer significantly reduces the risk of death
- 20-49 ages → physical examination by a health professional every 1 to 2 years.
- 50 and over → should be examined annually
- Women should perform self examination every month.

imaging techniques

- Breast sonography
 - Superior in dense breast, young age
- Mammography
 - Superior in loose(fatty) breast, elder.
- Others
- Schintomammography
- Doppler ultrasonography
- Breast MR

Biopsy

- A definitive diagnosis of breast cancer can be made only by a biopsy.
- When a lump can be felt and is suspicious for cancer on mammography:
 - ✓ FNAC
 - ✓ Excisional biopsy
 - ✓ Incisional biopsy
 - ✓ Core biopsy
 - ✓ Radioguided biopsy (for occult lumps)

TREATMENT

- **Baryta iodide**

Hard cancerous tumors of the breast.

Ovarian tumors with a scrofulous taint.



- **Conium**

Female breast, dissipating its swelling and tumors and relieving its pains. Tumors of a suspicious nature (cancer) in the mammae have been caused to disappear by the use of Conium. They are the seat of a piercing pains, worse at night, and the rest of the gland is tender. Conium corresponds also to injuries of the breast from a blow or pressure or overuse of arms; the characteristics are the hardness and the extreme sensitiveness; the breasts are painful even to the touch of the clothes or the jar of walking.



- **Phytolacca**

This remedy is suitable to irritable mammary tumors (inflammatory breast cancer); the breasts are very sensitive during nursing, with an excessive flow of milk. There is tendency of the breasts to cake and suppurate; here no remedy is so useful; the pains seem to radiate from the nipple all over the body, especially down the arm from the axilla. Patient is chilly, rigors showing suppuration ; sore and fissured nipples; also Graphites and Hepar. Great aching all over the body with any of these condition is greatly characteristic. Croton tiglium.



- **Calcarea fluorica.**

This remedy corresponds to hard indurated swellings in the female breast. It has an excellent clinical record in dissipating these growths. Silicea suits chronic cases of mastitis with fistulous openings and callous edges. It will often disperse hard lumps in the breast. Sabal serrulata is said to materially aid in growth of undeveloped mammary glands.



- **Silicea**

This homeopathic remedy will often abate the pains of cancer. Lupus and sarcoma with a thick yellow and offensive di



MANAGEMENT

Trimester	Surgical management
First	<ol style="list-style-type: none">1. Chemotherapy not appropriate2. Consider awaiting the second trimester to initiate therapy depending on disease severity and week of gestation3. Consider surgery cautiously with RSI and FM
Second	<ol style="list-style-type: none">1. Consider neoadjuvant chemotherapy to downstage disease and allow for further workup2. Consider surgery (using RSI and FM) followed by adjuvant chemotherapy
Third	<ol style="list-style-type: none">1. Chemotherapy not appropriate unless it can be halted approximately 3–4 wk before EDD; can resume after delivery or proceed with surgery after delivery2. Consider surgery cautiously (using RSI, FM, and proper positioning) followed by adjuvant therapy after delivery3. Consider awaiting or hastening delivery and treating in the postpartum period depending on disease severity and week of gestation/ fetal maturity

THANK YOU 😊