

# Breast History & Examination



**Mutah medical colledge**  
**Introductory course**  
**Dr saad Al-Azawi**

# The common presenting symptoms

## 1. Breast lump

- when noted : (duration)
- any associated pain
- any change in size
- history of trauma
- Nipple discharge

## 2. pain

## 3. nipple discharge ,skin colour change

- nipple discharge :the colour ,unilateral or bilateral  
any associated pain or swelling
- any recent nipple change as cracks,eczema like change

## relevant gynaecological history

age of menarche, menopause

parity, age at first pregnancy,

breast feeding

use of oral contraceptives, hormone replacement therapy

## family history of breast disease

determine the degree of relationship, mother, sisters

## questions related to breast malignancy if suspected

- Anorexia, weight loss
- chest pain, cough, dyspnea
- abdominal pain, distension, jaundice
- convulsion, or any neurological deficit
- backache ,bony pain, spine limited mobility

# The risk factors in history of breast mass

1. Age
2. Family history "genetic"
3. Nulliparous ,no breast feeding
4. Bloody discharge
5. Exposure or use of hormones i.e contraceptive
6. Others

# Examination of breast

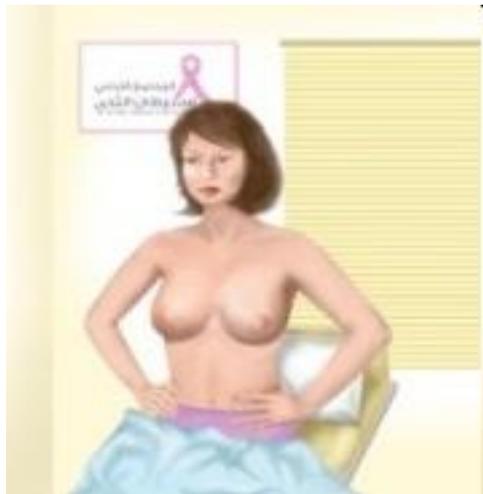


# The scheme in breast examination

1. Introduce your self and take permission
2. Privacy “chaperone”.
3. Inspection
4. Inspection with a different movement, position
5. Palpation of the breast
6. Examination of axillary L.N.
7. examination of related organs

## Inspect the breast during the following maneuvers:

1. Let the patient press the hands against the hip
2. Slowly let the patient raise arms above head :skin changes more obviously noticed
3. Let the patient lean forward with hands on knees  
(large breasts only)



# I. Inspection:

- \* Inspect the breasts from front and sides.
- \* Patient position during examination

1. Size of the breast & shape

2. Symmetry

3. Duplication :

- accessory nipples along mammary line
- ectopic breast in ant.axillary fold

4. Nipple & areola: inversion, is it unilateral or bilateral, eczematous skin change

5. Breast skin:

Dimpling, edema referred as peau d'orange, rashes or erythema, ulceration

6. Inspect the axillae for any swelling

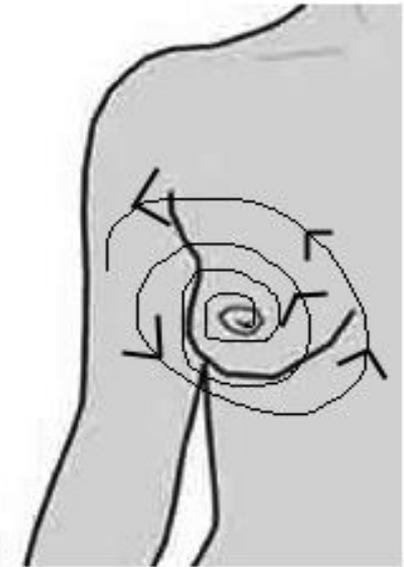
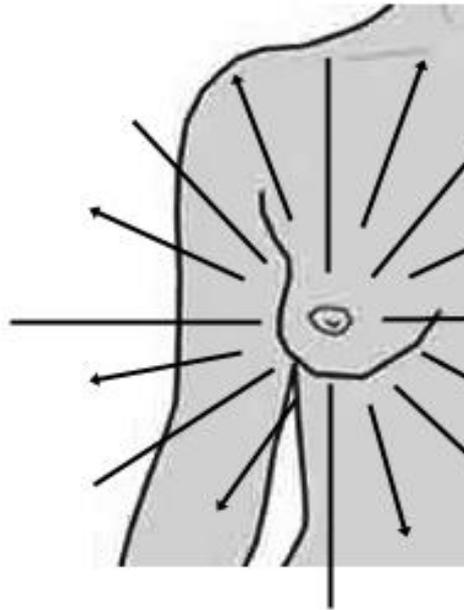
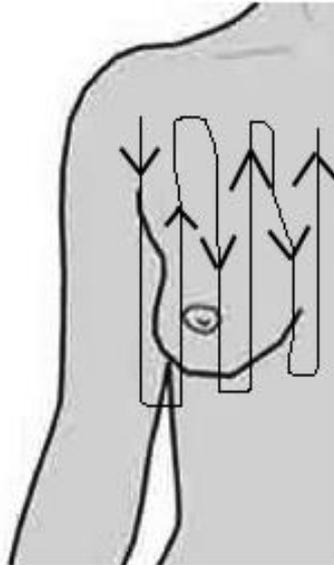
## II. Palpation



# Palpation

1. Have the patient lie supine on the exam. table
2. Begin with normal side
3. Palpate with the flat of fingers.
4. Press breast tissue against the chest wall use very light pressure to assess superficial layer, moderate pressure for middle layer and firm pressure for deep layers
5. Palpate around the areola and the depression under the nipple.  
Press the nipple gently between thumb and index finger and make note of any discharge

# Palpation methods



# 5. Breast lump

1. Site,
2. shape,
3. size,
4. surface, the colour, the overlying skin
5. edge,
6. Consistency
7. Temperature
8. Tenderness
9. Mobility

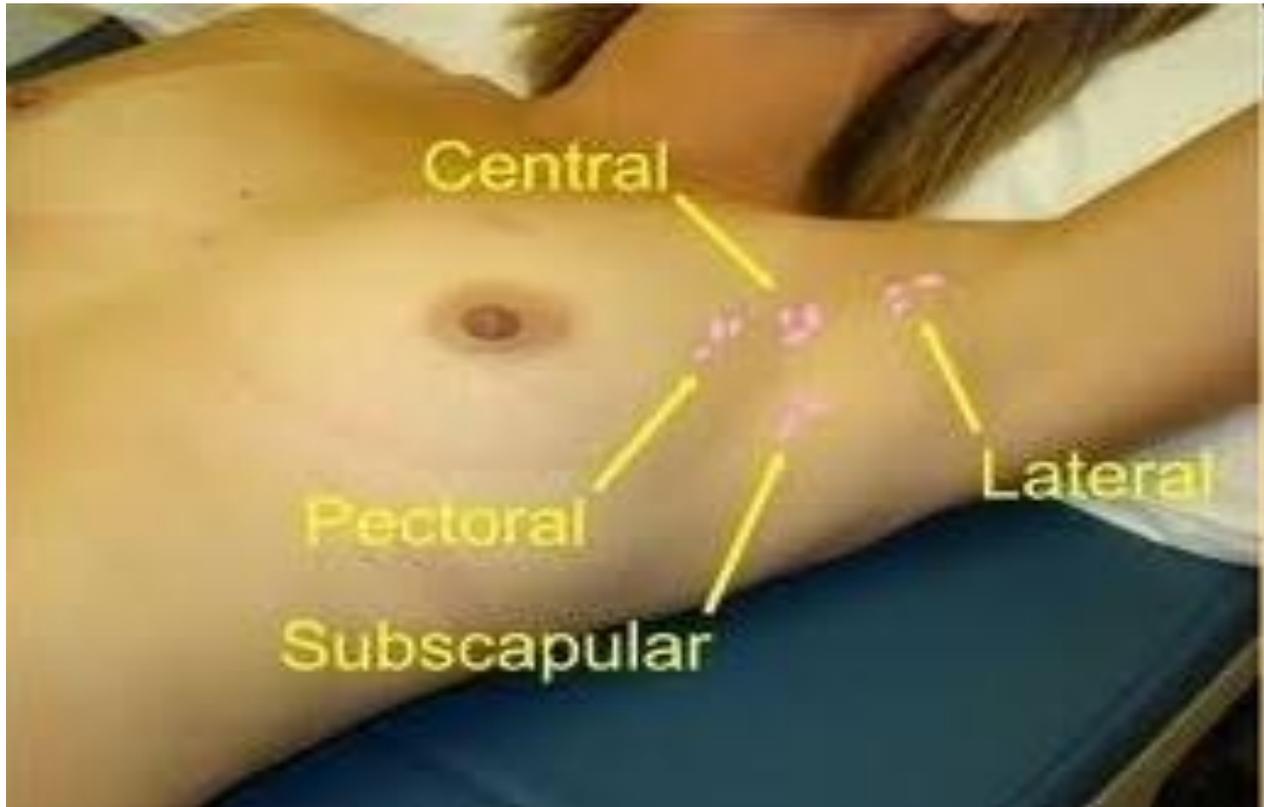
\*you may ask the patient to find the lump



# Signs in a breast mass suggestive of malignancy

1. Site: upper outer quadrant
2. Consistency : hard
3. Fixity : to the skin or deeper tissue
4. Skin changes : dimpling ,peudorange, skin ulceration and fungation
5. Associated nipple retraction
6. Axillary L.N. enlargement

# Palpation of the axillary L. nodes



# Palpation of the axillary nodes



**Support the patient's arm and elbow with the non-examining hand to maintain optimal relaxation**

**1.** Start palpating the central nodes deep in the apex of the axilla. To reach the apex of the axillae push the tips of your fingers upwards and inwards



**2.** Proceeding down the mid-axillary chestwall, and gently move the pads of the fingers medially downwards behind the edge of pectoralis major ,



**3.** Continue by palpating the subscapular nodes. Sweep back up and return to the axilla with the palm facing laterally, feeling inside the muscle of the posterior axillary fold.



**4.** Check the lateral nodes with the palm of the hand facing the humeral head.



**5.** Supraclavicular L.N.

# To complete breast examination in breast malignancy

we have to examine :

the chest, abdomen , skeletal system “vertebral column” and CNS looking for possible metastasis

1. Chest examination :

palpate for local tenderness , percussion for pleural effusion, auscultation.

2. Abdominal examination for :

masses , abdominal distension , liver enlargement , ascitis

3. Vertebral tenderness or deformit

4. Neurological examination