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Benign Diseases of the Breast; Female Athlete Triad Syndrome

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Chapter 1—Benign Diseases of the Breast: Case Studies

Marie H. M. Chen, MD, FACS, and Susan M. Palleschi, MD

I. INTRODUCTION

Breast complaints are among the most common reasons that women seek medical attention. Patients may present with a palpable mass, a mammographic abnormality, nipple discharge, pain, or any combination of these problems. Fortunately, most complaints prove to be benign in origin; however, physicians still need to assess for potentially serious conditions. The physician's role in evaluating a patient presenting with a breast problem includes assessing and screening for breast cancer, providing a diagnosis, and treating the condition.¹ This review will address the evaluation and management of common benign breast conditions seen in clinical practice (**Table 1**). Ten case patients are presented to highlight essential features of benign breast diseases.

II. MANAGEMENT OF A PALPABLE BREAST MASS

GENERAL PRINCIPLES

Palpable breast masses and abnormalities are among the most common breast problems for which a patient seeks clinical evaluation. Although breast masses and abnormalities are predominately benign conditions, especially in premenopausal women, the possibility of breast carcinoma should always be assessed. Complete evaluation includes patient history, a thorough risk assessment, physical examination, radiologic studies, and usually some form of needle aspiration or tissue biopsy of the mass.

Medical history aids diagnosis and management of breast masses and should include the patient's age; personal history of breast disease or breast cancer; number of breast masses present; site of the breast mass and how it was detected; the duration of the mass; size of the mass and whether its size has changed; whether the mass is fixed or mobile; and whether there is any associated skin or nipple changes, nipple discharge, or

pain. For example, women younger than 60 years presenting with bloody nipple discharge are most likely to have intraductal papilloma, with the likelihood of cancer increasing with age. Also, a breast cancer risk assessment should be performed that includes age at menarche, age at menopause (if applicable), number of pregnancies, age at first full-term birth, family history of breast cancer, and use of oral contraceptives and/or hormone replacement therapy (HRT). Women at high risk for breast cancer may be evaluated differently than low-risk patients. For example, mammograms may be obtained earlier in high-risk women. Finally, the physical examination should include a complete breast examination to determine and document the specific site and size of the lesion; the shape and consistency of the mass; whether the lesion is fixed or mobile; and whether there are any associated skin changes, nipple discharge, or axillary or supraclavicular lymphadenopathy. Benign lesions usually are nontender, mobile, smooth masses that are stable in size, although they can be hard (eg, fibroadenoma) or tender (eg, cysts). Cancers, however, are usually hard, firm, fixed, and ill-defined nontender masses.

Imaging Studies

The patient's age influences the choice of diagnostic imaging of breast masses. For women older than 30 years, a bilateral mammogram is performed to evaluate the mass for possible signs of malignancy. Mammography also will determine if any other lesions exist and require evaluation. In addition, a directed breast ultrasound of the palpable breast mass will determine whether the mass is solid or cystic. For women younger than 30 years, generally it is not necessary to perform a bilateral mammogram; a directed breast ultrasound to determine the consistency of the mass is the initial imaging study of choice. However, a mammogram should be obtained in patients younger than 30 years who have an abnormal needle biopsy or sonogram and who also have a first-degree relative diagnosed with breast cancer prior to the age of 40 years.