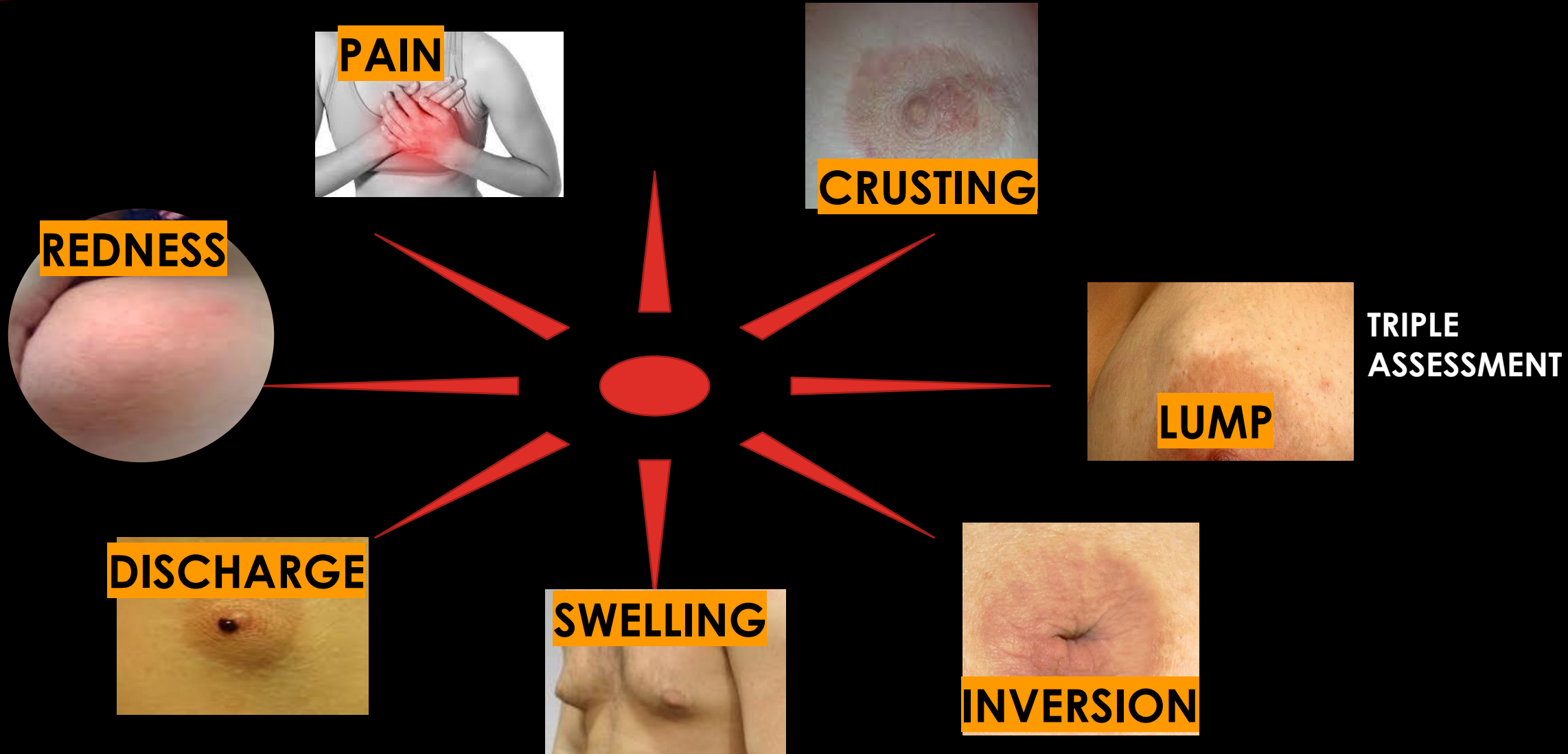


# COMMON BREAST SYMPTOMS



**Dr Sandhya Pillai**  
**General and Oncoplastic Breast Surgeon**  
**Counties Manukau DHB**

# COMMON BREAST SYMPTOMS





# **MASTALGIA BREAST PAIN**

# MASTALGIA

- BREAST CANCER IS GENERALLY PAINLESS
- 70% of women over lifetime
- Multifactorial

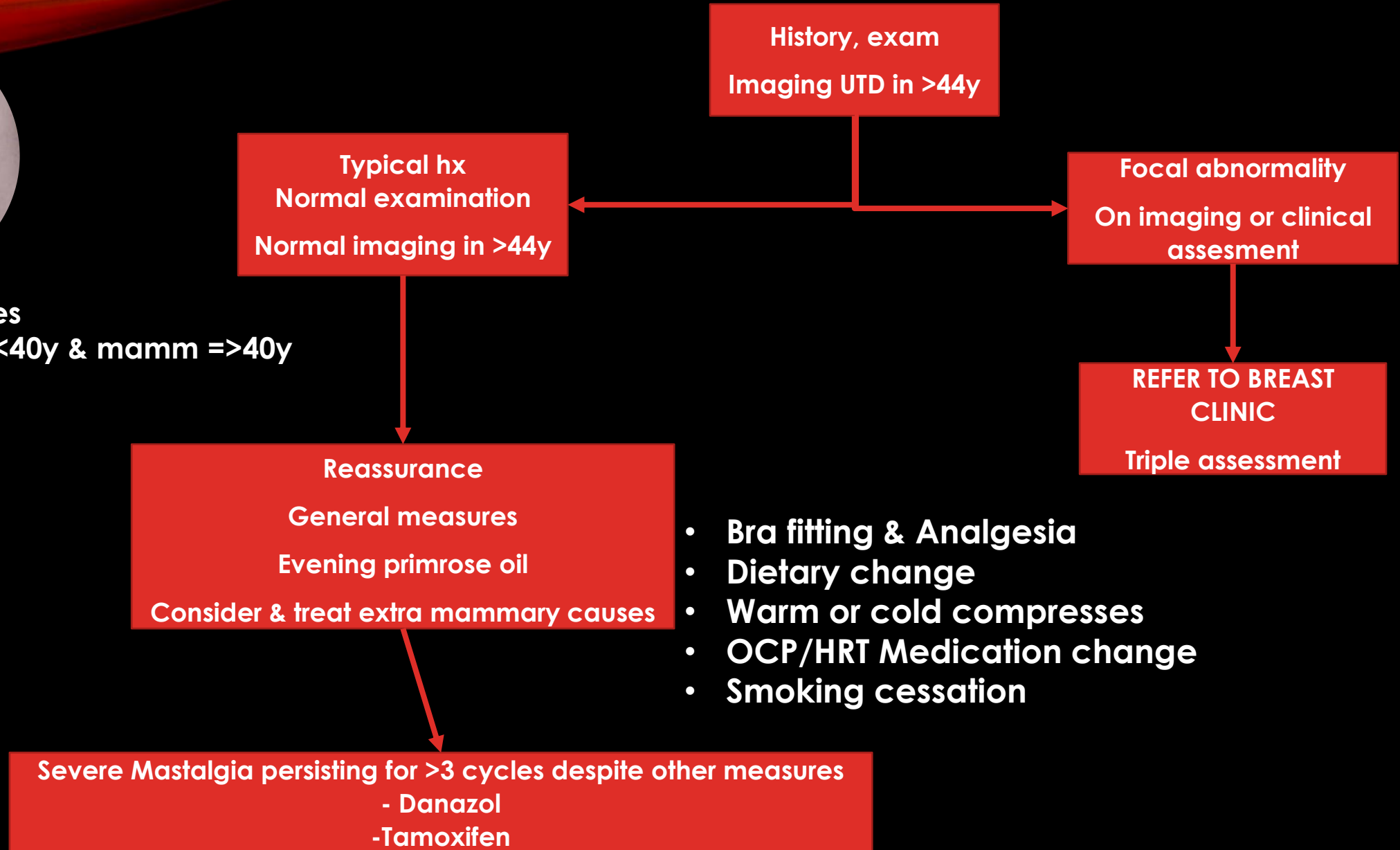
# TYPES OF BREAST PAIN

- **Cyclical**                      younger women; 30% resolve in 3-6 months; 60% recur
- **Non-cyclical**              older women
- **Extra-mammary** chest wall, pleuritic, cardiac, costochondritis

# MASTALGIA – WHAT CAN BE DONE IN PRIMARY CARE?



- DHB differences
- Private – USS <40y & mamm =>40y





# EVENING PRIMROSE OIL (EPO)

- plant-based product
- 7-14% GLA (Gamma Linolenic Acid)
- helps 60% of cyclical and 40% non-cyclical
- Take for 3 months
- 3000mg daily for 6weeks then 2000mg daily for 6weeks.
- Continue at 1000mg daily long term



# **MASTALGIA - SUMMARY**

**Most mastalgia does not need to come to breast clinic**

**Most women come for reassurance it is not malignancy**

**General measures & ensuring imaging is up to date is sufficient for most**

**REFER IF FOCAL FINDINGS  
OR  
ABNORMAL IMAGING**





# BREAST LUMP

# BREAST LUMP TRIPLE ASSESSMENT

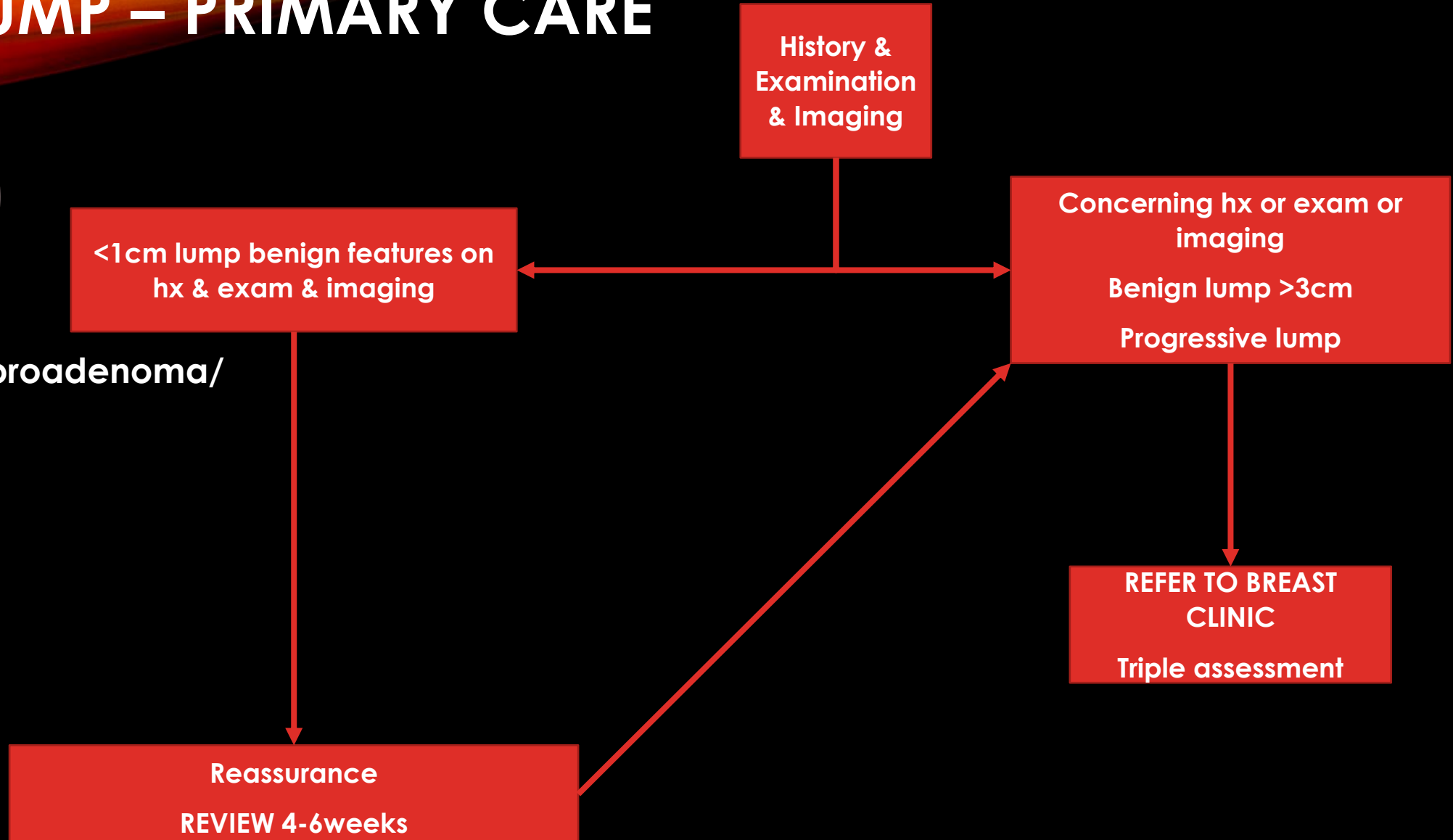
- **Clinical – history & examination**
- **Radiological – mammogram, USS or both**
- **Pathological – core biopsy or FNA**

**Under 40y without  
concerning features  
can start with USS alone**

# BREAST LUMP – PRIMARY CARE



Cyst/Fibroadenoma/  
normal

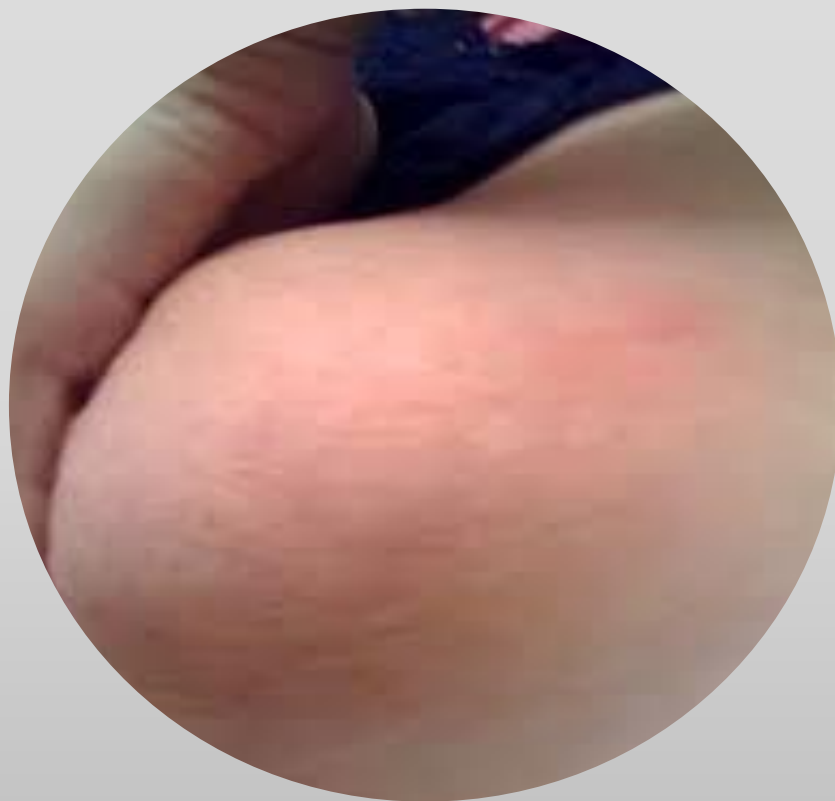


# BREAST LUMP SUMMARY

- **Not everyone needs mammogram – age & deg of suspicion**

## **REFER FOR TRIPLE ASSESSMENT IF :**

- **Concerning features on history, examination, imaging**



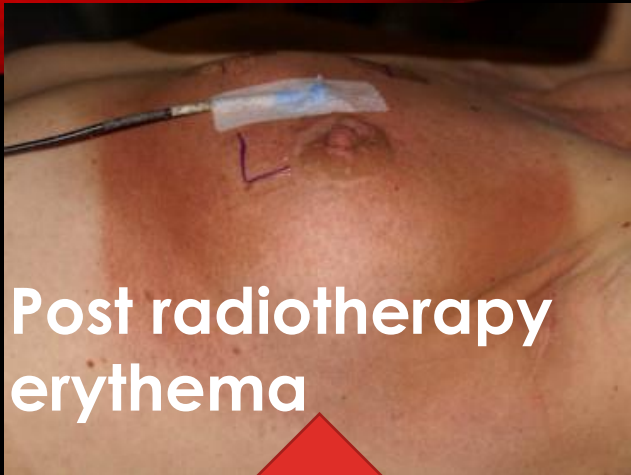
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# **BREAST REDNESS**





# BREAST REDNESS



Post radiotherapy  
erythema



Seroma



Mastitis



Inflammatory Ca

Reassurance

Physio/abs if infected  
Refer if you still need help

Refer if requires in hospital Mx –  
drainage/lvabs/scan

High index of suspicion  
REFER



Lymphoedema



Infected  
sebaceous cyst



Hematoma



Red breast syndrome



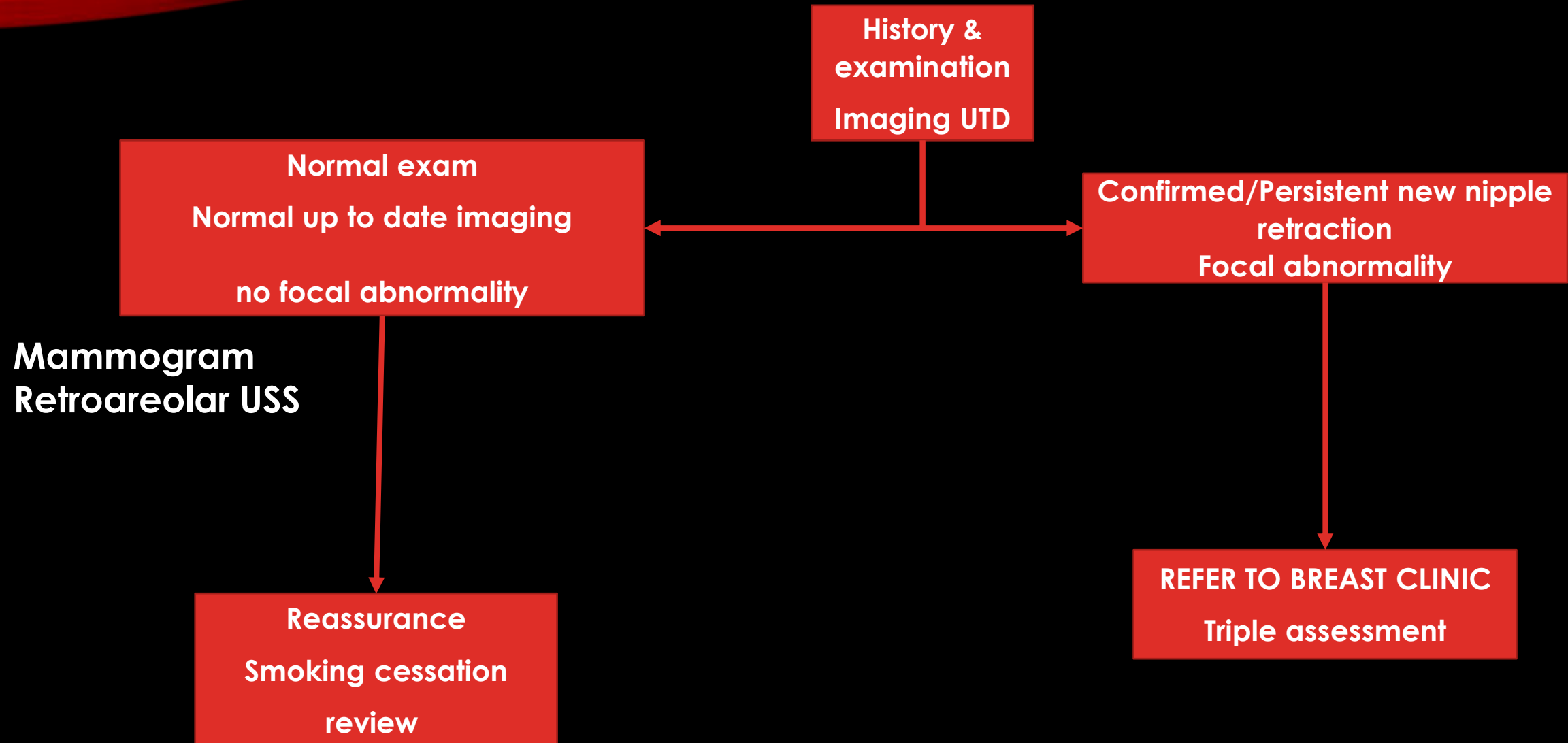
# **NIPPLE INVERSION**

# NIPPLE INVERSION

Affects 10-20% of women

- Congenital
- Inflammation
- Post surgery
- Idiopathic
- Cancer

# NEW NIPPLE INVERSION/RETRACTION – PRIMARY CARE



# NIPPLE INVERSION - SUMMARY

**New, persistent, unilateral, focal abnormality,  
abnormal imaging**

**REFER FOR TRIPLE ASSESSMENT**





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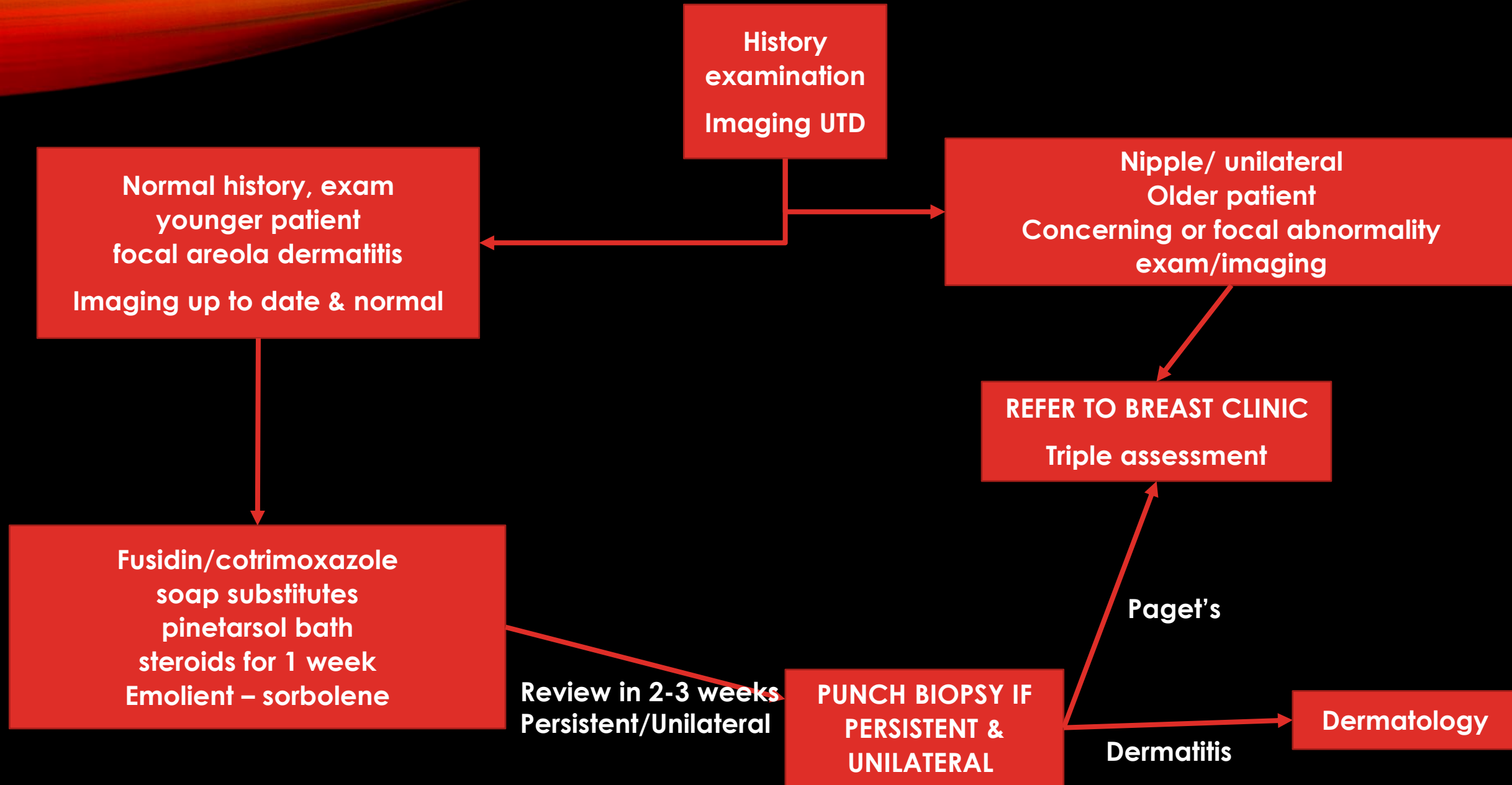
# CRUSTING

# CRUSTING

- Dermatitis
- Paget's disease of the nipple – breast cancer

Dermatitis	Pagets
Younger	Older
Areola	Nipple+/- areola
Atopy history/ bilateral	+/- atopy hx/unilateral
Scaly and thickened	Scaly
No discharge from the actual nipple just excoriated skin serous ooze	May have nipple dc
Itchy	Non itchy

# CRUSTING– PRIMARY CARE



# CRUSTING- SUMMARY

## REFER IF:

Older, unilateral, non-itchy, nipple, other focal abnormality, abnormal punch biopsy or imaging

- Punch biopsy if persistent, unilateral
- Dermatitis goes to dermatology



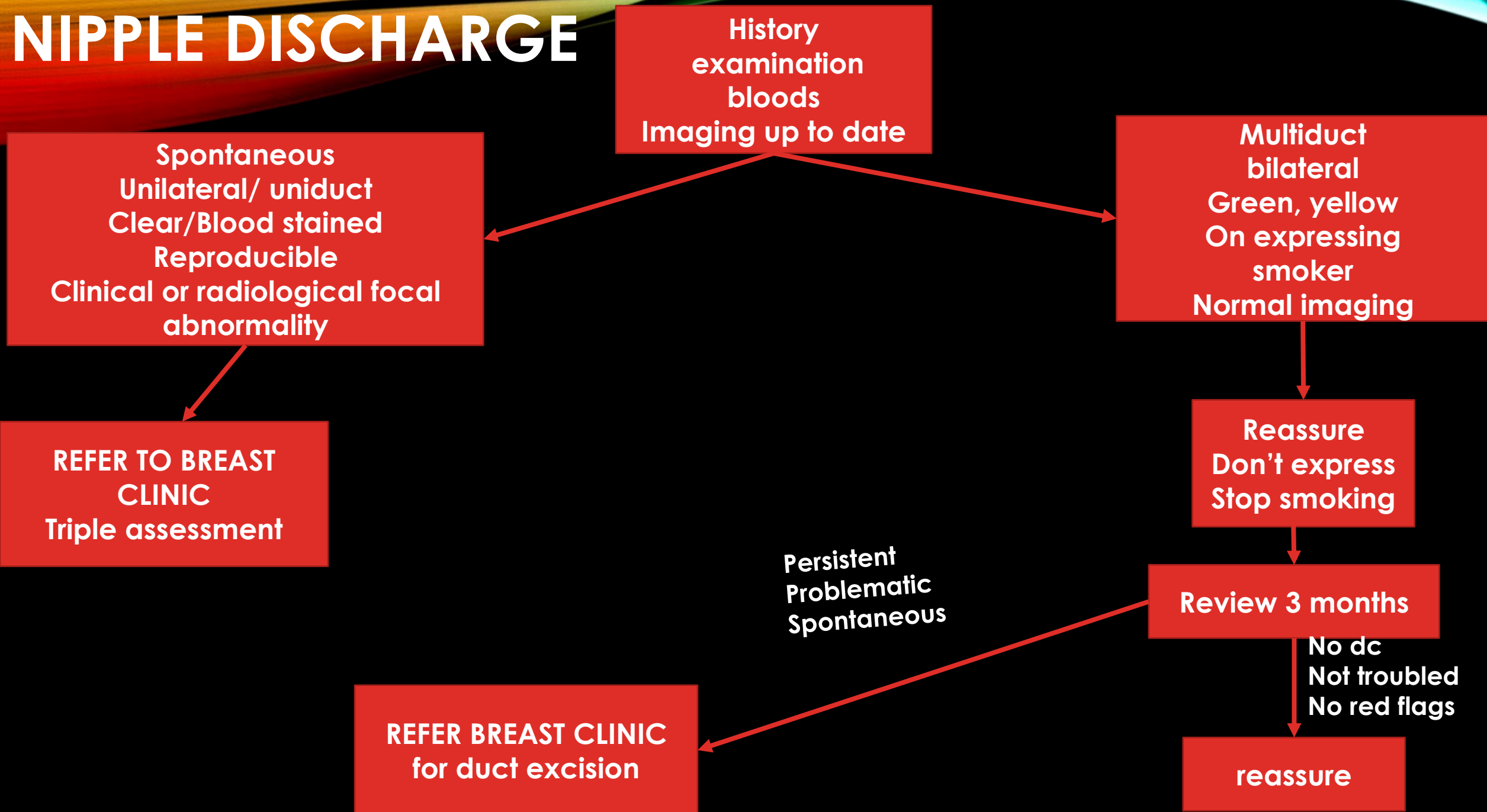
# NIPPLE DISCHARGE



# NIPPLE DISCHARGE CAUSES

- Duct ectasia
  - Trauma/excessive stimulation
  - Pregnancy
  - Hypothyroid
  - Prolactinoma
  - OCP
  - Non nipple discharge - eczema
- Papilloma
  - ADH
  - DCIS

# NIPPLE DISCHARGE



# NIPPLE DISCHARGE- SUMMARY

## REFER:

- Spontaneous, unilateral, clear/blood stained, focal abnormality, abnormal screening
- Spontaneous, persistent multiduct if ongoing & problematic after 3 months



# MALE BREAST SWELLING

# GYNAECOMASTIA CAUSES

Androgen – Estrogen relative imbalance

## PHYSIOLOGICAL 40%

Neonate



- 65-90%
- maternal/placental
- lasts 2-3weeks

Puberty



- 60% of 14y olds
- ↑ estrogen x3 + earlier peak
- ↑ testosterone 30 fold late peak
- ↑ aromatase activity
- ↑ estrogen sensitivity
- 10-12y and lasts 2y

Elderly



- 50% of 50-80y olds
- ↓free testosterone
- obesity (↑ estrogen)



# BLOODS FOR CAUSES

- TSH, free T4
- Prolactin
- LFTs
- Renal function
- BhCG, LH
- Testosterone, estradiol
- SHBG
- DHEA
- Hyperthyroid
- Prolactinoma
- Liver disease
- Renal failure
- Testicular Ca
- Androgen resistance, estrogen excess
- Adrenal tumour
- Marijuana use
- Medications

# TRIPLE ASSESSMENT

- **Clinical** – includes liver signs, thyroid, scrotum, drug/meds hx
- **Blood tests** – for causes
- **Pathological** – not all require a biopsy
- **Radiological** – not required for adolescent gynecomastia  
>50y or high index of suspicion for cancer

# WHEN TO REFER TO BREAST CLINIC

## REFER TO BREAST CLINIC:

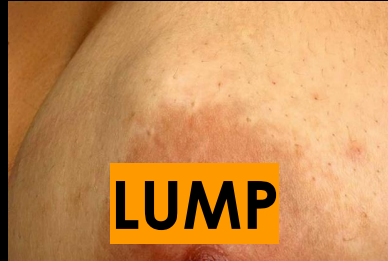
- High suspicion of malignancy or >50y to rule out malignancy
- We do not have the funding capacity to treat simple symptomatic/cosmetic gynaecomastia through breast service

# COMMON BREAST SYMPTOMS

**PAIN**



**LUMP**



**CRUSTING**



**REDNESS**



MANAGEMENT  
IN PRIMARY  
CARE

RED FLAGS REFER  
TO BREAST  
CLINIC



**SWELLING**



**DISCHARGE**



Resource constraints

**INVERSION**





