

# Clinical Anatomy of the Breast

---

## Clinical Anatomy of the Breast

---

### Carcinoma of the Breast

- **Most important pathology.**
- Commonest site ? **upper outer quadrant** (contains most glandular tissue, axillary tail).
- **Spread pathways:**
  - **Local infiltration** ? into skin, nipple, pectoral muscles, chest wall.
  - **Lymphatic spread** ? mainly to axillary nodes; also to parasternal, intercostal, subdiaphragmatic nodes.
  - **Venous spread** ? through intercostal veins into vertebral venous plexus ? vertebral metastasis.
- **Clinical signs:**
  - **Skin dimpling** ? retraction of suspensory ligaments.
  - **Peau d'orange** (orange-peel skin) ? due to lymphatic obstruction.
  - **Nipple retraction** ? fibrosis around lactiferous ducts.
  - **Fixed mass** ? infiltration of retromammary space, loss of mobility.
  - **Contralateral breast spread** ? via parasternal lymphatics.

---

## Benign Conditions

- **Fibroadenoma** ? common benign tumor in young women.
- **Fibrocystic disease** ? cyclical pain and nodularity.
- **Intraductal papilloma** ? may cause bloody nipple discharge.

---

## Infections

- **Acute mastitis** ? infection in lactating women, often due to *Staphylococcus aureus*.
- May lead to **breast abscess**, especially in retromammary space.

---

## Congenital Anomalies

- **Polythelia** ? accessory nipple along embryonic milk line.
- **Polymastia** ? accessory breast tissue, may develop anywhere along milk line (axilla common).
- **Amastia** ? absence of breast.
- **Gynecomastia** ? enlargement of male breast due to hormonal imbalance (seen in liver disease, puberty, drug-induced).

---

## Surgical Importance

- **Modified radical mastectomy** ? requires knowledge of lymphatic drainage for axillary clearance.

- **Breast implants** ? usually placed in **retromammary space** or beneath pectoralis major.
- **Sentinel lymph node biopsy** ? identifies first draining node; if free of disease, axillary dissection may be avoided.