

# Breast – Dissection

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### Step 1: Skin Incisions

- Make a **circular skin incision** around the breast, including the nipple and areola.
  - Reflect the skin carefully to expose the **superficial fascia**.
  - Observe the **areola with Montgomery's glands** and **nipple with lactiferous ducts openings**.
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### Step 2: Superficial Fascia

- Breast lies entirely within the **superficial fascia** of the anterior chest wall.
  - Note:
    - **Glandular tissue** ? arranged in 15–20 lobes.
    - **Lactiferous ducts** ? each lobe drains into one duct, which opens on nipple.
    - **Fatty tissue** ? fills space around lobes, especially in periphery.
    - **Suspensory ligaments of Cooper** ? fibrous bands connecting skin to deep fascia, maintain breast contour.
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### Step 3: Retromammary Space

- Identify the **loose areolar tissue plane** between breast and deep pectoral fascia.
  - Allows mobility of breast over chest wall.
  - Clinical: Infiltration in carcinoma causes **fixation of breast**.
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#### Step 4: Vascular Supply

- Expose arteries:
    - **Internal thoracic artery** (perforating branches).
    - **Lateral thoracic artery**.
    - **Thoracoacromial artery**.
    - **Posterior intercostal arteries**.
  - Veins accompany arteries and drain mainly into **axillary vein** and **internal thoracic vein**.
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#### Step 5: Nerve Supply

- Cutaneous nerves encountered:
    - **Anterior and lateral cutaneous branches of 4th–6th intercostal nerves**.
    - Carry sensory fibers to skin and nipple, sympathetic fibers to vessels and smooth muscle.
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#### Step 6: Lymphatic Drainage

- Expose and trace lymphatic channels:
    - **Axillary lymph nodes** (75%) ? mainly anterior/pectoral group.
    - **Parasternal nodes** ? along internal thoracic vessels.
    - **Posterior intercostal nodes** ? along intercostal spaces.
    - **Subdiaphragmatic nodes** ? communicate with abdominal lymphatics.
  - Identify **subareolar plexus of Sappey** around areola ? drains nipple and areola.
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### Step 7: Relations

- Breast lies over:
    - **Pectoralis major** (2/3).
    - **Serratus anterior** (1/3).
  - Note extension of **axillary tail of Spence** into axilla.
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### Step 8: Clinical Demonstrations in Dissection

- **Carcinoma of breast:**
  - Skin dimpling (fibrosis of Cooper's ligaments).
  - Peau d'orange (lymphatic obstruction).
  - Nipple retraction (fibrosis of lactiferous ducts).

- Fixation to chest wall (retromammary space infiltration).
- **Gynecomastia:** seen in male breast.
- **Polymastia / Polythelia:** accessory breast or nipples along milk line