

Surgery of the Breast

Diagnosis and Treatment of Breast Diseases

Edited by
Jan Olof Strömbeck and Francis E. Rosato

335 Illustrations by K.-H. Seeber
46 Tables

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Preface

At first consideration there might be some question as to the need for a book devoted to surgery of the breast. Several excellent works on the same subject exist already. However, on close inspection, most of these books are written with a particular emphasis and usually a single discipline point of view. If there has been any major trend in the improved care of patients with breast cancer, it has been a development of the multi-disciplinary approach involving, at different stages, oncologists, surgeons, gynecologists, plastic surgeons, pathologists and radiotherapists. A major purpose of this book is to integrate and review the contributions of all the specialties in the management of diseases of the breast, with the hopeful result that doctors involved in one phase or another may become more knowledgeable of what is possible and available through the other disciplines as well. If this purpose is served there is bound to be a broader, more comprehensive view taken of the problems – to the ultimate benefit of the patient.

The second purpose is obviously to update the information base on all aspects of breast disease treatment. There have been rapid advances particularly in the areas of adjuvant chemotherapy, new and effective surgical approaches in reconstructive surgery, and further advances in diagnostic methods as well. It is hoped that this book will stand at least for some time as a statement of the current available therapies.

This book is a joint effort with contributors from both sides of the Atlantic Ocean, from North America and many European countries as well. Such a broad-based contributorship should also add to the scope of the work.

There has been some overlap in the materials covered by the various contributors. Although the editors have attempted to minimize this, we have allowed a fair amount in the hope that such expanded coverage will be viewed favorably by the reader. At times the contributors may even hold differing viewpoints, which certainly reflects the changing and evolving approaches to breast disease.

The editors have tried to confer a unity of style, but the rigors of translating the contributions were such that we worked primarily to retain the authors' original and exact sense, even at the expense of smooth style. The editors are most appreciative of the excellent chapters submitted by each of the authors.

We also extend our thanks to Tord Sundberg, M. D. who helped in the editorial work and our secretaries Miss Kathie Wood, Miss Karen Cahill and Miss Ingegerd Ahlin. We are also grateful to Georg Thieme Verlag for its help, forbearance, and support and to K.-H. Seeber whose excellent illustrations add so much to the value of this book.

Stockholm/Philadelphia, Summer 1985

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Clinical Examination and Aspiration Biopsy Cytology (ABC) of the Breast

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Introduction

When a woman seeks help for a breast lesion, the first step is to reach a correct diagnosis. This is based on the foundations of clinical examination, mammography, and microscopy of an aspirate or piece of tissue (Frischbier 1977). This involves a microscopic definition and in cases of cancer, malignancy grading as a basis for therapy. A team consisting of an oncologist, a radiologist, a cytologist, and a surgeon who evaluate the patient at a regular "breast conference" provides the necessary expertise.

In the last decade, the therapy of mammary cancer has become more complex as many women have become informed about this topic through the lay press. The patient should have the right to an exact diagnosis and the opportunity to share in the final decision about treatment. Discussion with the team is most valuable, providing the patient with accurate information and advice about different types of treatment.

Clinical Examination

When a patient is referred to our department for a diagnostic aspiration biopsy, we listen to her description of how she became aware that something has appeared in her breast, and we then ask her to point her finger to the actual site of the lump (Fig. 1.1).

We rely on the patient's description of her findings. Most women seek advice with insignificant symptoms and signs, a circumstance that should not, however, exclude a thorough examination.

The first step in the examination is a careful inspection. Changes of contour are most easily observed when the patient is seated and raises and lowers both arms simultaneously (Fig. 1.2A, B). Most lumps can be reliably palpated with the patient first seated and then lying supine (Fig. 1.3A, B).

Women themselves often discover a change in the glandular tissue with their soapy fingers under the shower or in the bath. Our experience is that palpation, with the patient supine, gives the best results when using lubricated fingers (we prefer Hibitane solution). The friction between the examining hand and the patient's skin is thus eliminated and even very slight irregularities can be detected and evaluated. (Fig. 1.4).

The next step is to wipe away the lubricant and determine whether there is any dimpling of the skin over the lesion by compressing the breast with the examining hands over the lump. This so-called "plateau test" is very important since dimpling is not rare and is observed even in small cancers when they are superficial. This "plateau test" can also be positive in cases of fat necrosis, simple cysts, and granular cell tumors (myoblastomas) (Fig. 1.5). Routinely, the axillary and supraclavicular node regions are meticulously palpated (Fig. 1.6A, B).

Fine Needle Aspiration Biopsy Cytology (ABC)

Technique

Any palpable lesion can be aspirated. The lump is fixed between the index finger and the thumb. A disposable needle with an external diameter of 0.6 to 0.7 mm (23 to 22 gauge) is fixed on a disposable syringe (which is

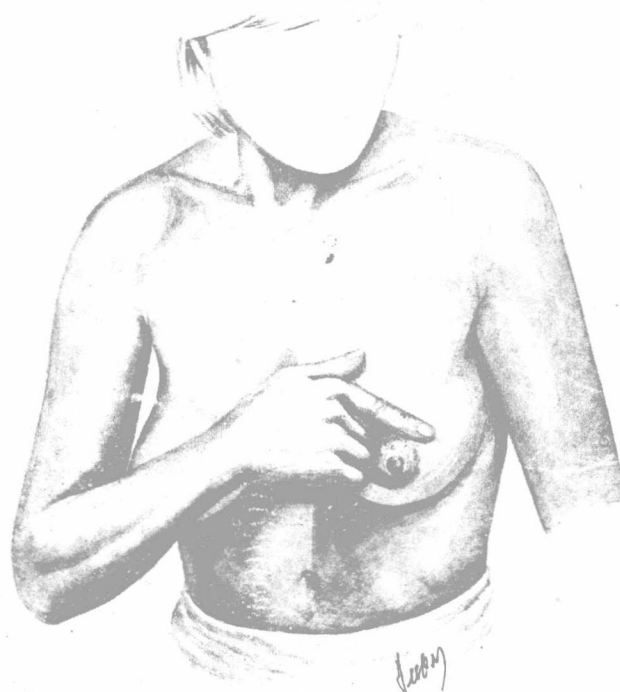


Fig. 1.1 The patient is asked to point to the lump or to the site of discomfort.

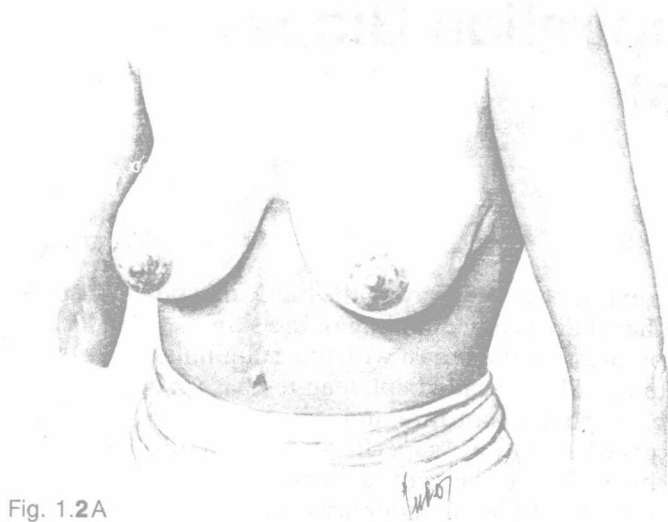


Fig. 1.2A

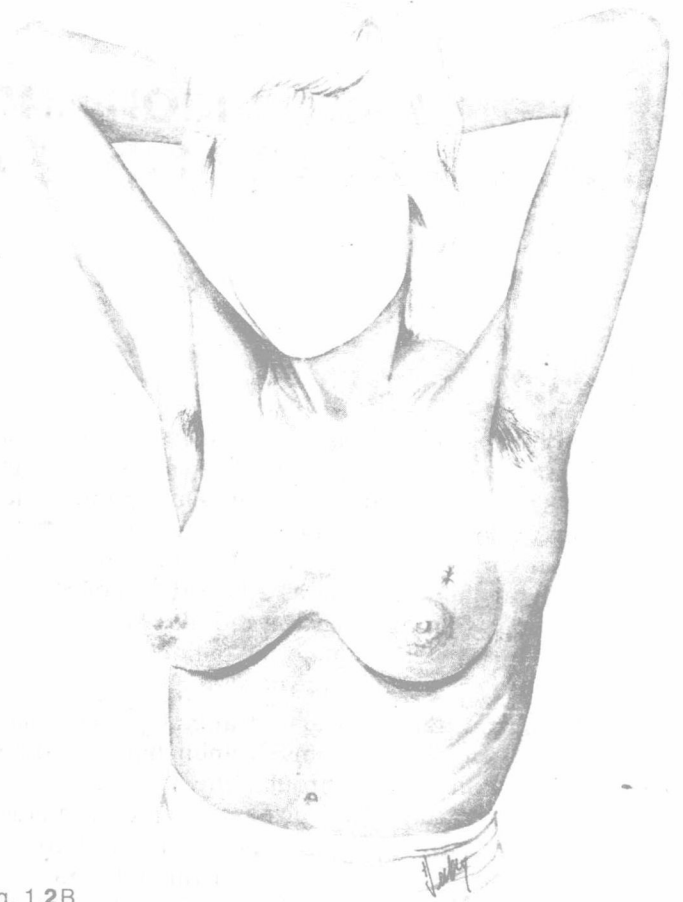


Fig. 1.2B



Fig. 1.3A

Fig. 1.2A Inspection with arms down.
Fig. 1.2B Inspection with arms raised.

Fig. 1.3A Palpation when patient is sitting.
Fig. 1.3B Palpation when patient is lying supine.



Fig. 1.3B