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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With Contributions by

K. I. Bland
H. Bohmert
R. S. Boova
R. Cantor
K. Carlström
L. Clodius
A. Costa
R. W. Crichlow
R. A. Egeli
M. Földi
S. Franzén
H.-J. Frischbier
Karin Gyllensköld
L. S. Heuser
C. E. Horton
N. T. Johansson
C. Johnsén
A. Kratochwil
H. P. Leis, Jr.
J. B. McCraw
Martha D. McDaniel
W. P. Maier
W. H. Messerschmidt
W. Mühlbauer
R. R. Olbrisch
H. C. Polk, Jr.
P. Regnault
F. E. Rosato
G. P. Rosemond
R. Saccozzi
H. Sköldefors
J. S. Spratt
H.-E. Stegner
J. O. Strömbeck
N. O. Theve
L. Uddströmer
J. A. Urban
U. Veronesi
L. Wallenberg
A. Wallgren
N. Wilking

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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, forebearance, and support and to K.-H. Seeber whose excellent illustrations add so much to the value of this book.

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Jan Olof Strömbeck
Francis E. Rosato

Contributors

Bland, K. I., M.D., Department of Surgery, Box J-286, JHMHC, University of Florida, College of Medicine, Gainesville, Florida 32610, USA

Bohmert, H., Prof. Dr., Chirurgische Klinik und Poliklinik am Klinikum Großhadern, Marchioninistr. 15, D-8000 München 70

Boova, R. S., M.D., Department of Surgery, Jefferson Medical College, 1025 Walnut Street, Philadelphia, Penn 19107, USA

Cantor, R., M.D., Jefferson Medical College, 1025 Walnut Street, Philadelphia, Penn 19107, USA

Carlström, K., M.D., Hormonlaboratoriet, Kvinnokliniken K 57, Huddinge sjukhus, S-141 86 Huddinge

Clodius, L., Dr., Abteilung für Plastische Chirurgie, Universitätsspital Zürich, Rämistr. 100, CH-8091 Zürich

Costa, A., M.D., Instituto Nazionale, Per Lo Studio E La Cura Dei Tumori, Via Venezian 1, I-20133 Milano

Crichlow, R. W., William and Bessie Allyn Professor and Chairman, Department of Surgery, Dartmouth Medical School, Hanover, New Hampshire 03756, USA

Egeli, R. A., M.D., Department of Surgery Hospital Cantonal, 1211 Geneva 4, Switzerland

Földi, M., Prof. Dr., Haus am Kurpark, Haslachstr. 1, D-7821 Feldberg 1

Franzén, S., Prof. M.D., Kevingestrand 45, S-182 13 Danderyd

Frischbier, H.-J., Prof. Dr., Direktor der Strahlenabteilung der Frauenklinik der Universität, Martinistr. 52, D-2000 Hamburg 20

Gyllensköld, Karin, Dr., Department of Psychotherapeutic Training, Karolinska Institutet, St. Görans Sjukhus Psykiatriska Klinik, Box 12500, S-112 81 Stockholm

Heuser, L. S., M.D., University of Louisville, School of Medicine, Health Sciences Center, Louisville, Ky 40232, USA

Horton, C. E., M.D., 400 W Brambleton Avenue, Suite 300, Norfolk, Virginia 23510, USA

Johansson, N. T., M.D., Kirurgiska Kliniken, Lasarettet, S-521 01 Falköping

Johnsén, Chr., M.D., Kirurgiska Kliniken, Sahlgrenska sjukhuset, S-413 45 Göteborg

Kratochwil, A., Prof. Dr., Vorstand der gebh. gyn. Abteilung des Allgemein öffentlichen Krankenhauses der Kurstadt Baden bei Wien, Wimmergasse 19, A-2500 Baden

Leis, H. P., Jr., M.D., Clinical Professor of Surgery, University of South Carolina School of Medicine, Columbia, 113 11th Avenue North, North Myrtle Beach, South Carolina 29582, USA

McDaniel, Martha D., M.D., Assistant Professor of Surgery, Department of Surgery, Dartmouth Medical School, Hanover, New Hampshire 03756, USA

McGraw, J. B., M.D., 400 W Brambleton Avenue, Suite 300, Norfolk, Virginia 23510, USA

Maier, W. P., M.D., Department of Surgery, Temple University Hospital Health Sciences Center, Philadelphia, Pa 19140, USA

Messerschmidt, W. H., M.D., Department of Surgery, Jefferson Medical College, 1025 Walnut Street, Philadelphia, Pa 19107, USA

Mühlbauer, W., Prof. Dr., Abteilung für Plastische Chirurgie, Städtisches Krankenhaus München-Bogenhausen, Englschalkinger Str. 77, D-8000 München 81

Olbrisch, R. R., Priv.-Doz. Dr., Chefarzt der Klinik für Plastische Chirurgie, Diakoniekrankenhaus Kaiserswerth, Kreuzbergstr. 79, D-4000 Düsseldorf 31

Polk, H. C., Jr., M.D. Professor of Surgery and Chairman of the Department of Surgery, University of Louisville, Health Sciences Center, Louisville, Ky 40232, USA

Regnault, P., M.D., Chirurgie Plastique, 300 Léo Parizeau, Suite 901, Montreal, H2W 2N1, Canada

Rosato, F. E., M.D., Chairman of the Department of Surgery, Jefferson Medical College of Thomas Jefferson University, 1025 Walnut Street, Philadelphia, Pa, 19107, USA

Rosemond, G. P., M.D., Professor of Surgery, Emeritus Chairman of the Department of Surgery, Temple University, 3400 N. Broad Street, Philadelphia, Pa 19140, USA

Saccozzi, R., M.D., Instituto Nazionale, Per Lo Studio, E La Cura Dei Tumori, Via Venezian 1, I-20133 Milano

Sköldefors, H., M.D., Kirurgiska kliniken, Sabbatsbergs sjukhus, S-113 82 Stockholm

Spratt, J. S., M.D., University of Louisville, School of Medicine, Raymond Meyers Hall, Cancer Center, Louisville, Ky 40292, USA

Stegner, H.-E., Prof. Dr., Direktor der Abteilung für gynäkologische Histopathologie und Elektronenmikroskopie, Universitäts-Frauenklinik, Martinistr. 52, D-2000 Hamburg 20

Strömbeck, J. O., M.D., Plastikkirurgiska Kliniken, Sabbatsbergs sjukhus, S-11382 Stockholm

Theve, N. O., M.D., Kirurgiska Kliniken, Sabbatsbergs sjukhus, S-11382 Stockholm

Uddströmer, L., M.D., Kirurgiska Kliniken, Sjukhuset, S-800 87 Gävle 7

Urban, J. A., M.D., Professor of Clinical Surgery, 215 East 68th Street, New York, N.Y. 10021, USA

Veronesi, U., Prof. M.D., Instituto Nazionale, Per Lo Studio, E La Cura Dei Tumori, Via Venezian 1, I-20133 Milano

Wallenberg, L., Prof. M.D., Plastikkirurgiska Kliniken, Sabbatsbergs sjukhus, S-113 82 Stockholm

Wallgren, A., M.D., University of Gothenburg, Department of Oncology, Sahlgrenska sjukhuset, S-413 45 Gothenburg

Wilking, N., M. D., Kirurgiska Kliniken, Sabbatsbergs sjukhus, S-11382 Stockholm

Contents

Chapter 1

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

S. Franzén

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

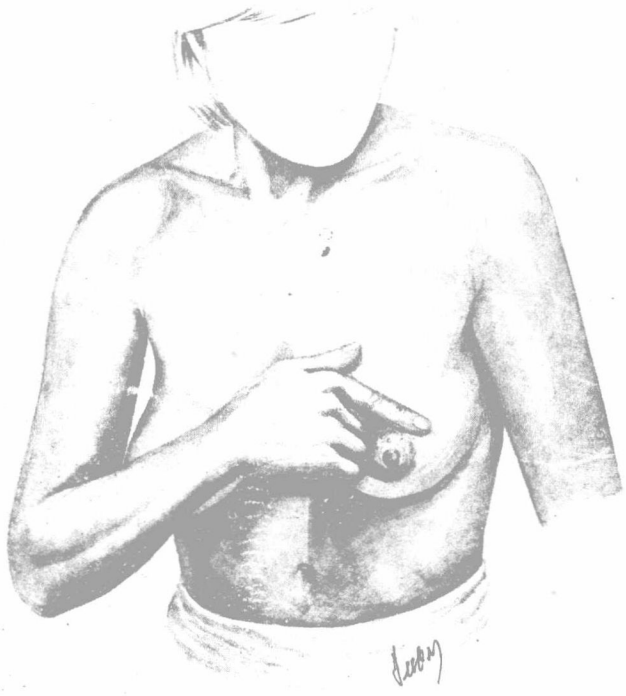

Fig. 1.1 The patient is asked to point to the lump or to the site of discomfort.

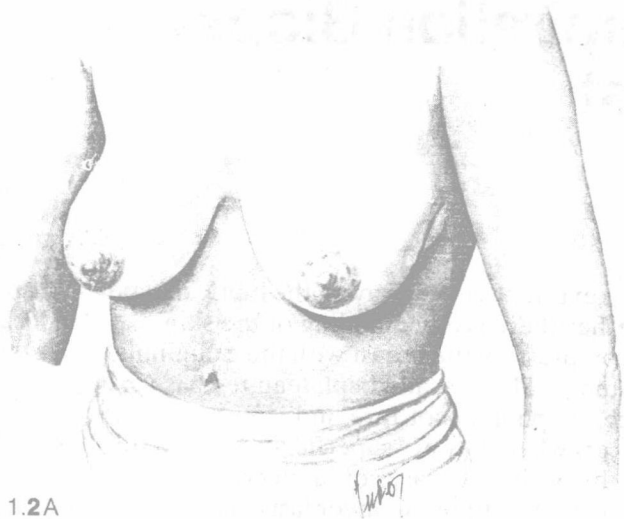

Fig. 1.2A

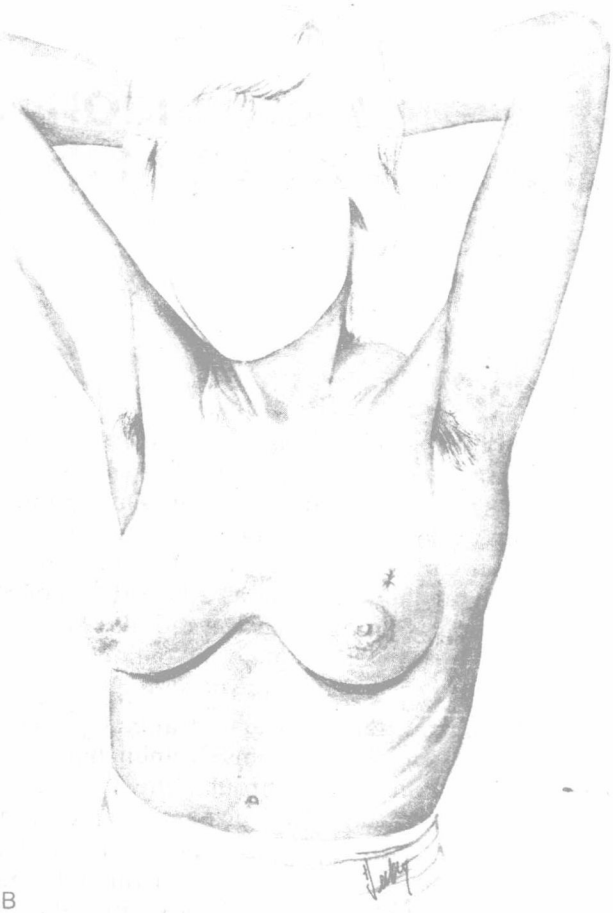

Fig. 1.2B

Fig. 1.2A 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.

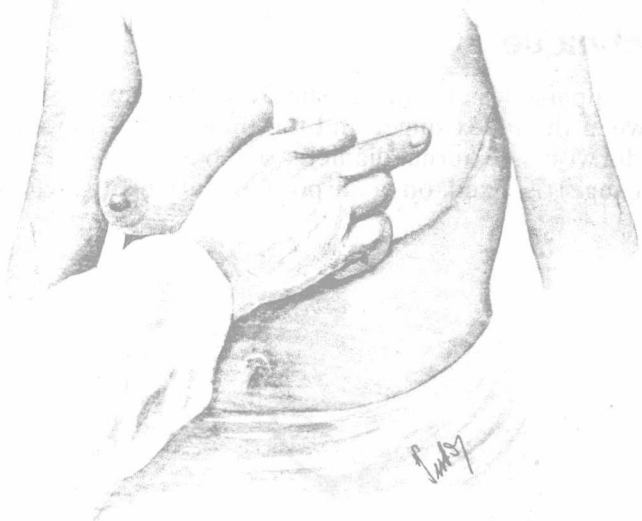

Fig. 1.3A

Fig. 1.3B