

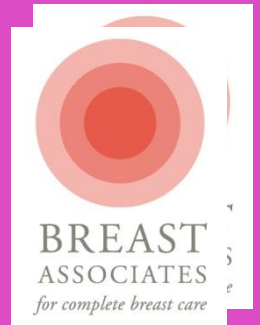
Case History

Rotorua GP CME 2012

Male breast cancer
Asymmetry young
Genetic
Invasive cancer
Unknown primary
Nipple discharge
Breast pain



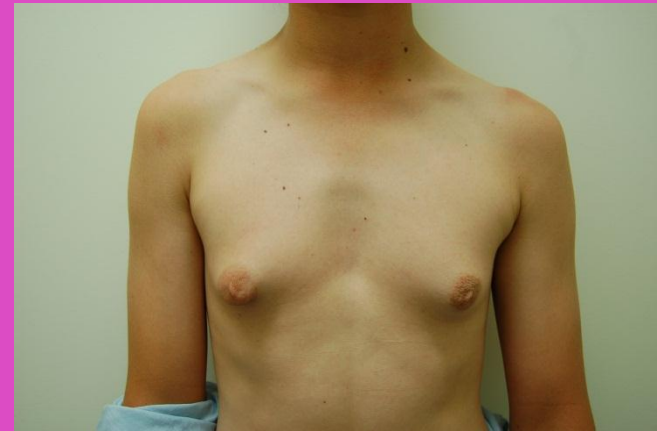
Case History



- Mr JR
- 64yr old male
- Lump right breast
- Mother died ca breast 42yrs
- Maternal cousin 42
- Maternal cousin 48

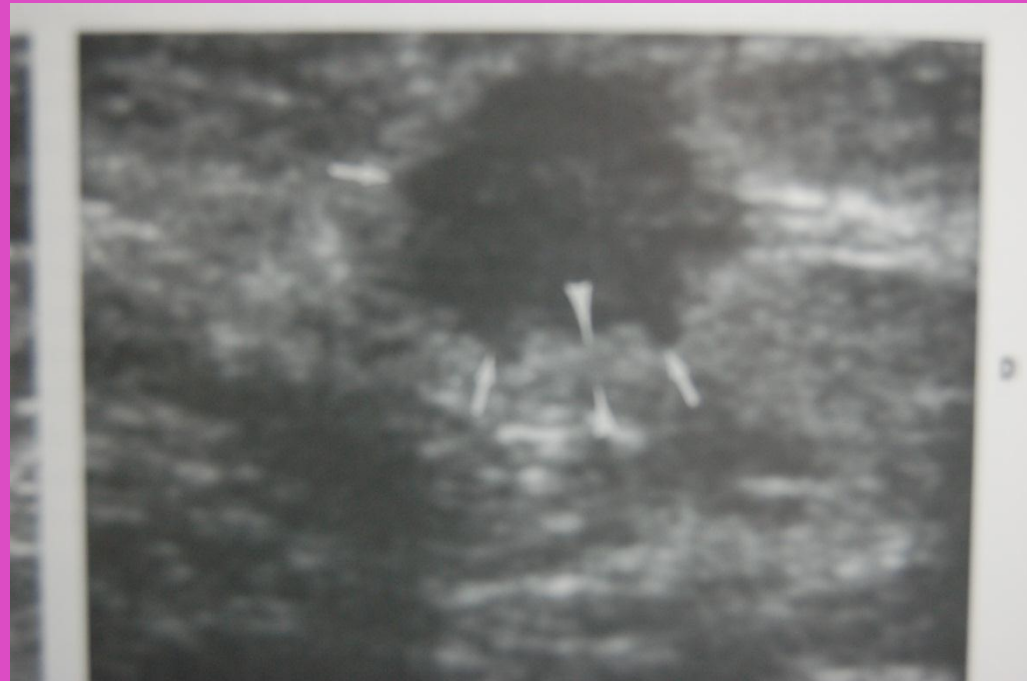
Male Breast Lump

- Gynaecomastia under areolar commonly
Alcohol marijuana testicular cancer drugs
- Cancer under areolar
anywhere
- Lipoma anywhere soft
- Chest wall lesion hard CXR



Case History

- Two children
- Exam mass right under nipple 2 cm
- Ultrasound irregular
- Mammogram normal



Case History



- Invasive ductal cancer
- Mastectomy
- Sentinel node
- Pathology : 4mm invasive duct gd 1
0/5 nodes
Oestrogen positive



Male Breast Cancer



- Mammogram important
- MRI is useful
- Don't forget to check testicles or ask !
- Mastectomy
- Radiotherapy
- Anti oestrogen
- Chemotherapy

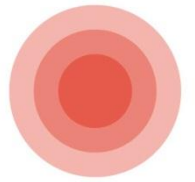


Case History

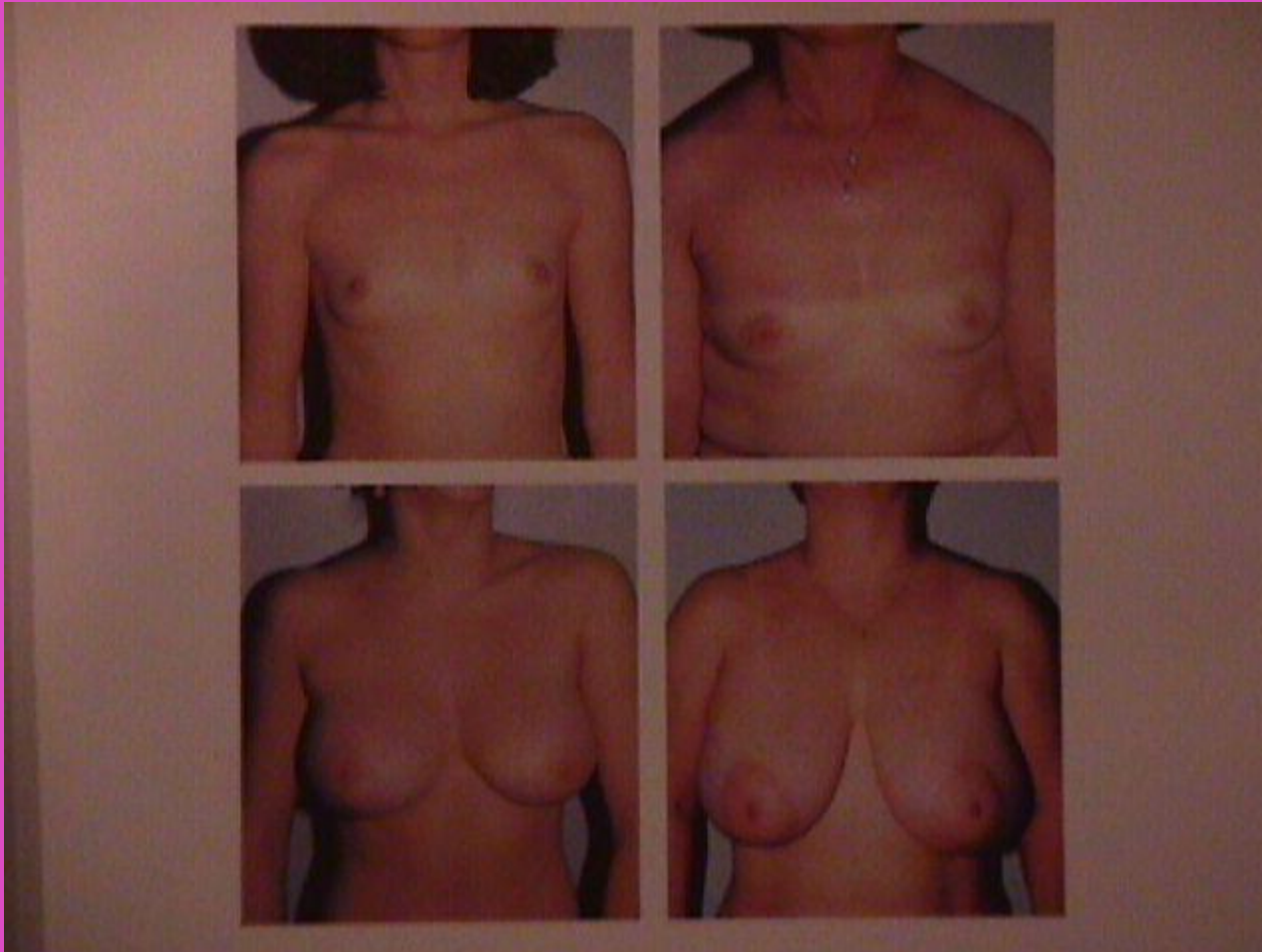
- 18 yr old girl
- Uneven breasts
- Family hx mother ca breast aged 45yrs
- At school
- On the oral contraception
- Non smoker



“normal” Many shapes and sizes



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Breast Asymmetry



Abnormal Breast

- Nipple inversion
- Extra tissue
- Extra nipples
- Asymmetry
- Tubular
- Hypertrophy
- Lumps



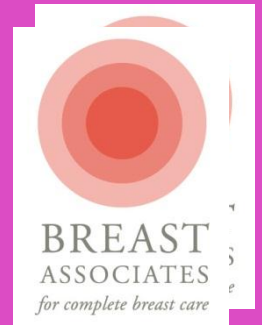
Breast Asymmetry



- Refer at an early age to help psychosocial
- Ask which is the favorite breast
- Expect delay in treatment but is available in public system



Case History



- BRCA1
- Children son BRCA1 positive
- Daughter BRCA1 positive
- Surveillance other breast
- Advice to children

MRI change of treatment

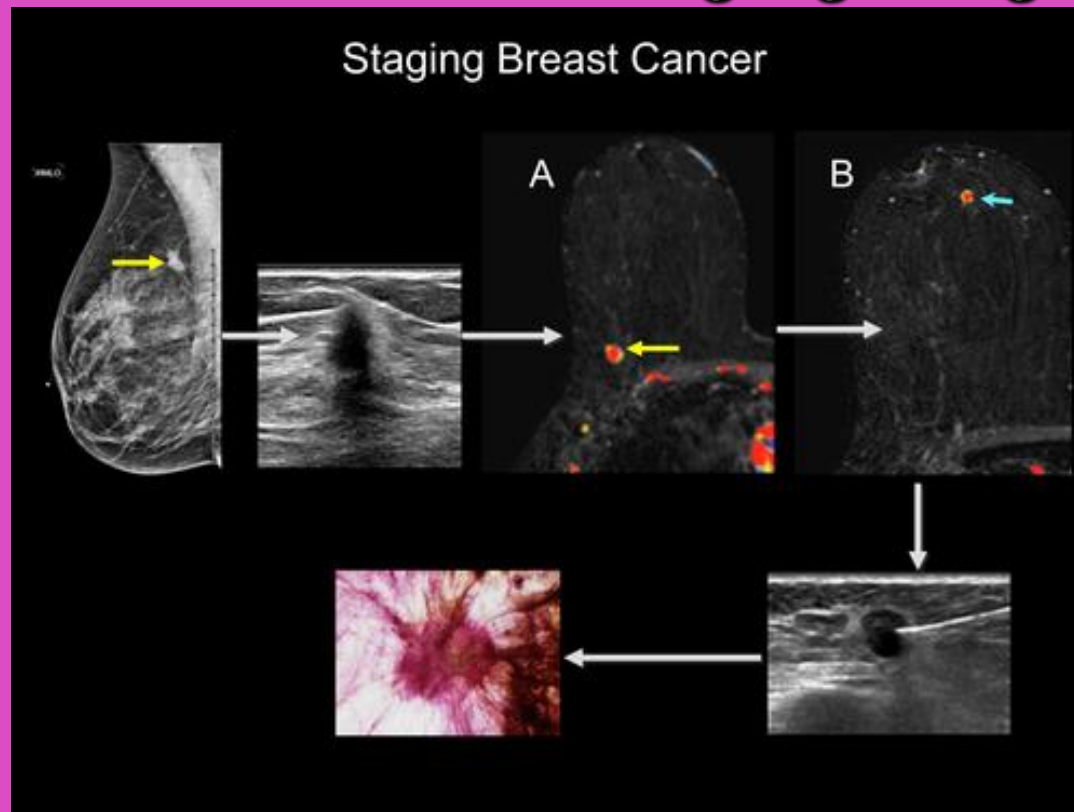


- Mammogram abnormal 45 yrs old
- No family hx
- Three children
- Core suggests lobular cancer



Case History MRI

- Small cancer MLO mammo rt tail breast
- Second are on MRI changing surgery



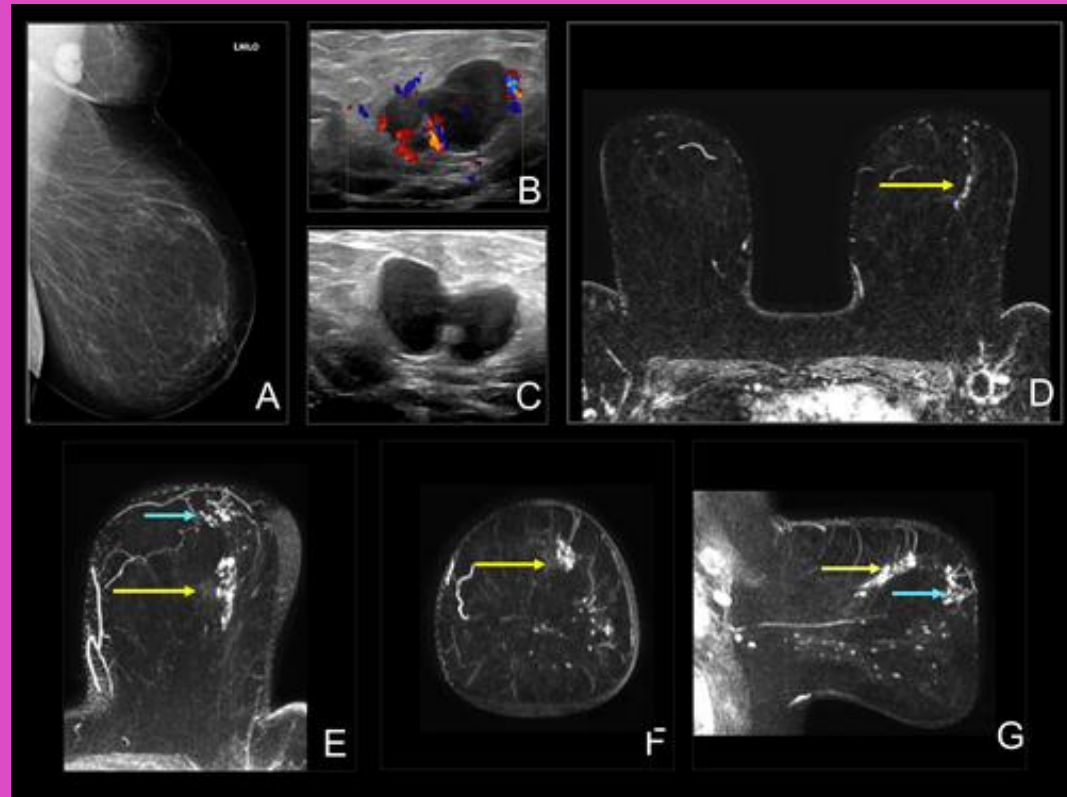
Axillary lump

- Abnormal lymph node
- Granulomatous disease: Tuberculosis
sarcoidosis
- Malignancy : node ,breast
,bone,melanoma
- Accessory breast tissue
- Skin lesions
- Normal muscle anatomy



Axillary node ? Primary

- 35 yr old woman Lt axillary node
- Biopsy proven form cancer breast
- MRI shows enhancing lesion invasive duct gd 3
OR positive



Breast Pain



- 42yr old female
- Severe left side sharp breast pain
- Mother just died ca breast aged 64yrs
- Three children



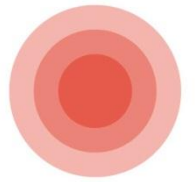
Breast Pain



- Investigations :
 - a) ? mammogram (painful)
 - b) Ultrasound
 - c) MRI
 - d) Four quadrant biopsy



Breast Pain



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- Caffeine
- Smoking
- Stress
- Alcohol
- Reassurance
- EPO



Nipple Discharge

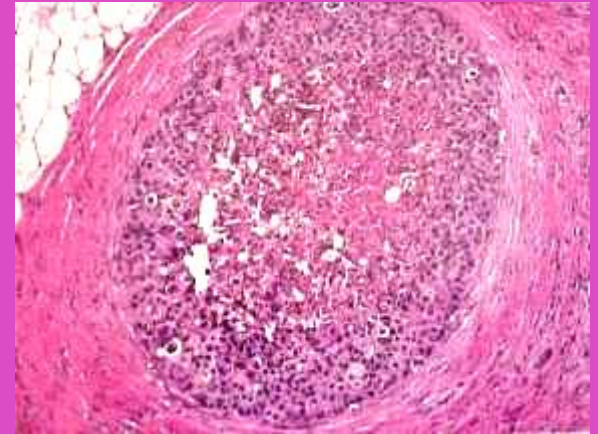


- 40yr old
- Left sided nipple discharge /itching
- No family history
- two children
- No meds
- Clinical clear/blood stained dripping one duct
- Nil right
- Eczema history



Nipple Discharge

- Microdochectomy
- DCIS 30mm High grade
- Nil on mammogram
- Nil on ultrasound
- Went forward to a mastectomy and implant reconstruction
- Further 50mm DCIS high grade found



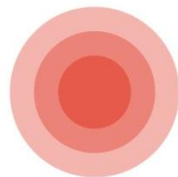
Nipple Discharge

- 5% of all referrals
- Fear of cancer
- 95% benign
- Spontaneous
- Clear or bloody
- One breast persistent
- Single duct



papilloma

All aspects of breast care dealt with in a
caring and professional manner by our
multidisciplinary team.



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