

# Carcinoma breast

MC cancer overall in the world

Most common location

MC subtype

Spreads via para-vertebral venous plexus to spine and vertebra

Feature of breast lump

1. Stony hard in consistency ✓
2. Fixed to adjacent tissues ✓

Common sites of metastasis

1. Lymph nodes : Axillary LN
2. Bones : pathological fracture
3. Lungs, brain and liver

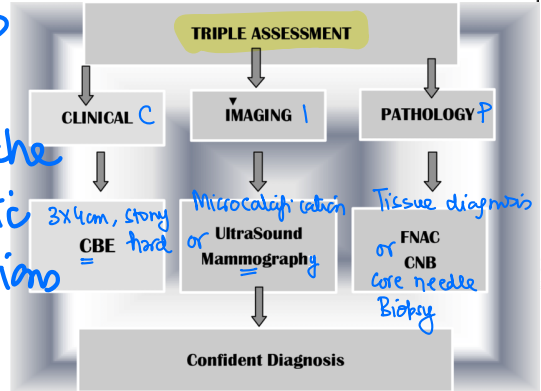
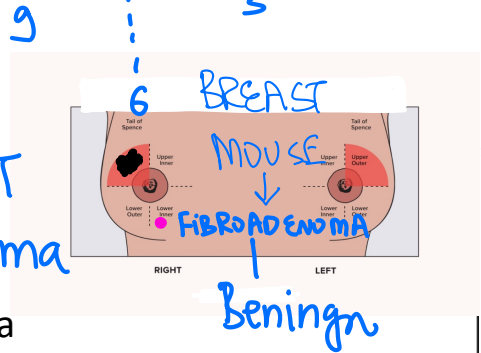
MC CANCER in ♀ leading to death: → Co lung

OUTER UPPER QUADRANT  
INVASIVE ductal carcinoma

BATESON plexus

low backache  
MRI spine: lytic lesions  
in Vx

limited motility





distort mets => 10-FDU-121

juho - akshy guaise

# Tahira Kashyap to Mahima Chaudhry: Bollywood celebs who have fought and survived breast cancer

By [Sugandha Rawal](#)



Bollywood celebrities such as Tahira Kashyap and Mahima Chaudhry have fought breast cancer and shared their survival tales.



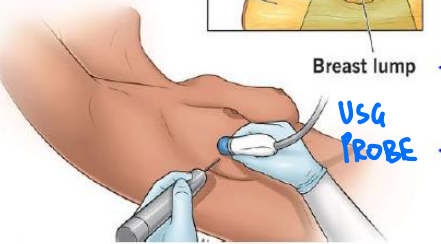
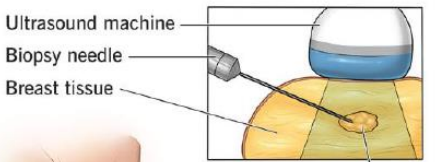
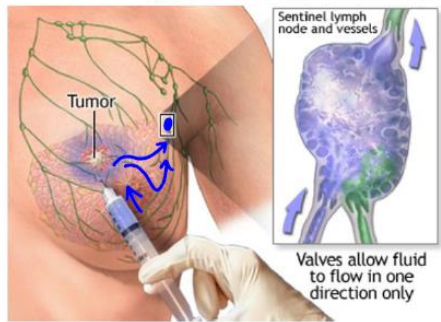
On Friday, actor Hina Khan shared that her treatment has already begun.

On Friday, actor [Hina Khan](#) sent her fans into shock and

10/10/2023

5

lymph node  
**Sentinel node biopsy (PRE-OP)**



1st node to receive metastatic deposits

Peri-Tumoral injection of

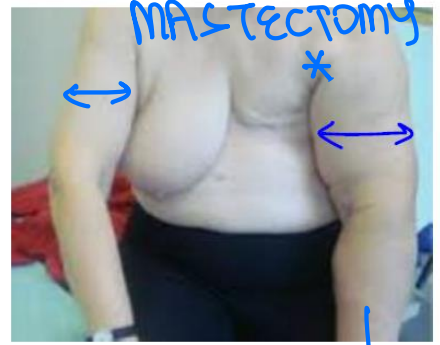
1. Tc99m lymphoscintigraphy
2. ISOSulphan blue
3. methylene blue

S/F: anaphylaxis

\* PET scan: DISTANT METS

\* MRI Chest/Abdomen: Staging

POST-OP  
**MASTECTOMY**



\* lymphedema

# Risk factors

## familial BREAST CANCER

1. Age

2. Family history

BRCA 1 : ♀

BRCA 2 : ♂

3. Early menarche and late menopause

ESTROGEN +++

4. Previous history of cancer of endometrium or ovary

5. Obesity

ESTROGEN +

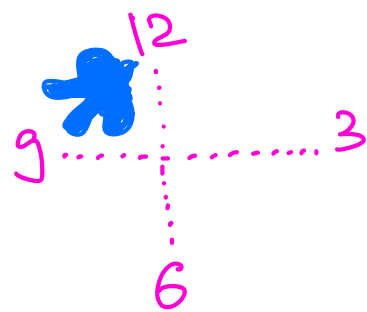
6. Nulliparity and late first birth of child

7. Radiation exposure

\* **Spontaneous** BREAST CANCER ⇒ **p53** mutation

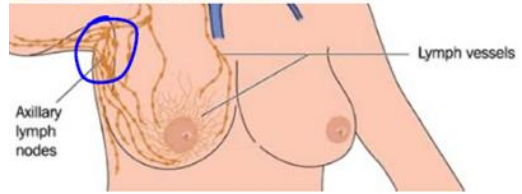
## FIBROADENOMA

MAMMOGRAPHY ⇒ Pop corn calcification  
macro



## Nursing assessment findings

1. Mass felt in all quadrant of breast during BSE or CBE
2. "Microcalcification" in mammography
3. Fixed irregular margins attached To pectoralis major / skin
4. Asymmetry of breast
5. Nipple retraction
6. Nipple discharge bloody
7. Skin dimpling or peaud' orange
8. Axillary lymph node enlargement +
9. Lymphedema of arm ← impaired lymphatic flow



# Breast self examination BSE: monthly basis

1. Done on 7-10<sup>th</sup> day of menstrual cycle
2. Pads of 2<sup>nd</sup> / 3<sup>rd</sup> / 4<sup>th</sup> finger used
3. Check of lump or hard knot or thickening of tissues



## Surgical interventions

Lumpectomy

ENTIRE lump removed

Simple mastectomy

Skin, breast tissue, nipple and areola removed

Modified radical mastectomy

MRM

" " " "  
Chest muscles like pectoralis major is preserved

+ axillary  
lymph  
node  
Resection

## Non surgical approach

Radiotherapy

Hormonal manipulation

TAMOXIFEN

Monoclonal antibodies; Trastuzumab for HER2+

HER2/neu mutation

Stage III: Neoadjuvant chemotherapy → MRM

# Post op mastectomy

1. Vitals ✓
2. Semi fowler position and turn to lie on unaffected side to allow arm elevation
3. Deep breathing exercise and cough ↓ atelectasis
4. Record JP drain amount
5. Assess surgical site for evidence of infection
6. Monitor fluid balance and electrolyte status
7. **No injection / iv / venepuncture in the arm on side of mastectomy**

LYMPHEDEMA



JACKSON  
PRATT drain