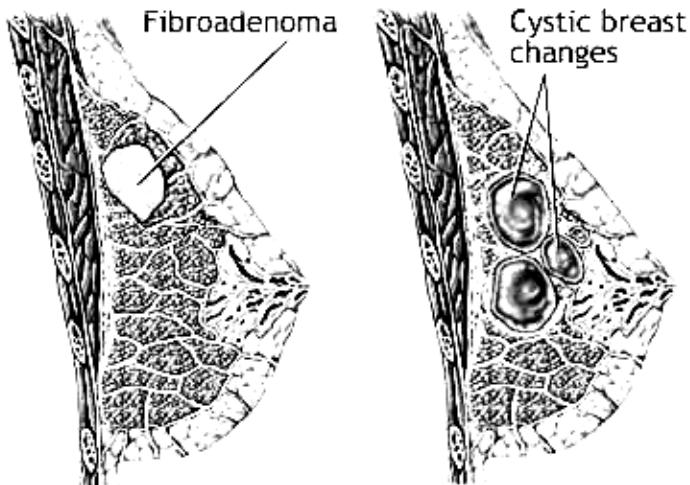


Breast Lumps

Benign Lumps (Noncancerous Lumps)

Any noticeable change, thickening, or localized swelling in your breast that wasn't there before may be a lump. Most breast lumps are not cancerous and most women will experience a benign lump sometime in their lives. The following are common breast problems that appear as lumps.

Common benign causes of breast lumps



Fibrocystic Changes: These are the most common cause of breast lumps in women age 35 to 50, and are responsible for at least half of all breast operations performed. This condition, formerly called fibrocystic breast disease, is not an actual disease, but probably an overreaction by the mammary glands, ducts, and fibrous tissue to normal hormonal changes. As a result, multiple pockets of fluid (called sacs or cysts) develop, and an increase in fibrous tissue may form. In some instances, a lump may consist only of fibrous rubbery tissue (a condition called mammary dysplasia). Tenderness and lump size commonly increase during the week before menstruation and decrease the week after. Many women experience decreased tenderness with the elimination of caffeine from their diet. Vitamin E supplements have been recommended in dosages of 200-400 I.U./day (consult your doctor). Some home remedies—such as wearing a supportive bra, reducing salt intake to minimize fluid retention, and using ice packs to ease discomfort—may alleviate

swelling and pain. Fibrocystic changes usually disappear after menopause.

Simple Cysts: These are a fibrocystic variation and are either single or multiple fluid-filled sacs. With simple cysts, there is no significant increase in fibrous tissue. Tenderness and lump size often fluctuate with the menstrual cycle.

Fibroadenoma: This is a single solid tumor comprised of fibrous and glandular tissue. It occurs most frequently in women between 18 and 35 and is usually moveable when felt. Although it is not usually tender, premenstrual tenderness can occur. Nearly all breast tumors in women under age 25 are fibroadenomas.

Papillomas: These are small, wart-like growths in the lining of a mammary duct near the nipple, which can produce a clear or bloody discharge from the nipple.

Other Conditions

Mastitis: This is an infection of the breast which occurs when bacteria enter the mammary ducts through the nipple, usually as a result of suckling during breast-feeding. Localized pockets of infection (abscesses) appear as tender, warm lumps. Antibiotics are generally necessary.

Trauma: Injury to the breast may result in blood accumulation (hematoma) or destruction of fatty tissue (fat necrosis). Both conditions can appear as lumps. No evidence exists that injury causes cancer.

Malignant Lumps (Cancerous Lumps): Malignant lumps are usually single, hard, and painless. They develop most often from mammary ducts or glands, and are most commonly found in the upper outer portion of the breast. Unlike benign lumps, cancerous lumps continue to grow in an uncontrolled manner and in time will spread beyond the breast. The risk of developing breast cancer is greater:

1. If you are over 30—and the chances increase with age
2. If you have family history of the disease
3. If you have had breast cancer before



4. If you give birth for the first time after age 30 or never give birth.

Breast cancer is decidedly a woman's disease—only one percent of all breast cancers occur in males. Many authorities think that reducing fat and alcohol intake can help reduce the chances of breast cancer.

Early breast cancer is a small tumor less than an inch in size, located in the breast only. Even an "early" cancer may have been growing for several years before becoming large enough to be felt. Women who examine their breasts each month, and go to their health practitioner for periodic breast examinations are most likely to detect an early breast cancer. Early diagnosis and treatment give these women a better chance of being cured. Better than four out of five women who are treated for early breast cancer will be alive and well five years later.

Advanced breast cancer is a larger tumor that has spread from the breast to the lymph nodes. Once this has occurred, the chance for cure is reduced, even with surgical removal of the breast and lymph nodes. Of the 41,000 American women who die each year from breast cancer, many could have been detected and treated earlier with regular examinations.

Disseminated breast cancer means that cancer cells may have spread not only to the lymph nodes but to other areas of the body as well, commonly the bones, lungs, and the liver. Cancer cells usually spread through the lymph system and bloodstream. Unfortunately, the cure rate is low.

Diagnostic Tests

Aspiration: If your health practitioner finds a lump that feels as if it is filled with fluid (called a cyst) emptying the cyst may be attempted in the office with syringe and needle. This procedure is called aspiration. If the fluid is withdrawn and the lump disappears, you may be advised only to continue periodic office visits.

X-Rays and Ultrasounds: Your practitioner may recommend special breast examinations using x-ray film (mammograms) or imaging by sound waves (ultrasound). The results may help distinguish a benign lump from a malignant lump or a solid lump from a fluid filled lump. Mammography is also

recommended at age 35 for baseline screening and every one or two years after age 40. The unique advantage of mammography is the possibility of detecting a breast cancer before it can be felt.

Biopsy: If there remains any question about the nature of a persistent lump, a biopsy may be recommended. A biopsy may also be recommended for abnormalities seen on x-rays, even if a lump is not felt. A tissue sample is removed and examined under the microscope for more accurate diagnosis.

In addition to an annual or semi-annual breast examination by your health practitioner, your monthly breast examination is the best insurance that if a lump develops, it will be detected, diagnosed, and treated as early as possible. If you find a breast lump or change, call your practitioner who can assess its nature and, if necessary, refer you to a specialist. Your medical history, breast examination, and diagnostic tests will determine further action.

How to Perform the Breast Self-Exam



In front of a mirror, arms down and then raised, check for dimpling, puckering, or redness; nipples pulling in; and changes in sizes and shape.



Gently feel breast with opposite hand, using small, circular motions, moving toward the nipple in diminishing, concentric circles.



Examine nipples the same way; then gently squeeze and check for discharge. Include areas below armpits, which also contain breast tissue.