

Physical examination
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THE BREAST

Points to remember when examining the breast:-

History

Menarche, development, menopause, changes during menstrual cycle, pregnancies, lactation, family and drug history.

Examination

Expose all of the top half of the trunk.

Inspect the breasts at rest and ask the patient to raise her arms above her head.

Look at :

size

symmetry

skin:

puckering

peau d'orange

nodules

discolouration

ulceration

nipples and areolae

axillae, arms and neck.

Feel the normal side first.

Examine the axillae and arms.

Examine the supraclavicular fossae.

Palpate the abdomen for :

Hepatomegaly, ascites, nodules in the pouch of Douglas.

Examine the lumbar spine:

percussion

movements

straight-leg

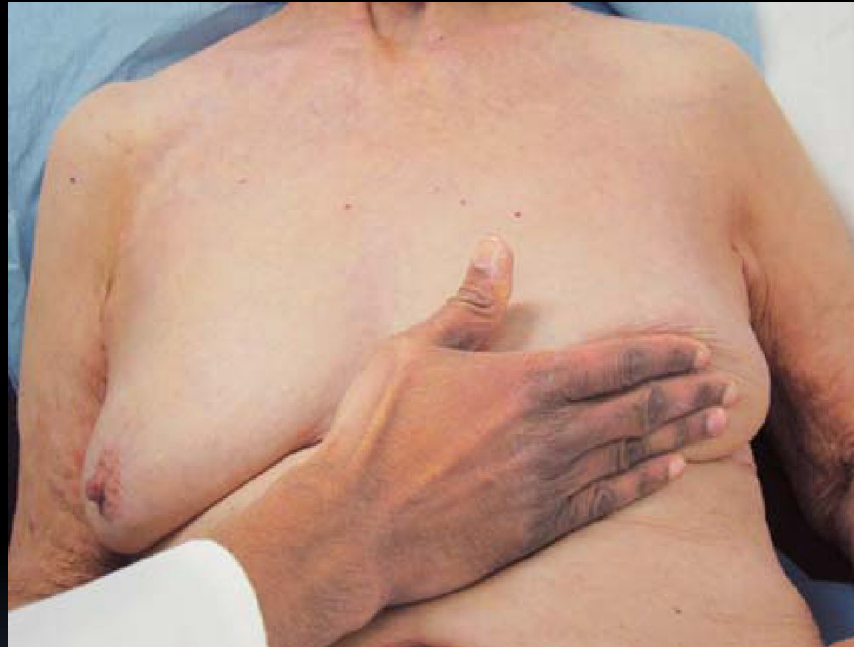
Look at the breast for asymmetry and for changes in the skin and nipple



Ask the patient to raise her hands above her head. This exaggerates asymmetry and skin tethering



Feel the breast with the flat of your fingers.



Test the mobility of every lump in two directions, with the pectoralis muscles relaxed and tense. Tense the muscles by asking the patient to place her hands on her hips and press in.



When you palpate the axilla, hold the patient's arm to relax the muscles that form the axillary folds.



If necessary, compare the axillae simultaneously



Axillary tail of the breast mistaken for tumor



There is a difference between **skin fixation** and **skin tethering**.



Most lumps can be moved anywhere within the arc depicted, without moving the skin.



If when a lump is pulled outside the arc the skin indents, it is **tethered**.

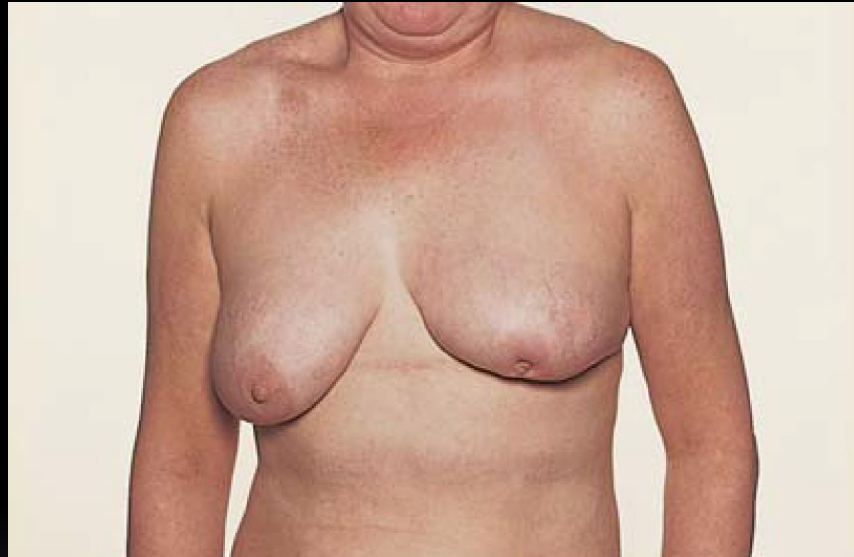


If a lump cannot be moved without moving the skin, it is **fixed**.

Displacement and deviation. The left nipple is elevated (displaced) and pointing downwards and inwards, not downwards and outwards (deviation). The tumour can be seen just above the areola.



Retraction and displacement. The left nipple has been pulled into the breast (retraction) and pulled upwards (displacement) by the underlying carcinoma



Retraction and peau d'orange. This carcinoma has invaded the skin and ulcerated. The skin of the lower part of the breast is oedematous and looks like the skin of an orange.



Destruction. The right nipple and areola have been invaded and destroyed by the underlying carcinoma.



The changes that can occur in the nipple

Destruction

Depression (retraction or inversion)

Discolouration

Displacement

Deviation

Discharge

Duplication

The types of discharge from the nipple

Colour

Cause

Red (blood)

Pink (serum + blood)

Clear pale yellow (serum)

Brown } (breast
Green } secretions
Black } and debris)

Creamy white or yellow (pus)

Thin white (milk)

{ Duct papilloma

{ Duct carcinoma

{ Duct ectasia

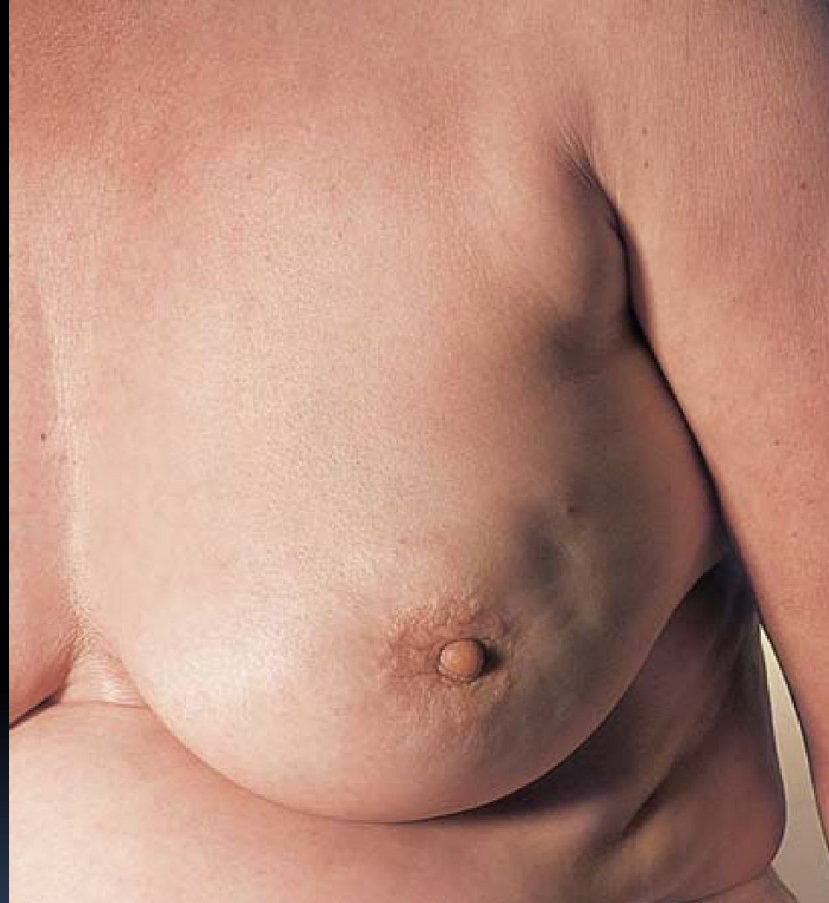
{ Duct ectasia

{ Cysts

Duct ectasia

Lactation

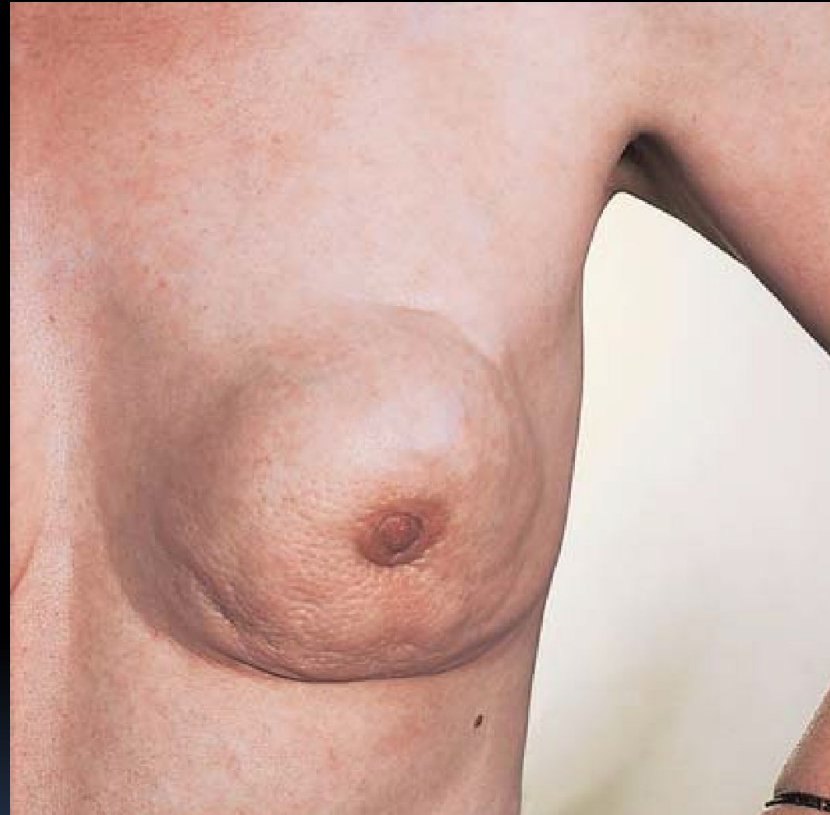
Retraction, deviation and displacement of the nipple. Puckering and tethering of the skin.



Peau d'orange



Fixation to the skin and the underlying muscle



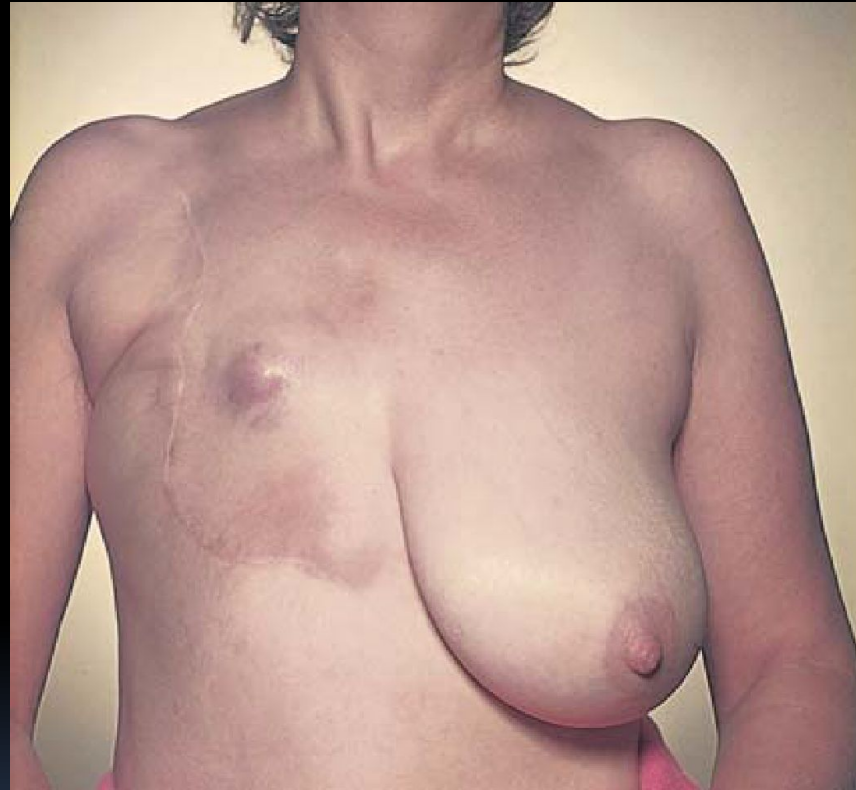
Enlargement of the breast with secondary nodules of tumour in the skin



Secondary lymphoedema of the left arm caused by metastases in the lymph glands



Recurrent nodules in the skin flaps.



Telangiectases caused by radiotherapy.

