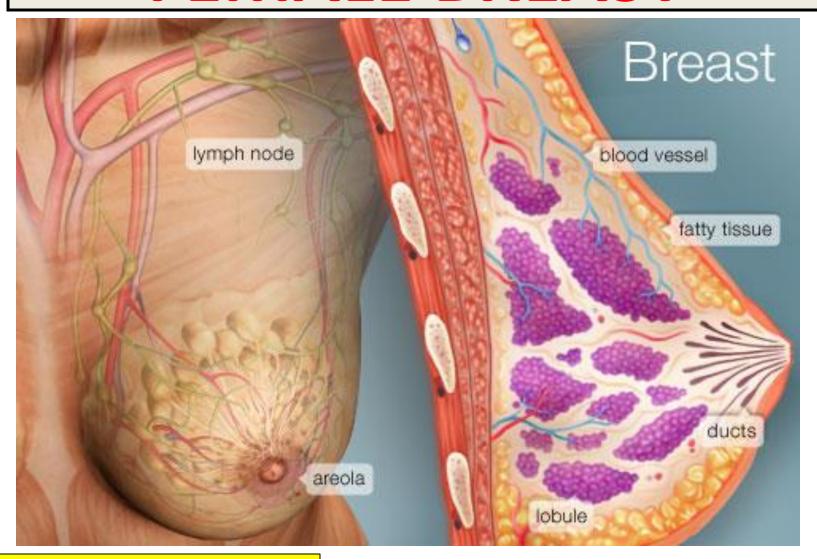
FEMALE BREAST

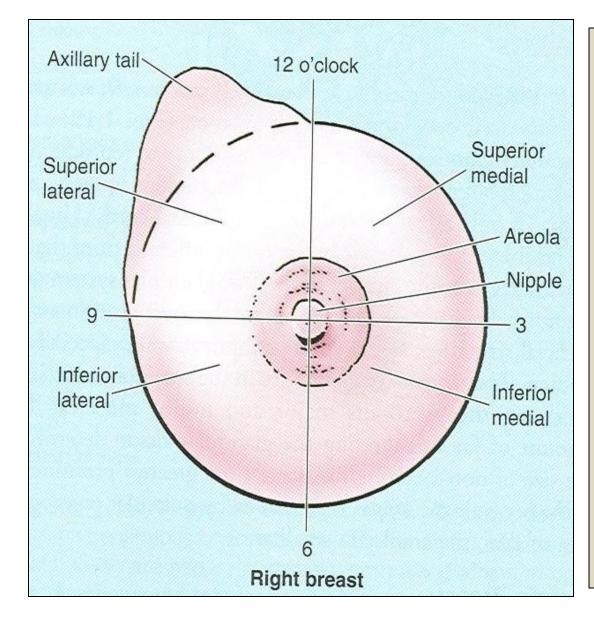


PROF. Saeed Abuel Makarem

OBJECTIVES

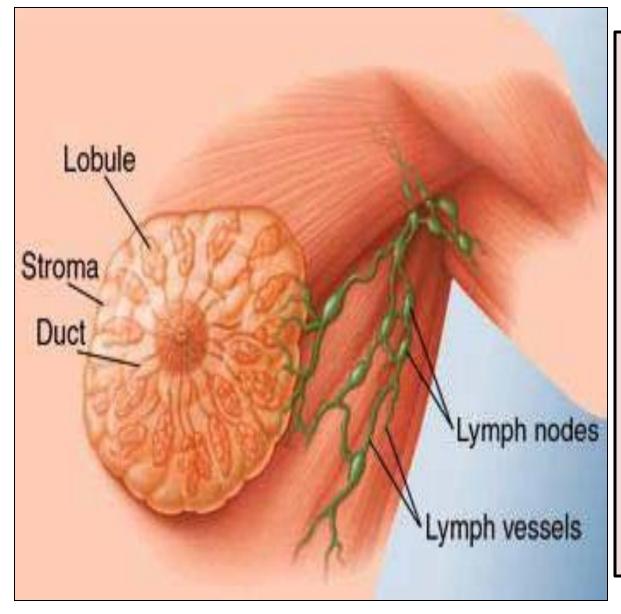
- By the end of the lecture, you should be able to:
- Describe the shape and position of the female breast.
- Describe the <u>structure</u> of the mammary gland.
- List the <u>blood supply</u> of the female breast.
- Describe the lymphatic drainage of the female breast.
- Describe some <u>applied anatomy</u> of the female breast.

Parts, Shape & position of the Gland



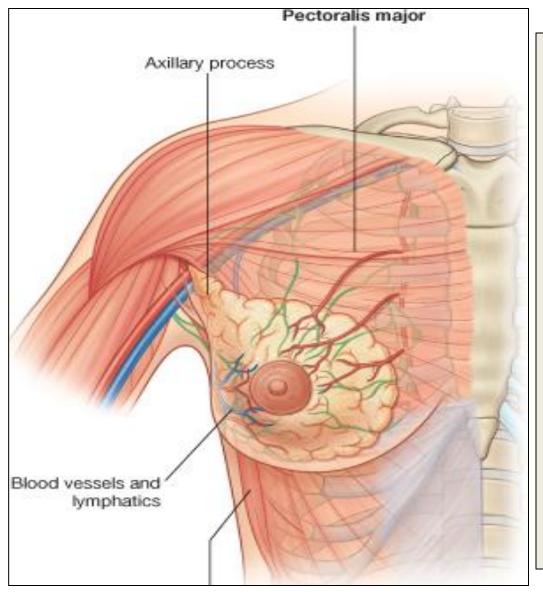
- It is conical in shape.
- It lies in superficial fascia of the front of chest.
- It has a base, apex and tail (axillary tail).
- Its base extends from 2nd to 6th ribs.
- It extends from the lateral margin of the sternum to the midaxillary line.
- It has no capsule.

SHAPE AND POSITION OF FEMALE BREAST



- 2/3rd of its base lies on the pectoralis major, while its inferolateral 1/3 lies on:
- Serratus anterior &
- External oblique muscles.
- Its <u>superolateral</u> <u>part</u> sends a process into the axilla called the <u>axillary tail or</u> <u>axillary process.</u>

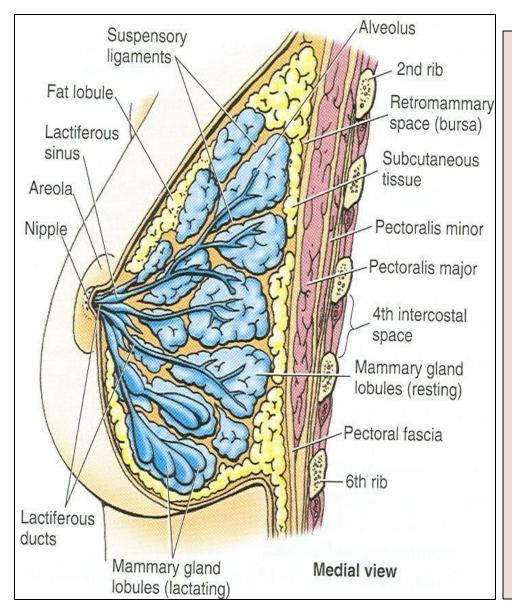
SHAPE AND POSITION OF FEMALE BREAST



• Nipple:

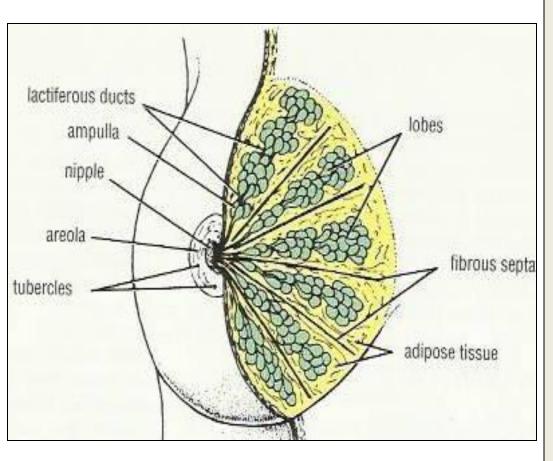
- It is a conical eminence that projects forwards from the anterior surface of the breast.
- The nipple lies opposite the 4th intercostal space.
- It carries 15-20 narrow pores of the lactiferous ducts.
- Areola:
- It is a dark <u>pink brownish</u> circular area of skin that surrounds the nipple.
- The subcutaneous tissues of nipple and areola are <u>devoid of</u> fat.

STRUCTURE OF MAMMARY GLAND

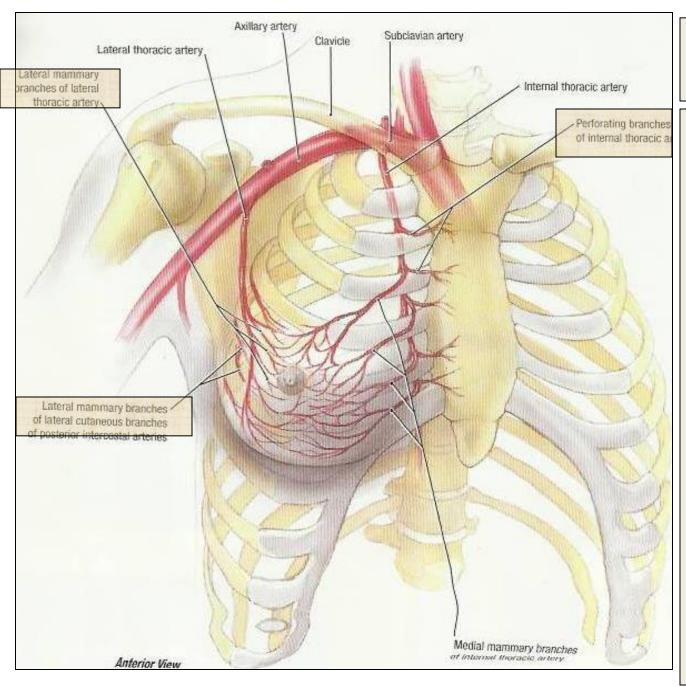


- It is <u>non capsulated modified</u> <u>sweet gland</u>.
- It consists of lobes and lobules which are embedded in the <u>subcutaneous fatty tissue</u> of <u>superficial fascia.</u>
- It has <u>fibrous strands</u> which run radially and connect skin with deep fascia of pectoralis major.
- It is separated from the deep fascia covering the underlying muscles by a layer of loose areolar tissue which forms the retromammary space? What is its Importance?

STRUCTURE OF MAMMARY GLAND



- It is formed of 15-20 lobes.
- Each lobe is formed of a number of lobules.
- The lobes and lobules are separated by interlobar and interlobular <u>fibrous</u> & fatty tissue, called <u>Cooper</u> ligaments, (Importance?).
- It has from <u>15-20</u>
 <u>lactiferous ducts</u> which open by the same number of openings on the summit of the nipple.

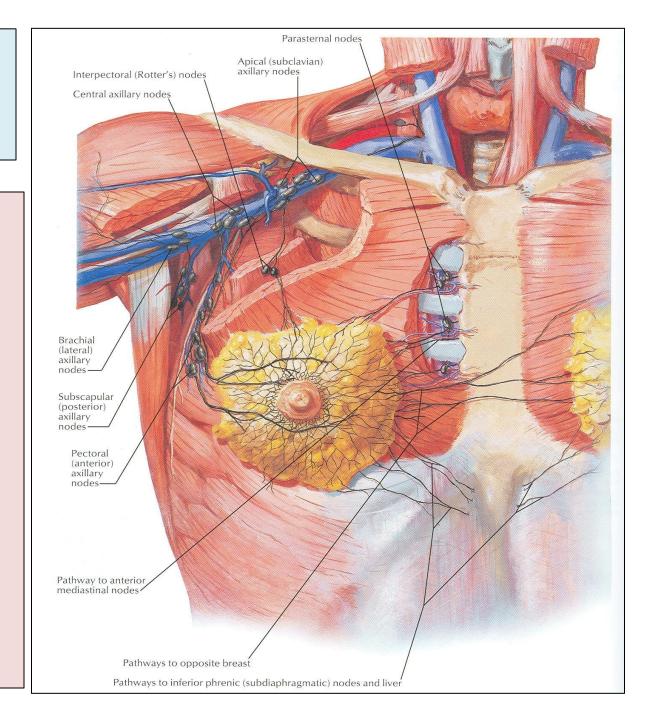


ARTERIAL SUPPLY

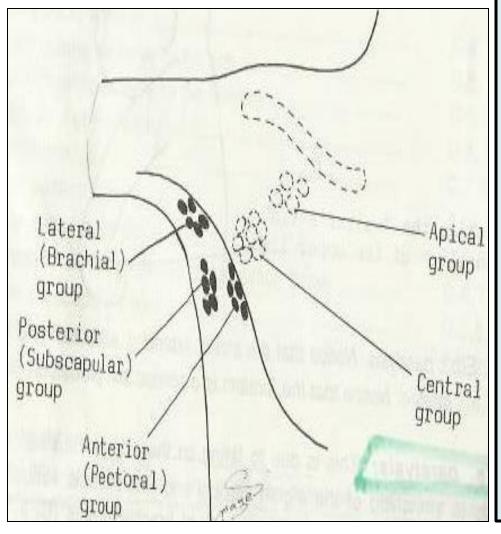
- 1. Perforating branches of internal thoracic (internal mammary) artery.
 - 2. Mammary branches of lateral thoracic artery.
- 3. Mammary branches of Intercostal arteries.

VENOUS SUPPLY

- Veins are corresponding to the arteries.
- Circular venous
 plexus are found
 at the base of
 nipple.
- Finally, veins of this plexus drain into axillary & internal thoracic veins.



AXILLARY LYMPH NODES



 The axillary nodes are arranged into <u>5 groups</u> which lie in the axillary fat:

1- Pectoral (Anterior) group:

Which lies on <u>pectoralis minor</u> along lateral thoracic vessels.

2- Subscapular (Posterior) group:

Which lies on posterior wall of axilla on lower border of subscapularis along subscapular vessels.

3- Brachial (Lateral) group:

Lies on lateral wall of axilla along the axillary vessels.

4- Central group:

Lies in at the base of axilla.

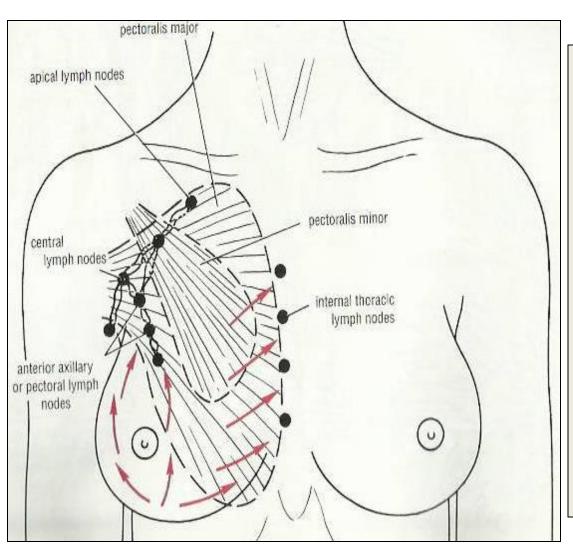
5. Apical group:

Lies at apex of axilla.

• Subclavian lymph trunk:

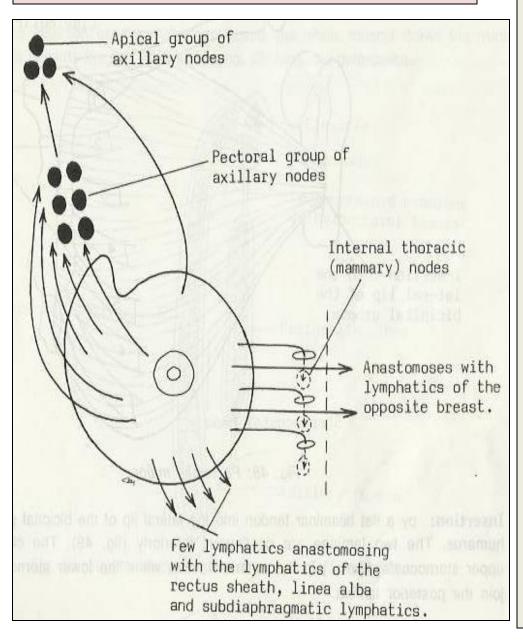
- it is formed by union of efferent lymph vessels of apical group.
- It usually opens in <u>subclavian vein</u>.
 On the left side it usually opens into <u>thoracic duct</u>.

LYMPHATIC DRAINAGE



- Subareolar lymphatic plexus:
- Lies beneath the areola.
- Deep lymphatic plexus:
- Lies on the <u>deep fascia</u> covering the pectoralis major.
- Both plexuses radiate in many directions and drain into different lymph nodes.

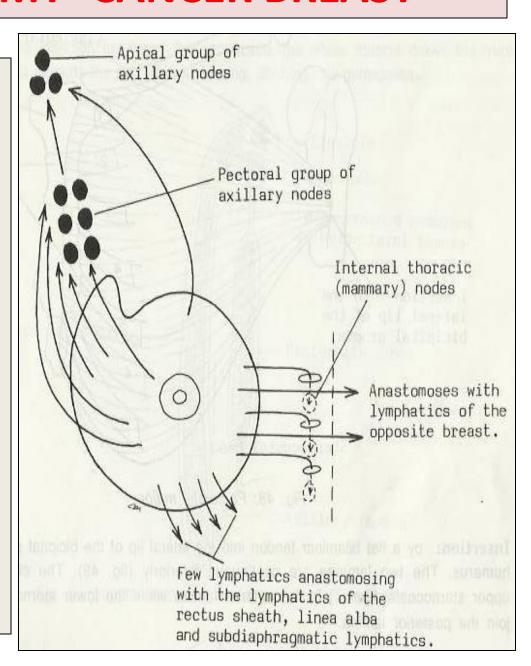
LYMPHATIC DRAINAGE



- Central and lateral parts of the breast (75%) drain into <u>pectoral</u> group of axillary lymph nodes.
- Upper part of the gland drains into <u>apical group</u> of axillary nodes.
- Medial part drains into internal thoracic (<u>Parasternal</u>) lymph nodes, forming a chain along the internal thoracic vessels.
- Some lymphatics from the medial part of the gland pass across the front of sternum to anastomose with that of opposite side.
- Lymphatics from the inferomedial part anastomose with lymphatics of rectus sheath & linea alba, and some vessels pass deeply to anastomose with the sub diaphragmatic lymphatic.

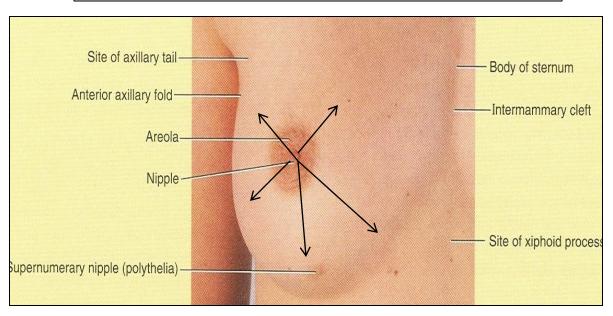
APPLIED ANATOMY- CANCER BREAST

- It is a <u>common surgical condition</u>.
- 60% of carcinomas of breast occur in the <u>upper lateral</u> <u>quadrant.</u>
- 75% of lymph from the breast drains into axillary lymph nodes.
- In case of carcinoma of one breast, the other breast and the opposite axillary lymph nodes are affected because of anastomosing of lymphatics between both breasts.
- In patients with localized cancer breast, a simple mastectomy, followed by radiotherapy ot chemotherapy is the treatment of choice.



- The lactiferous ducts are radially arranged from the nipple, so incision of the gland should be made in a radial direction to avoid cutting through multiple ducts.
- Infiltration of the *ligaments of Cooper* by breast cancer
 leads to <u>its</u>
 shortening giving
 Peau de 'orange
 appearance of the breast.

Applied Anatomy







Mammary ridge

- Mammary ridge extends from the <u>axilla</u> to the groin (<u>inguinal region</u>).
- In human, the ridge disappears EXCEPT for a small part in the pectoral region.
- In animals, several mammary glands are formed along this ridge.

