

General Surgery – Breast Lump, Breast Cancer Screening: What You Cannot Afford to Miss

Whiteboard Animation Transcript

with Ralph George, MD

When considering a patient presenting with a new breast lump, there are a few symptoms and signs that you cannot afford to miss which point to a much higher risk of malignancy. These include a positive family history, the presence of a hard immobile mass, and the presence of new discharge from that breast - especially if bloody.

When I take a history in a woman with a breast lump, here are some important questions that I ask:

- **Has the new lump suddenly appeared? Does it fluctuate with menses? Is it quite tender?** If the answer to these questions is positive in a pre or perimenopausal woman this is a good sign as the probability that the lesion is a benign cyst increases.
- **How old is the patient?** A new mass in a woman over the age of 55 years is more likely to be malignant.
- **Has the patient noticed new discharge** coming from the nipple from the breast with the lump? This is worrisome, especially if the discharge is bloody as it increases the risk of the lesion being malignant.
- **Is there a positive family history?** A family history of breast cancer in a first degree relative or several second-degree relatives is worrisome as it increases the probability of a malignant diagnosis.

When examining the patient it is important to inspect the skin and breast and qualitatively assess the lesion. Here are some important things to remember on examination:

- **A smooth, mobile, painless mass** in a woman under 35 is likely a benign fibroadenoma; whereas a hard immobile mass is more worrisome, especially in an elderly woman.
- **Always document size changes;** benign lesions may fluctuate between visits depending on the patient's menstrual cycle.
- **Don't forget to check the other breast** and the regional node basins (axillary, supra and infra clavicular).

All women with a breast lump need to have additional testing. In those under 35 years ultrasound is warranted, but in those over 35 bilateral mammogram plus ultrasound should be ordered. An image-guided biopsy may be necessary to investigate a solid mass noted on ultrasound.

A "triple negative" confirms benign disease without excision of the mass. It is defined as a normal exam and history, normal imaging and a normal biopsy. If all three suggest benign disease (concordance) the patient can be safely followed.