Recent Trends in Breast Cancer

An Essay
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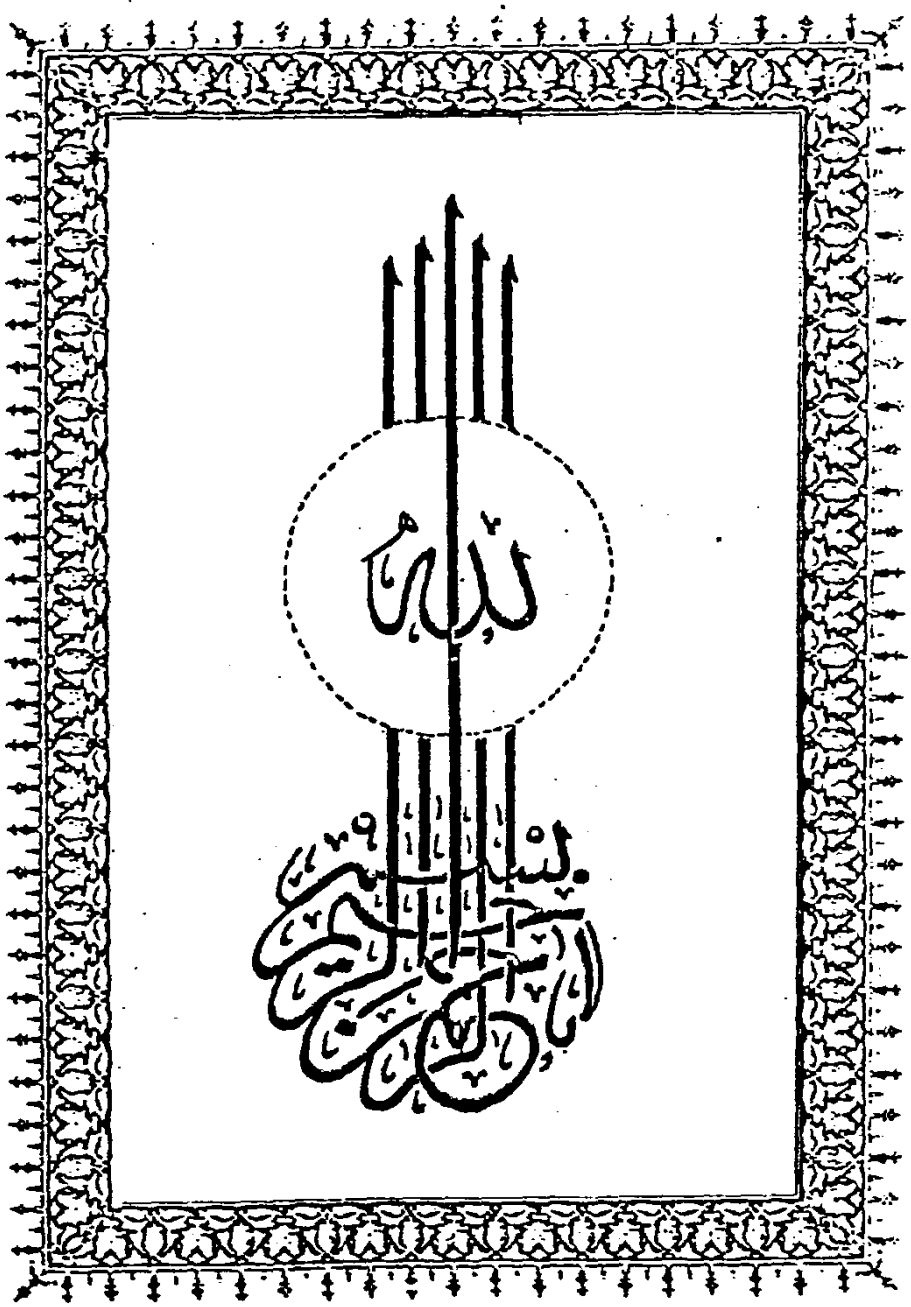

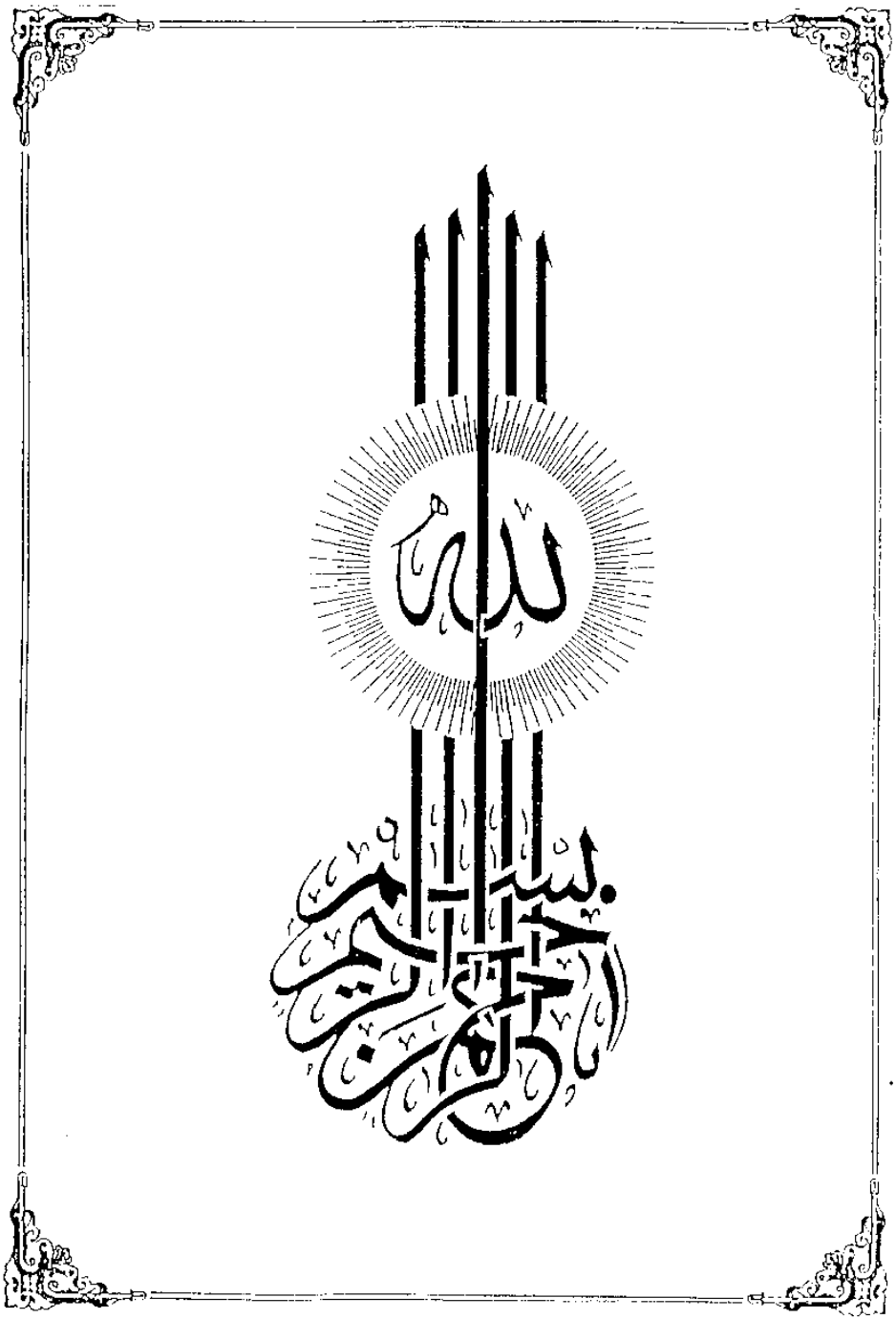

بسم الله الرحمن الرحيم

الرحمن

علم القرآن * خلق الإنسان.

علمه البيان.

(صدق الله العظيم)

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TO MY DAUGHTER

ASMAE

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INTRODUCTION

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Breast cancer is the most common female malignancy of mid life and is the leading cause of death among women in the united-states between the age of 15 to 74 years.

Breast cancer accounts for 25% of all malignancies seen in the Gustave-Roussy Cancer Institute in France and 31.3% of all cancers among Egyptian women in the Cairo metropolitan. area (Omar 1984).

The cause of breast cancer is still unknown and no method of prevention is available till now but number of predispoing factors had been determined.

During the past two decades, the aim of research in early breast cancer treatment, has not only been to increase long-term survival, but also to improve the quality of survival by obtaining better esthetic results and lower morbidity, such goals could be achieved by reducing surgery and/or radiotherapy.

In recent years the knowledge of breast cancer has progressed rapidly, resulting in new approaches and techniques in early detection and diagnosis, improved treatment methods, prognosis and rehabilitation. These improved treatment modalities include advances in surgery, radiotherapy, chemotherapy; immunotherapy and hormone therapy.

The first and most important method for diagnosis of breast cancer is the clinical examination, either by the female as self examination or by the physician at regular intervals which is called periodic medical examination which has absolute importance in the early detection and prognosis of the disease. The definitive diagnosis is made by the pathologist.

This work will study the pathology, diagnosis and treatment of breast cancer.

ANATOMY OF THE BREAST

SURGICAL ANATOMY OF FEMALE BREAST

Topographic Anatomy

Usually, the breast is divided into 4 quadrants (upper outer-upper inner, Lower outer, and Lower inner); Taking the nipple as the centre as well as a retro areolar area and an axillary Tail. During the initial clinical diagnosis it is important to make this topography precise as it is valuable regarding nodal management and irradiation fields.

Extent of Female breast:

Vertical: 2nd to 6th ribs inclusive.

Horizontal: The side of the sternum to the midaxillary line. about two thirds of the breast rests upon pectoralis major, one-Third on the serratus anterior. At its lower medial quadrant the gland rests on the apneurosis of the external oblique which seperates it from the rectus abdominis.

Axillary Tail of Spence

This is a prolongation from the outer part of the gland.

The axillary tail passes up to the level of the 3rd rib in the axilla where it comes in direct contact with the main lymph modes of the breast (anterior axillary nodes). This process of breast tissue gets into axilla through an opening in the axillary fascia, known as the foramen of Langer.