سامية محمد مصطفى

شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

سامية محمد مصطفى

شبكة المعلومات الجامعية

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التوثيق الالكتروني والميكروفيلم

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سامية محمد مصطفى

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

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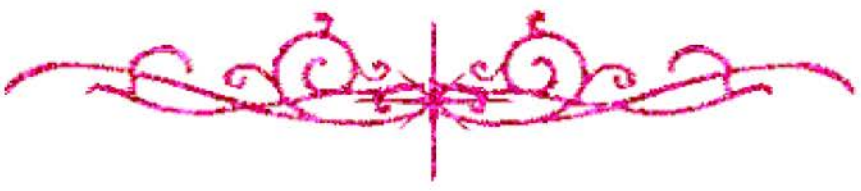
بعض الوثائق الأصلية تالفة



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بالرسالة صفحات لم ترد بالأصل

ROTTER'S NODES: EVALUATION IN THIRTY PATIENTS SUFFERING FROM OPERABLE BREAST CARCINOMA

Thesis

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Carcinoma of the breast is the most common site-specific cancer in women and the leading cause of death from cancer for females 40 to 44 years of age.[1]

Breast cancer accounts for 32 percent of all female cancers and is responsible for 19 percent of the cancer-related deaths in women.[2]

Anatomy of the female breast:

In young adult females, each breast is a rounded eminence lying within the superficial fascia, chiefly anterior to the upper thorax but spreading laterally to a variable extent, (Figure 1).

Breast shape and size depend upon genetic, racial and dietary factors, together with age, parity and menopausal status of the individual. Being hemispherical, conical, variably pendulous, piriform or thin and flattened.

In the adult female the base of the breast (its attached surface) extends vertically from the second or third to the sixth rib, and in the transverse plane, from the sternal edge, medially, almost to the midaxillary line laterally. The superolateral quadrant

is prolonged towards the axilla along the inferolateral edge of pectoralis major, from which it projects a little, and may extend through the deep fascia up to the apex of the axilla (the axillary tail of Spence).[1]

The breast lies upon the deep pectoral fascia, which in turn overlies the pectoralis major, serratus anterior, and the obliqus externus abdominis and its aponeurosis as it forms the anterior wall of the sheath of rectus abdominis.

Between the breast and the deep fascia is loose connective tissue in the retromammary (submammary) "space", which allows the breast some degree of movement on the deep pectoral fascia.

Occasionally, small projections of glandular tissue may pass through the deep fascia into the underlying muscle in normal subjects.[3]

Nipple (mammary papilla):

The nipple projects centrally from the anterior aspect; its shape varies from conical to flattened, depending on nervous, hormonal, developmental and other factors. Its level in the thorax varies widely but is at the fourth intercostal space in most young women, and in the nulliparous it is pink or light brown or darker, depending on the general melanization of the body.[4]