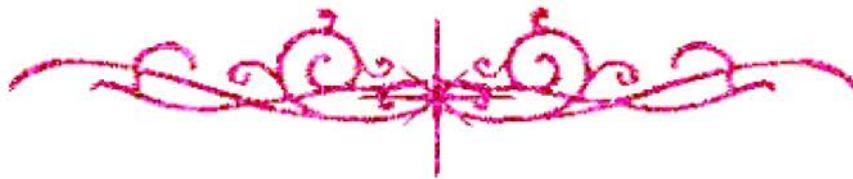


بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ





شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

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



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تحفظ هذه الأقراص المدمجة بعيدا عن الغبار





بعض الوثائق الأصلية تالفة





بالرسالة صفحات لم ترد بالأصل



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﴿وَمَا تَوْفِيقِي إِلَّا بِاللَّهِ عَلَيْهِ تَوَكَّلْتُ وَإِلَيْهِ أُنِيبُ﴾

صدق الله العظيم

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OCCULT MULTICENTRICITY OF BREAST CARCINOMA

Thesis

*submitted to the Faculty of Medicine, University of Alexandria,
in partial fulfillment of the requirements of the degree of*

MASTER OF GENERAL SURGERY

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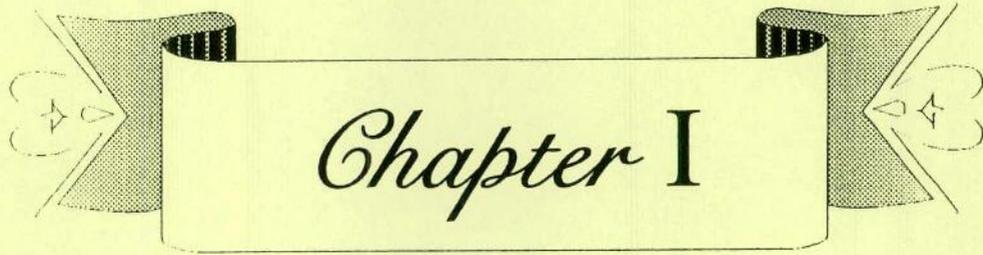
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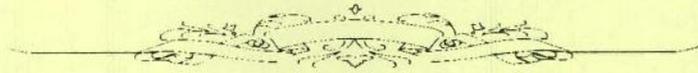
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Chapter I



INTRODUCTION



INTRODUCTION

ANATOMY OF THE BREAST

The mammary gland with its musculocutaneous and fatty components occupies the interval between the 2nd and 7th ribs, and extends in breadth from the parasternal to the mid or anterior axillary lines. Surgically, the region extends in depth through the major and minor pectorals to the intercostal musculature. The glandular tissue rests in greatest part upon the pectoral fascia, and to a less degree upon the serratus anterior muscle. The superolateral part of the breast is prolonged upwards and laterally towards the axilla. This axillary prolongation is called axillary tail of spence.^(1,2)

The mammary gland develops within the superficial fascia. The superficial part of the superficial fascia forms an anterior boundary, and the deep layers forms the posterior boundary to the breast. In between condensation of interlobar fascia gives rise to the pyramidal-shaped ligaments of Cooper called "suspensory ligaments", because they provide a supporting framework to breast lobes.^(2,3) They are best developed in the upper part of breast and are connected to both pectoral fascia and the skin by fibrous extensions. In spite of those fibrous extensions, the superficial

layer of the superficial fascia gives a plane of dissection between the skin and the breast.

The retromammary space provides a ready plane of dissection between the deep layer of the superficial fascia and the deep fascia covering pectoralis major and serratus anterior muscles. This structural support is intimately connected to the interlobular and interlobar fascia with their enclosed ductal units, that no ready plane of dissection exist within the breast substance and surgery must be carried out by sharp dissection.⁽³⁾

Development and Physiology of the breast :

The first evidence of breast development in both sexes is the appearance of mammary ridges or milk lines in the embryo at the fifth week of development. These extend from the axilla to the groin and develop under the stimulation of prolactin, oestrogen and progesterone hormones of placental origin. Later on, the distal part of the milk line disappears, but from the cephalic part solid epithelial buds extends into the dermis. These solid buds, later develop lumina and form branching ducts. At full term, under the influence of the maternal hormones, there is a slight enlargement of breast tissue and some secretion may appear at the nipple. The breasts are characteristically inactive during childhood and at that time the histological structure of the pre-pubertal breast is similar in both sexes, consisting of

only a rudimentary duct system without lobules or acini, in a fibro-adipose stroma.⁽⁴⁾

At puberty, in the female, there is proliferation of the ductular epithelium with the formation of acini. There is also proliferation of the intra-lobular stroma and increased fat deposition. These changes produce a rapid increase in size and density of the breast and are coordinated by the action of prolactin-oestrogen, progesterone, adrenal steroids, insulin, growth hormone and thyroid hormones.⁽⁴⁾

These physical changes in the breast are usually accompanied by the development of secondary sexual characteristics. By the time of breast enlargement the areola becomes more pigmented and the nipple enlarges. In adult women, size, fullness density and nodularity of the breast are dependent upon the build of the individual as a great deal of the breast tissue consists of fat, and whether or not the breast have performed the function of lactation.^(3,4)

During the menstrual cycle the breast undergoes cyclical changes with increase in density and nodularity being particularly noticeable late in the menstrual cycle and often giving rise to an increase in sensitivity.⁽⁴⁾ Due to these physiological changes, it is important to examine the breast often 7-10