

Clinical presentation

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A discrete lump in the breast is the most common presentation, and the most common tumour site is the upper outer quadrant of the breast (50% of TDLUs lie there). Other symptoms include nipple retraction, nipple discharge (blood or serous), skin changes such as ulceration, peau d'orange (Figure 58.28), satellite nodules or dimpling/tethering. Peau d'orange is a sign of locally advanced disease due to obstruction of cutaneous lymphatic drainage of the breast, by infiltration of either subdermal lymphatics or axillary lymph nodes by tumour cells. Cancer en cuirasse (Figure 58.29) is due to extensive tumour infiltration of the skin of the breast, chest (in cases of postmastectomy recurrence), upper limb and abdomen. Few breast cancers in high-income countries present with either locally advanced disease or symptoms of metastatic disease; however, the incidence is much greater in resource-poor countries, where up to 60% of women still present late. Enquiry should be made for the presence of any swelling in the neck or armpit and for the presence of any symptoms due to distant metastasis (bony pain, cough, breathlessness, haemoptysis, headache, visual disturbances, neurological deficit, epileptic fits, abdominal distension, jaundice, anorexia, weakness, weight loss, hypercalcaemia, etc).

Figure 58.29 Cancer en cuirasse: advanced breast cancer with extensive tumour infiltration of the skin of the breast, upper limb and abdomen.

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