

# HOSPITAL PHYSICIAN®

## FAMILY MEDICINE BOARD REVIEW MANUAL

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The *Hospital Physician Family Medicine Board Review Manual* is a study guide for residents and practicing physicians preparing for board examinations in family medicine. Each manual reviews a topic essential to current practice in the specialty of family medicine.

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## Common Breast Complaints in Primary Care

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## Table of Contents

Introduction .....	2
Breast Pain .....	2
Nipple Discharge .....	5
Palpable Breast Mass .....	8
Summary .....	11
References .....	11

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# Common Breast Complaints in Primary Care

Kendra Schwartz, MD, MSPH

## INTRODUCTION

Breast pain, nipple discharge, and a palpable breast mass are the 3 most common presenting symptoms related to the female breast.<sup>1</sup> In 2561 women presenting for clinical breast examination (CBE) because of symptoms, pain and breast lump were the most common complaints among women aged younger than 41 years and women aged 41 years and older, respectively. Breast cancer was found in 11% of women over a median follow-up of 74 months. Breast pain was more frequent in patients without cancer compared with patients with cancer; however, no correlation between breast cancer and palpable mass or nipple discharge was found. In these women, risk of breast cancer was similar to the general population.<sup>2</sup>

Many women who present with a breast symptom are concerned about whether the symptom represents breast cancer. This is a logical concern given that 1 in 8 women will be diagnosed with breast cancer over her lifetime.<sup>3</sup> Physicians should acknowledge patient concerns about breast cancer, appropriately address symptoms, and rule out the possibility of breast cancer based on clinical presentation and risk factors (ie, age, family history of breast cancer, early menarche, presence of history of benign breast disease, older age at first full-term pregnancy, nulliparity, late menopause). This manual reviews the approach to clinical evaluation and management of breast pain, nipple discharge, and palpable breast mass.

## BREAST PAIN

Mastalgia is characterized by breast pain and tenderness, with or without nodularity. Among presenting breast complaints in primary care, mastalgia is at least as common, if not more common, than finding a lump.<sup>1,4,5</sup> Mastalgia is categorized as either cyclic or noncyclic. Approximately two thirds of women presenting with breast pain have cyclic mastalgia.<sup>6</sup> Cyclic mastalgia is bilateral, usually present in the upper outer

breast quadrants, and associated with nodularity. Pain varies in intensity throughout the menstrual cycle but is typically most severe premenstrually and subsides during menses. Cyclic mastalgia typically affects women in the third decade; however, it has been reported in postmenopausal women on hormone replacement therapy. Noncyclic mastalgia typically occurs in women older than 40 years. Pain is usually unilateral and is not temporally related to the menstrual cycle.

## CASE STUDY I

A 32-year-old woman presents to her primary care physician with bilateral breast pain. She describes the pain as deep and aching and at times so severe that she is unable to wear a bra. The pain is always present but worsens before her periods. The pain began several months ago, after she stopped breast-feeding her first child. Her mother was recently diagnosed with breast cancer, and she is concerned that the pain may be related to cancer.

### • Could these symptoms represent cancer?

Many women are concerned that breast pain represents cancer. However, in a study of 987 women whose only complaint was breast pain, less than 1% of women were found to have a malignancy on mammography.<sup>5</sup> After appropriate evaluation, the majority of patients can be reassured that the pain is not cancer-related; roughly 15% of women presenting with mastalgia will require further treatment.<sup>7</sup>

## CAUSES OF BREAST PAIN

Cyclic mastalgia is thought to be hormonally mediated. Fibrocystic changes may also play a causative role, but histopathologic studies have shown no association.<sup>8</sup> Several studies examining levels of circulating progesterone, estrogen, or prolactin or quantity of hormone receptors as a cause of cyclic mastalgia have yielded conflicting results,<sup>9,10</sup> although altered hormone receptor sensitivity remains a possibility. A hormonal etiology is biologically plausible; regularly ovulating women are most often affected by cyclic mastalgia, with the premenstrual week of their cycle being the most painful.