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# Quill on Scalpel

## Plume et scalpel

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### RECOMMENDED MANAGEMENT FOR BREAST LUMPS

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The plan of management for breast lumps recommended by Dr. Mahoney and his colleagues (see page 476) is reasonable. Considering that most breast lumps are not cancerous, primary care physicians should be able to carry out the initial management of such lumps, including needle aspiration.

If a woman has felt a lump in her breast, her physician should ask her to demonstrate it before concluding that there is or is not a lump present. In my experience this action has led me to discover lumps that I initially could not detect.

If the physician cannot feel a lump, I believe that diagnostic mammography should be encouraged, with a follow-up visit in 4 to 6 months, in all women older than 40 years and espe-

cially those in high-risk groups. It should be emphasized that the mammography should be diagnostic not screening.

Breast self-examination (BSE) is a time-honoured practice, but a large Chinese study<sup>1</sup> showed that there was no benefit from BSE and the practice led to more surgical interventions without benefit to the patient. Above all, women who do not practise BSE should not be made to feel guilty.

Particularly useful in Mahoney's guideline are the recommendations on when to send the aspirated fluid for cytologic evaluation. Primary care physicians should be advised to send the fluid for analysis if (1) the cyst does not completely disappear after aspiration, (2) the cyst recurs or (3) the aspirated fluid is bloody.

In summary, the recommended plan of Mahoney and colleagues is valuable. It will help primary care physicians learn how to manage breast lumps, especially breast cysts. Good initial management of this common problem should result in a shorter waiting time for women who need referral, which should benefit all concerned.

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#### Reference

1. Thomas DB, Gao DL, Self SG, Allison CJ, Tao Y, Mahloch J, et al. Randomized trial of breast self-examination in Shanghai: methodology and preliminary results [see comment]. *J Natl Cancer Inst* 1997;89(5):355-65. Comment in: *J Natl Cancer Inst* 1997;89(5):339-40.

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