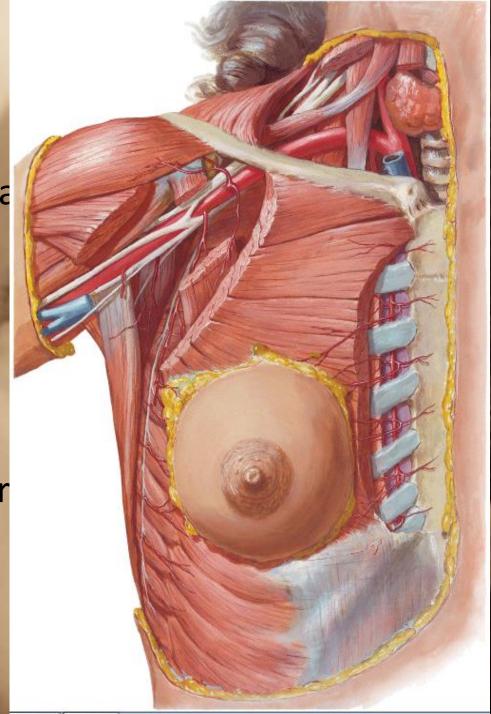


- It is a modified sweat gland located at anterior thoracic wall
- Location: superficial fascia of pectoral region.
- Shape:-hemispherical, conical or pendulous.
- Extension:-
- Vertically 2nd to 6th rib
- Horizontally-lateral border of sternum to mid axillary line.



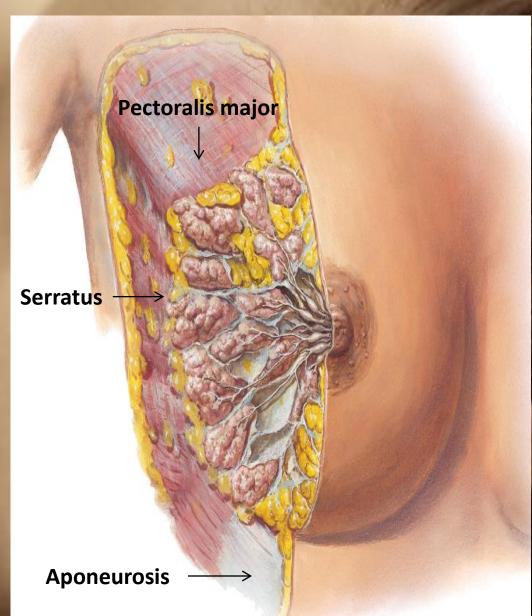
Mammary gland

Formed by-

Pectoralis major-> med 2/3

Serratus anterior -> lat1/3

Aponeurosis of External oblique->Infero-medially.



Retro mammary space

- Situation-
- Layer of loose connective tissue between the breast's base and the pectoral fascia
- content-
- loose connective tissue
- Function-breast moves freely over the pectoralis major
- In cancer of breast- gland adhere to the muscle.



AXILLARY TAIL OF SPENCE

- Tail like projection from upper and outer quadrant of gland enters into axilla
- Through the opening –
 foramen of langer.
- Comes in contact withaxillary group of lymph node.



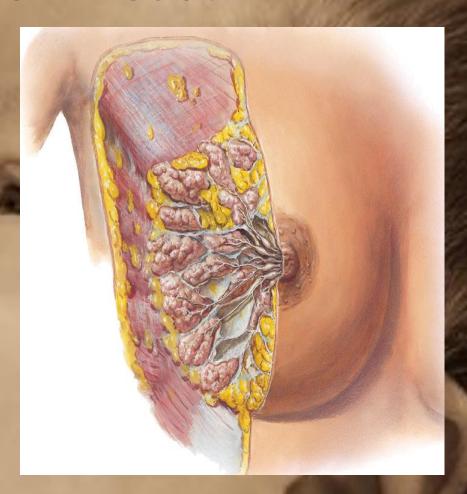
Structure of Breast

Skin

Nipple

Areola

- Stroma
- Parenchyma



Structure of the Breast

Nipple:-

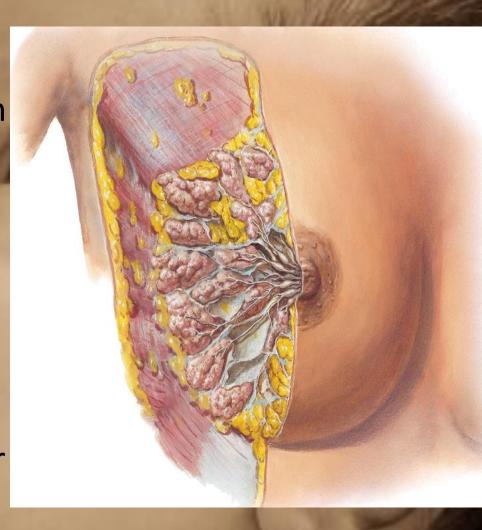
Conical or cylindrical projection

At the level of 4th intercostal space.

Pierced by 15-20 lactiferous ducts.

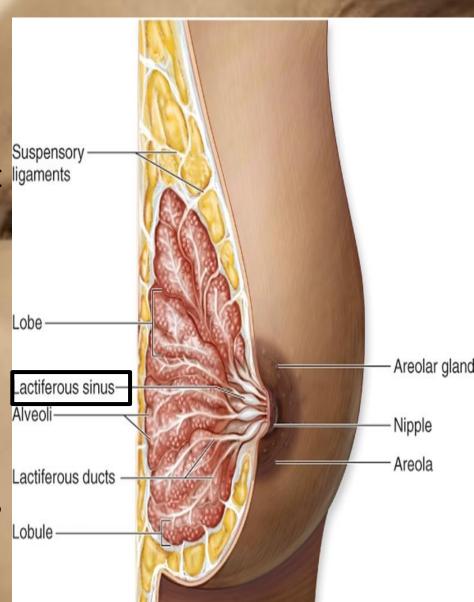
smooth muscles are arranged circularly and longitudinally.

Provided with sensory receptor



Areola

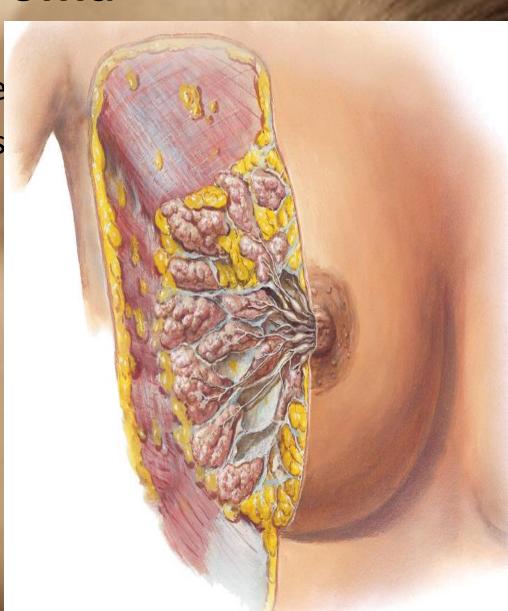
- Circular pigmented area
- Around the base of nipple
- Contains -sebaceous glands
- Which is enlarged during first pregnancy and lactation time
- Tubercles of Montgomery-
- Sebaceous gland(oil)lubrication
- Also contains-sweat gland
- Devoid of- fat and hair.
- Lactiferous duct dilated-sinus



Stroma

Made up of Connective tissue

 This tissue has both fibrous stroma and fat



Fibrous tissue

- Forms the supporting framework of the gland
- It is partly fibrous and partly fatty
- Suspensory ligament of cooper-Made up of fibrou band that provide structural support to the breast



Fatty tissue

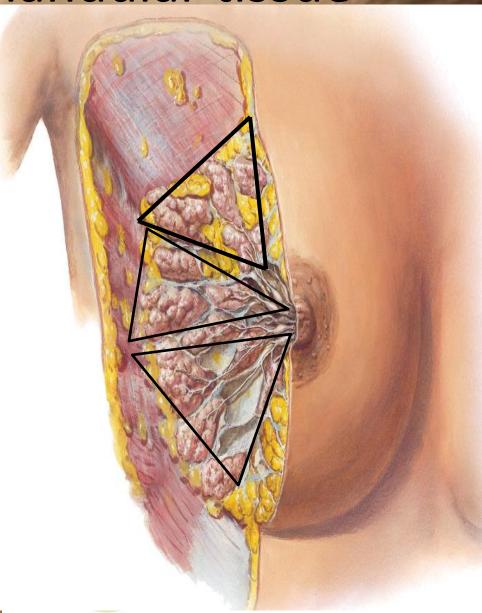
Gives the shape to the gland

Absent -> areola and nipple.

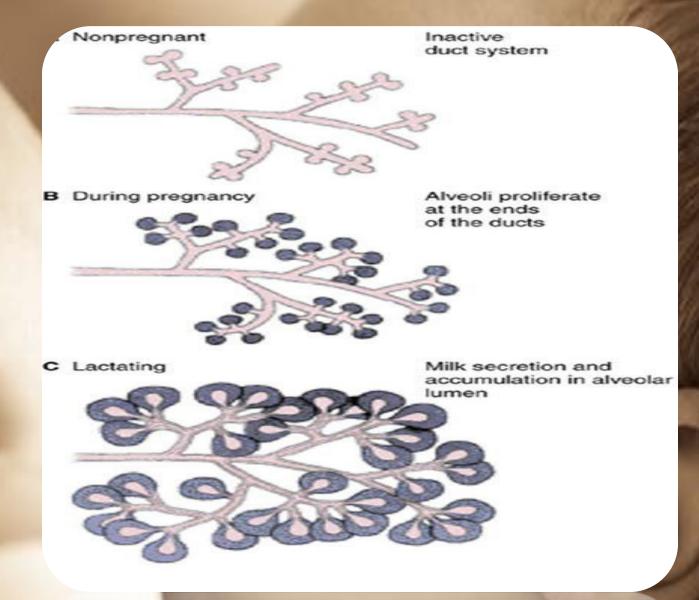


Parenchyma/Glandular tissue

- Contains-
- 15-20 pyramidal lobes
- lobes divides into lobulescluster of acinic drained by lactiferous duct
- The lactiferous duct converge towards the nipple and open on it.
- Near its termination each duct has a dilation called a lactiferous sinus

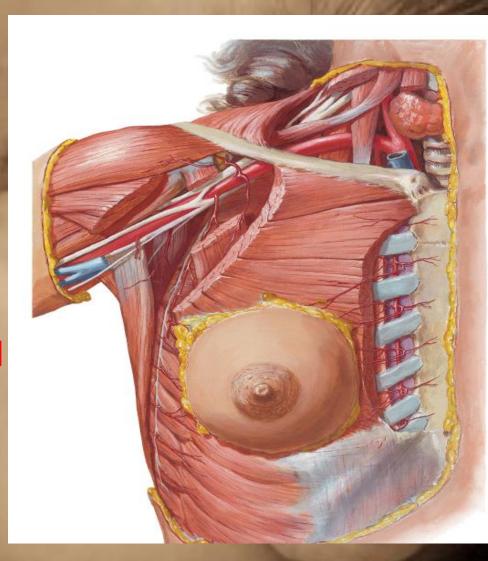


Structural variation of gland



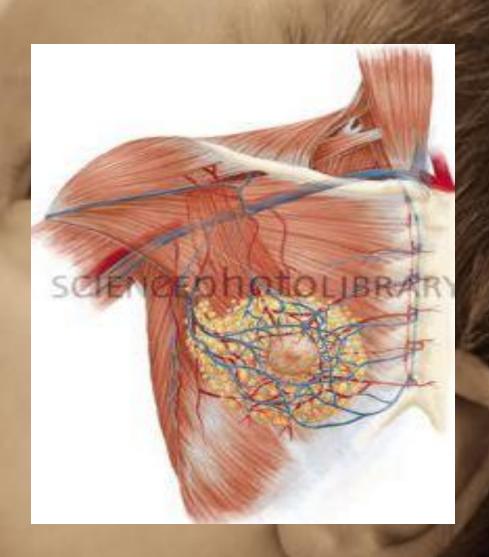
Arterial supply

- Superior part-superior mammary branches from
- Superior thoracic artery.
- Lateral part-
- lateral mammary branches
 From-lat.thoracic artery
- Medial part-
- medial mammary –internal thoracic artery perforating branches
 (2nd, 3rd and 4th ICS)



Venous drainage

- Veins are corresponding to the arteries
- Circulus venosusplexus are found at the base of nipple
- Finally Venous plexus Drain into-axillary vein,
 internal thoracic vein
 and post.intercostal
 vein.



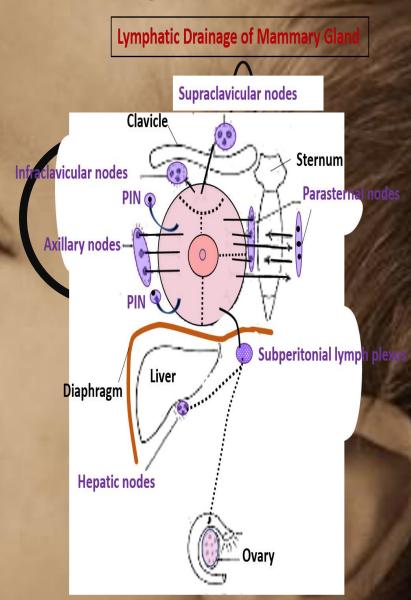
Nerve supply

 Anterior and lateral cutaneous nerve –branches of 4th -6th intercostal nerve

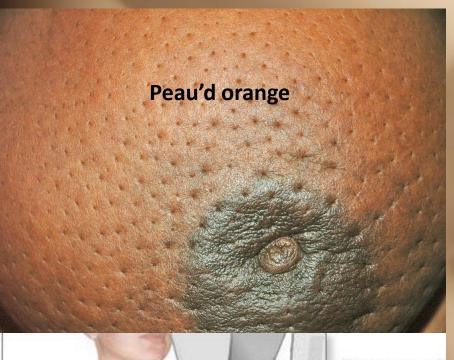


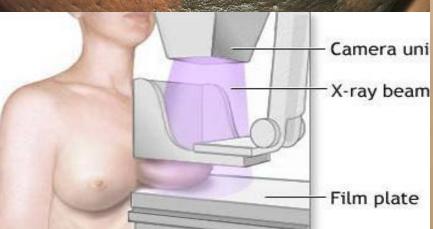
Lymphatic drainage

- Axillary lymph nodes located in axilla
- Internal mammary/Parasternal node- located along the internal thoracic vessels
- Posterior intercostal nodeslocated in posterior part of intercostal space
- Other nodes- Supraclavicular, infraclavicular, subdipahgramtic and sub peritoneal lymph node



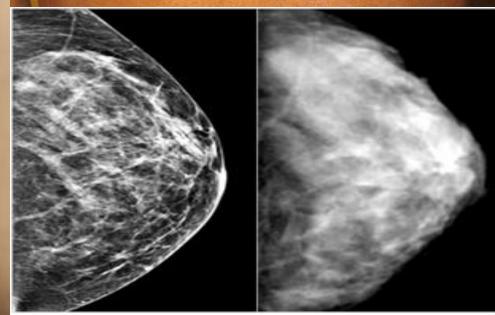
Clinical Anatomy





In mammography, each breast is compressed horizontally, then obliquely and an x-ray is taken of each position







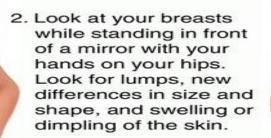


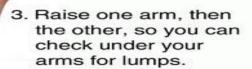
Breast Self-Examination

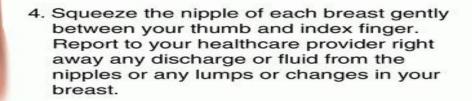




1. Lie down and put your left arm under your head. Use your right hand to examine your left breast. With your 3 middle fingers flat, move gently in small circular motions over the entire breast, checking for any lump, hard knot, or thickening. Use different levels of pressure - light, medium, and firm - over each area of your breast. Check the whole breast, from your collarbone above your breast down to the ribs below your breast. Switch arms and repeat on the other breast.









Thank you for your attention!!!