

Breast Lumps / Hypercalcaemia / Primary Hyperparathyroidism

1. Breast lump: Triple assessment and FAQs

Breast lump is a very common presentation to general practice.

History is usually unremarkable. On clinical breast examination, benign lumps are usually mobile with well-defined borders; in contrast malignant lumps are hard, border is indistinct and of limited mobility. Changes in breast shape and skin are late signs of cancer.

Most breast symptoms should be assessed with ultrasonography and/or mammography. Ultrasound scan is suitable for patient of all age ranges whilst mammography is for ladies of 35years and older.

Patients with clinically and radiologically suspicious or indeterminate lumps are advised for tissue biopsy. Trucut biopsy (aka core biopsy) is the preferred biopsy method of choice over fine needle aspiration cytology (FNAC). Ultrasound guided biopsy greatly enhances the accuracy and reduces false negative results. Excision biopsy should not be the initial method of diagnosis of suspicious breast mass.

Management of benign and malignant lumps, some frequently asked questions are discussed.

2. Hypercalcaemia/ primary hyperparathyroidism

Primary hyperparathyroidism is one of the commonest causes of hypercalcaemia. Cases of overt, severe primary hyperparathyroidism are rare nowadays. However, asymptomatic hypercalcaemia is commonly encountered due to widespread availability of blood test in clinical situations and health screenings.

Elevated calcium level was frequently ignored by clinicians, hence awareness of this potentially serious condition is needed. Hypercalcaemia could be the cause of wide array of clinical conditions, notably recurrent renal calculi, peptic ulcer disease, premature severe osteoporosis and certain psychiatric disorders.

Hypercalcaemia can lead to many non-specific clinical symptoms.

When hypercalcaemia is noted, serum intact parathyroid hormone, phosphate levels and renal function should be checked. Following confirmation of diagnosis, localization of the hypersecreting parathyroid gland is done by ultrasound scan and sestamibi scan.

Severe hypercalcaemia is a medical emergency. Parathyroidectomy to excise the hypersecreting gland offers cure of the condition.

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