

BreastScreen WA Information for GPs

Information on axillary lymphadenopathy

Screening mammograms may detect enlarged axillary lymph nodes. BreastScreen WA may advise women to consult their GP for further advice.

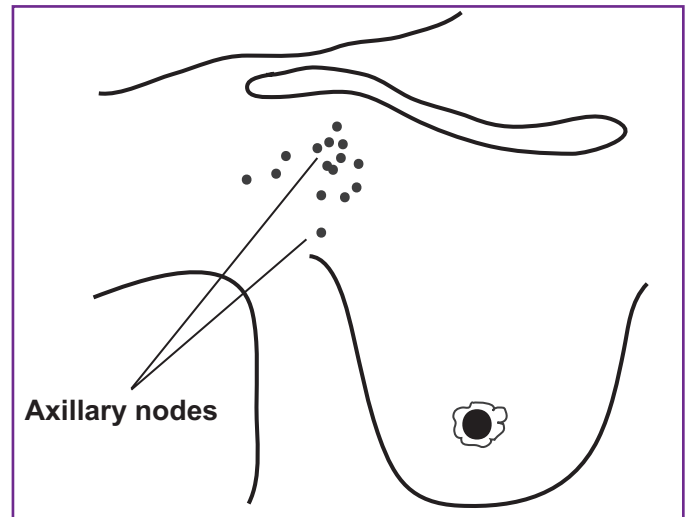
Axillary lymphadenopathy can be either unilateral or bilateral, and can arise from a range of benign or malignant causes:

Benign

- mastitis, breast abscess
- other regional infective causes
 - o ipsilateral arm infection, e.g. cellulitis
- granulomatous adenitis
 - o tuberculosis
 - o sarcoidosis
 - o silicone implant rupture
- collagen vascular disease
 - o systemic lupus erythromatosus (SLE)
 - o rheumatoid arthritis
 - o scleroderma
- cat scratch disease
- non-specific reactive lymph nodes

Malignant

- metastasis from breast cancer
- metastasis from non-breast malignancies
 - o melanoma
 - o primary malignancy in ipsilateral arm
 - o thyroid
 - o lung
 - o gastrointestinal
 - o pancreas
- lymphoma : usually bilateral but may be unilateral



Unilateral axillary lymphadenopathy detected on imaging should be regarded as suspicious and warrants further investigation. Clinical management includes history and clinical examination; axillary ultrasound (to confirm lymphadenopathy); and an image guided biopsy is often necessary. Following diagnostic work up, a referral for a surgical opinion may be required.

www.breastscreen.health.wa.gov.au

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