Breast Health Training Tool
Curriculum Preview

LiquidGoldConcept
A breast health and lactation education company
The **LiquidGoldConcept Breast Health Training Tool (BHTT)** collection is a must-have educational resource for all healthcare professionals. With these ten breasts, students can practice identifying, describing, and managing over fifty common lactation-related and breast health conditions across the lifespan.

The BHTT Curriculum Preview we have provided herein is just the beginning of our comprehensive problem-based learning breast health course. Below you will find examples of case scenarios and guiding questions for each BHTT.

We are now developing the full curriculum that will include multiple case scenarios per breast with specific learning objectives, an instructor manual, and student worksheets and assessments. We anticipate releasing this curriculum by the end of 2019.
Clinical Scenario Preview

The patient is exclusively pumping and forgot to bring nipple cream to work yesterday. The suction settings on the pump were set too high leading to internal damage to the milk ducts and the appearance of ‘strawberry milk.’ The nipple was improperly positioned in the flange and nipple cream was not applied. The asymmetric pulling of the nipple and areolar tissue into the pump against the silicone ‘massaging’ insert led to the appearance of striated lesions on the areola.

Topics for Discussion

Nipple. What questions would you ask the patient if you saw: a drop of blood from single nipple pore, blood from multiple nipple pores, or a blood blister? How would these findings affect your management plan?

Areola. What if the lesions were vesicular? What if the rash were itchy? What aspects of the patient’s history and breast exam support your primary diagnosis of areolar injury due to friction from the breast pump over an infectious or autoimmune etiology?
Breast 2. Constant, burning nipple pain

Clinical Scenario Preview

Since the birth of this patient’s child a month ago, she has had a painful burning sensation in her nipple everytime she starts to breastfeed. The same sensation is present when she steps out of a hot shower or onto a cold floor with bare feet. Starting about a week ago, she felt the same painful and burning sensation across her right breast and two days ago she developed a rash on her breast.

Topics for Discussion

Nipple-areolar complex. If a patient has Raynaud’s phenomenon of the nipple, what other colors (and in what order) would the nipple be? What are the systemic conditions associated with Raynaud’s phenomenon? Are there any non-pharmacologic treatment options for vasospasm of the nipple? Is vasospasm associated with herpes zoster infection? Are the raised lesions on the areolar tissue Montgomery glands or the herpes zoster infection?

Breast tissue. Describe the rash. Should the mother stop breastfeeding her child?
Breast 3. *Itchy breast*

Clinical Scenario Preview

It’s the middle of winter. This 60 year old woman has always had dry, flakey skin that, if not managed with creams and lotions, can become very itchy. The rash on her breast has not improved despite her attempts over the last three months to treat it with various oils, lotions, and steroid creams.

Topics for Discussion

What additional questions would you ask this patient about her medical, family, and surgical history and medication use to better understand the underlying etiology of the rash? What labs and imaging would you order and which procedures would you perform? How would you differentiate between mammary Paget’s disease and allergic contact dermatitis? This is an example of a case study to help facilitate the discussion about this BHTT:

[Allergic Contact Dermatitis](#)
Clinical Scenario Preview

Over the last week, the patient’s nipple has become progressively more inflamed and painful. A few days ago, she noticed that there was pus and a crust that formed at the base of the nipple.

Topics for Discussion

What is the differential diagnosis for an ulceration of the nipple in a sexually active woman in her forties? What kinds of questions would you ask this patient if she, instead, were a monogamous breastfeeding mother in her twenties with a nursing infant recently treated for oral thrush? This is an example of a case study to help facilitate the discussion about this patient: An Ulcer on the Nipple ²
Breast 5. *Itchy nipple*

**Clinical Scenario Preview**

Six months ago, this patient noticed brown discoloration on her nipple. She did not pay attention to this until her nipple became itchy. When the pruritis did not resolve after a month and topical steroid cream applications did not help, she went to see her PCP.

**Topics for Discussion**

Breast tissue. What are some ways to distinguish a raised, pigmented lesion from a benign mole, melanoma, an accessory nipple, or a cutaneous manifestation of an underlying malignancy?

Nipple-areolar complex. What would be the next step to help differentiate the changes on the nipple-areolar complex between Paget’s disease of the nipple and an eczematous condition?

Use these case scenarios to help facilitate the discussion:

- Hyperpigmented disease of the nipple
- Unusual breast presentation in a young woman
Breast 6. *Deep, shooting breast pain*

Clinical Scenario Preview

For the last month this breastfeeding mother has had deep, shooting breast pain. She and her infant were both treated for a yeast infection when the infant was found to have white plaques in her mouth. A week after the treatment, the mother’s breast pain still has not resolved.

Topics for Discussion

Breast tissue. What are some ways to distinguish a raised, pigmented lesion from a benign mole, melanoma, an accessory nipple, or a cutaneous manifestation of an underlying malignancy?

Nipple-areolar complex. What are the implications of a surgical procedure at the areolar border on lactation success? What are some questions you could ask this patient to better understand the etiology of her breast pain?

Refer to the Academy of Breastfeeding Medicine Protocol on Chronic Breast Pain for additional guidance.
Breast 7. *Pain during breast pumping*

**Clinical Scenario Preview**

This breastfeeding mother recently returned to work. Her friend recommended that she should pump in the car on her drive to work to get in an extra pumping session into the day. When she did that this morning, she started to experience severe pain but could not stop or remove the breast pump because it had fallen out of reach. She is worried she will have to supplement with formula because pumping is now too painful.

**Topics for Discussion**

Could nipple cream application and a different breast pump flange size, suction setting, or flange type have prevented this situation? What could the mother do to promote healing? Can she continue to nurse or express milk from this breast?

Use the Advanced Lactation Simulation Model (right breast) to practice hand expression.
Breast 8. *Breastfeeding is painful*

**Clinical Scenario Preview**

This is a first time mother on day five postpartum. Her breasts are swollen and her baby is continuing to lose weight. She is in tears because breastfeeding is incredibly painful. When you evaluate the feed, you notice that the infant has a choppy sucking pattern and every once in a while you hear a clicking noise.

**Topics for Discussion**

What are the determinants of a shallow or deep latch? How can you differentiate between a shallow latch due to poor positioning or a shallow latch due to tongue tie? What would your recommendations be to the mother to promote healing of her nipple?

Practice demonstrating correct infant positioning and attachment on the Essential Lactation Simulation Model.
Clinical Scenario Preview

A 75 year-old woman presents to the emergency room with a diffuse rash. She has had a bad head cold for the last few days and her friend offered her some antibiotic medication that was prescribed to her for cellulitis last year. Since her friend never finished the antibiotic therapy, she had some left over and was more than willing to share.

Topics for Discussion

What questions about the patient’s medical history should you ask? How would you describe the appearance of the nipple-areolar complex: is the nipple inverted or retracted and what are the implications of this distinction?
Breast 10. Painful breast engorgement

Clinical Scenario Preview

A breastfeeding patient presents to the lactation support group with severe breast engorgement three months postpartum.

Topics for Discussion

What are the different causes of physiologic and pathologic breast engorgement? Is this patient’s breast engorgement due to lactogenesis II? How would you describe the appearance of the nipple-areolar complex: is the nipple inverted or retracted and what are the implications of this distinction? If this patient presented with these breast findings on day five postpartum, what would be some management strategies for her engorgement? Practice breast engorgement massage techniques on the Essential Lactation Simulation Model.


