



## Retrospective Study in Case of Carcinoma Breast

Dr.S.N.Gole

Assistant Professor, Department of Surgery, Pt. J.N.M.Medical College &amp; Dr. B.R. Ambedkar Memorial Hospital, Raipur (C.G.).

Dr. CHAKRADHAR  
BARIHA(MS)

SR, Department of Surgery, Pt. J.N.M.Medical College &amp; Dr. B.R. Ambedkar Memorial Hospital, Raipur (C.G.).

## ABSTRACT

**AIMS:** Retrospective study in treatment of carcinoma breast. **MATERIALS AND METHOD:** This study has been conducted on one hundred and thirty five patient of carcinoma breast both male and female. These patients were admitted and treated in J.A. group of Hospital and cancer hospital and research institute Gwalior (MP) from April 2001 to march 2003.

**RESULT:** The incidence of carcinoma breast was 7.20% in cancer hospital and research institute and J.A Hospital Gwalior among the cancer hospital. Incidence of female carcinoma breast was 15.15% among population of female cancer patient admitted there from April 2001 to march 2003. Maximum incidence was in age group 41 to 50 years (36.2%). Sex incidence out of 135 patient female was 130 and male was 5. Out of 130 patient 56 premenopausal and 74 was postmenopausal. Right side breast affected in 69 patient and left side 65 patients and bilateral only 1 patient. Right upper quadrant affected in 49 patient, left upper quadrant affected in 45 patient. Maximum no of cases were in stage IV and Minimum belong to stage I. Histological type maximum tumors were infiltrating duct carcinoma 60.9%. MRM was the choice of surgical procedure undertaken in maximum no of cases. Local excision alone had high recurrence rate. Adjuvant radiotherapy does seem to improved survival but there are high recurrence rates, addition of chemotherapy or hormonal therapy or both decrease recurrence rate and improved survival rate. Seroma was most common complication following modified radical mastectomy, there were only one mortality following various treatment modalities. **CONCLUSION:** At present no single therapy alone seems to provide adequate cure rate in our setting in various stages of the disease. Combination therapy is choice of treatment modality for providing favourable survival rate with low recurrence rate.

**KEYWORDS :** Treatment of carcinoma breast , incidence, outcome

## INTRODUCTION:-

Cancer in India (cancer registration in India Kishore chaudhry & Usha K. luthra)<sup>1</sup>

India, a vast subcontinent harbours a population of 1000 million people and many lives are succumbing to cancer every year. The crude incidence rates of cancer in 1997 as recorded by the urban population based cancer registries under NCRP, varied between 52.9 and 81.5 per 100000 men ; and between 56.8 and 95.6 per 100000 women & the rural registry at barshi( Maharashtra) showed crude incidence rates of 32.6 per 100000 men and 42.9 per 100000 women. Incidence rates in Indian women are about half the experience of USA & European women.

Based on the data from population based cancer registries in Bangalore, Bombay & madras till the year 1989, the estimated number of new cancer cases for the year 1992 was 644,600. considering no change in age specific incidence, 806,000 incidence cases among men and one fifth of cases among women, pertain to sites mainly attributable to tobacco use. cervical cancer is the commonest cancer among women, followed by breast cancer.

Cancer of uterine cervix followed by breast cancer is most frequently encountered sites in women in all registries, except Mumbai, Delhi & Bangalore, where the two sites interchange their ranks.

Leading cancer in population based cancer registries under national cancer registry programme of ICMR (1997), women.

The five year relative survival for female breast cancer was 46.8% in Bangalore, 49.5% Chennai & 55.1% in Mumbai.

It is estimated that there are about one and half million cases of cancer in country being added every year. (National cancer control programme). It is also calculated that about 0.3million persons die of cancer every year. A large number of patients come to clinician very late in the course of disease due to ignorance, shyness and financial difficulties. A survey done revealed the following figures regarding the stage at diagnosis (I. Mitra and P.B.Desai) 2. Stage - I- 5%, Stage-II-14%, Stage-III-36%, Stage-IV-24%, Stage unknown(died before diagnosis)-21%. It is thus abundantly clear that a large proportion of pa-

tients with breast cancer have disease at diagnosis, which is beyond the scope of curative therapy. Cancer breast is treated by various modalities such as surgery, radiotherapy, chemotherapy and hormonal therapy. This wide range of type of treatment thus requires a team of surgeon, radiotherapist, medical oncologist, pathologist and the laboratory scientist as equal partners.

## MATERIAL AND METHOD:-

This study has been conducted on one hundred and thirty five patient of carcinoma breast both male and female. These patients were admitted and treated in J.A Group of hospital and cancer hospital & research institute Gwalior from April 2001 to march 2003. Preliminary data including registration name, age, sex, marital status, menstrual status, duration of complaints were recorded in a typed proforma, prepared for examination of these patients. Physical examination included side of breast affected, size, extent of tumour and fixity to skin or chest wall, any feature like peau d orange, ulceration, satellite nodules. Opposite breast was also examined for any lesion. Contralateral axillary, supraclavicular lymph nodes were examined. Systemic examination included examination of abdomen, liver, lungs, brain and bone and spine. Per-rectal and per vaginal examination were also done to exclude metastases. All routine and biochemical investigation including total platelet count before surgery or induction of chemotherapy done. Radiological investigation i.e plain x-ray chest, plain x-ray of long bones and spine if metastasis was suspected, mammography, USG of Abdomen done. Histopathological investigation includes FNAC, Excision biopsy, HPE of tumor or breast remove after mastectomy. Pre-operative ECG to assesses cardiac status.

TREATMENT MODALITIES included surgery in patient with operable tumor T1N0M0, T2N0M0, T1-2N1M0 modified radical mastectomy was done. Patient with T3 OR T4 growth in whom either growth or lymph-nodes were fixed or patient with distant metastases tyled mastectomy was performed. Radiotherapy was given either pre or post operatively by telecobalt 60 gamma radiation, which where divided into sub groups accordingly. Chemotherapy was given pre-operatively, post-operatively or aspiration. Pre requisites for chemotherapy where total leucocyte count > 4000 mm<sup>3</sup>, platelet count > 1.3 lac/mm<sup>3</sup>.

HERMONAL THERAPY in postmenopausal women were treated by tamoxifen 10 to 20 mg twice daily for maximum period of two year.

In premenopausal either oophorectomy was done or radiation castration was done.

**Table No.1**  
**Incidence of Carcinoma Breast**

Institution	Total no of patients admitted	Total no of breast carcinoma patients	percentage
Cancer hospital & J.A group of hospital	4790	345	7.20%
	2237(female cancer patients)	339(female cancer patients)	15.15%
	2553(male cancer patients)	6(male cancer patients)	0.23%

**Table No .2**  
**Age Incidence of Carcinoma Breast**

Age Group	No of patients	percentage
20-30	9	6.6%
31-40	37	27.4%
41-50	49	36.2%
51-60	28	20.7%
61-70	8	5.9%
71-80	3	2.2%
>80	1	0.7%
	135	100%

**Table No.3**  
**Sex Incidence of Carcinoma Breast**

S. No	Sex	No of patients	Percentage
1	Female	130	96.3%
2	Male	5	3.7%
		135	100%

**Table No.4**  
**Menstrual Status**

S.No	Sex	No of Patients	Percentage
1	Premenopausal	56	43%
2	Postmenopausal	74	57%
		130	100%

**Table No.5**  
**Side of Breast Affected**

S.No	Sex	No of Patients	Percentage
1	Right	69	51.1%
2	Left	65	48.1%
3	Bilateral	1	0.7%
		135	100%

**Quadrant Affected No of Patients**

Right upper	49	
Right lower	15	
Left upper	45	
Left lower	12	
Mixed	14	

**Table No.6**  
**Stage wise distribution of Carcinoma Breast**

Stage	No of patients	Percentage
I	2	1.48

Stage	No of patients	Percentage
II	31	22.9
III	42	31.1
IV	50	37.03
Could not be done(as treated elsewhere)	10	7.4
	135	100%

**Table No.7**  
**Incidence of Histological Types**

S.No	Histological type	No of cases	Percentage
1	Infiltrating duct carcinoma	75	60.9
2	Ductal carcinoma	35	28.4
3	Medullary carcinoma	7	5.6
4	Invasive lobular carcinoma	2	1.6
5	Papillary carcinoma	1	0.8
6	Colloid carcinoma	1	0.8
7	Carcinoma with squamous metaplasia	1	0.8
8	Adenoid carcinoma	1	0.8

#### DISCUSSION:-

In india it is the second commonest cancer in females after carcinoma of cervix(I Mitra 1987). The age adjected incidence figure for breast cancer published by National cancer registry 1984 for Bombay, Banglore and Madras was 23.7, 20.4 and 18.4 per 100.000 female population respectively. In north America breast cancer is the most common malignancy among women and accounts for 27% of their cancers (Silverberg, E.1987)<sup>3</sup>. In present study the incidence of carcinoma breast was 15:15 in cancer Hospital among all the female cancer patients. In males the incidence of carcinoma breast is very less. Jussawalla et al & Benjamin(4) et al have reported incidence of carcinoma breast in males 1.1% and 1% respectively. In present study incidence of cancer breast among male cancer patients reported at cancer Hospital was .23% the lower incidence in present series may be due to lack of tumor registries. Carcinoma breast is rarely in prepubertal females. With advancing age there is an increase in its incidence. Kapur et al (1974)(5) have reported more cases between 41-50 years. D.J Jussawalla and B.B Yeole (1984)(6) also reported maximum no of cases in this age group. In present study maximum no of cases i.e. 36.2% were seen in age group 41-50 years, which are similar to other workers. The cause of breast cancer is not known but epidemiologic evidence points strongly towards three areas, endocrine factors, environment and genetics. Female predominance in all previous and present studies can be attributed to them. Fisher et al, Silverberg et al have all reported female predominance. In present study, out of 135 patients carcinoma breast was found in 96.3% females 3.7% male, indicating predominance of former. Therefore finding of present series are in accordance with finding of previous authors. Incidence of carcinoma breast is slightly high in postmenopausal women. Mahapatro (1990)(7) has also reported higher incidences in postmenopausal women. In present series 43% patients of carcinoma breast were premenopausal and 57% were postmenopausal. There is a slight preponderance of carcinoma breast on right side. Shrivastava B.K(1976) has reported higher incidence on right side. Klra et al (1985) has also observed increased frequency of carcinoma breast on the right side in 55.5% patients. In present study tumor was found more on the right side in 51.1% patients. In a study I.Mitra(1984) reported maximum no of cases in stage III. In present series the staging of disease was done based on T.N.M classification and cases were placed in stage I, II, III and IV accordingly. Maximum no of cases were seen in stage IV (37.03) staging could not be done in 10 patients (7.4%) as they were treated elsewhere and details were not known.

#### CONCLUSION: -

##### The following conclusion have been drawn

The incidence of carcinoma breast was 7.20% in cancer Hospital and J.A group of hospital, Gwalior, among all cancer patients. The incidence of female breast carcinoma was 15.15% among all female cancer patients and 0.23% male affected with CA breast. Age group 41 to 50 year (36.2%) affected more. CA breast was higher in postmenopausal

sal women i.e. 57%. Right breast affected more than left. Stage IV diseased was highest (37.03%). Infiltrating duct carcinoma was highest.

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