



BENIGN BREAST DISEASE

Dr Nilofer Ahmad	Junior Resident, Rajendra Institute Of Medical Sciences, Ranchi
Dr Ajay Kumar	Junior Resident, Rajendra Institute Of Medical Sciences, Ranchi
Prof(Dr) M. Sarawagi*	Professor, Rajendra Institute Of Medical Sciences, Ranchi*Corresponding Author

ABSTRACT

INTRODUCTION: Benign lesion of breast is quite common. It can affect both male and female , however incidence in female far exceeds than in males. In their lifetime about 33%of females suffer from benign breast disease and require treatment. Various breast lesion ranges from mastlgia, palpable mass swelling or generalized lump which can be ANDI (fibroadenoma ,fibroadenosis), benign nipple discharge ,breast abscess, traumatic fat necrosis. In this study we focus on spectrum of disease with respect to age, sex, mode of presentation, clinical features and management.

METHODOLOGY: A group of 50 patients of benign breast disease were studied on their clinical profile ,investigations and management. Special focus was given on the FNAC and HPE of the operated cases was included.

CONCLUSION: On analysis of this study it was concluded that benign breast lump was found in age groups 15 to 35 years. Most of the patient had perceived lump first(80%) followed by various symptoms such as pain(48%). Most of the lump was less than 5cms (80%). Fibroadenoma cases were common (82%).Most cases were solitary (92%).FNAC was diagnostic although usg of the breast and mammography also helped to differentiate benign from malignant lesions and also between different benign lesions.

KEYWORDS :

INTRODUCTION

Benign conditions account for 90% of the clinical presentations related to the breast. About 33% of all women suffer from breast disorders requiring treatment at sometime in their life time. Benign disorders of the breast are usually seen in the reproductive period of life, thought to be largely hormone induced. There is a dramatic fall in the incidence after menopause due to cessation of clinical ovarian stimulation. The most common symptoms are lump and pain. In this study, we profiled the incidence of BBDs,the relative frequencies of the different types of benign breast disease .

MATERIAL AND METHODS

This descriptive study was conducted in the Out Patients Department of General Surgery in Rajendra institute of medical sciences Ranchi, Jharkhand India from July 2019 to September 2019. The 50(fifty) women who were treated for BBDs were included in this study.

INCLUSION CRITERIA

Female patients with any benign disorder/disease of the breast-for example, breast lump, breast pain or a nipple discharge, were included.

EXCLUSION CRITERIA

Women with an obvious malignant disease or those who had been treated for malignancy earlier, were excluded in this study.

RESULTS

A total of 50 female patients who attended in the Surgery Out-patients Department between July 2019 to September 2019 for breast diseases were studied in the Department of General Surgery. The patients were studied under different headings depending on their age of symptoms or presentations , such as a breast lump, breast pain and a nipple discharge. The commonest presentation was breast lumps which comprised 41 (82%) cases, out of which 24 (48%) had associated complaints like breast pain and nipple discharge. More than one symptoms were present for the same patient. Among 24 (48%) patients with breast pain, 6 (12%) patients complained of breast pain (mastalgia) only involving bilateral breast, who

were treated by using a conservative approach or reassurance. The pain was cyclical in 10 patients and it was non-cyclical in 14 cases.

Among the 4 cases (8%) with nipple discharges, only one case presented with nipple discharge only, without any associated lump or pain. The nipple discharge was blood in 1 case and it was serosanguinous fluid in 2 cases, and only one case had a yellow discharge. The cause for 1 case was intraductal papilloma and for the rest, it was mammary duct ectasia

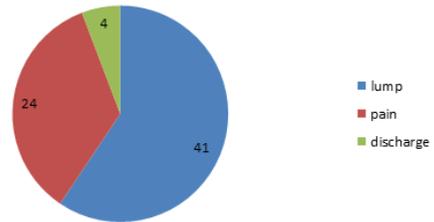


Fig 1 percentage wise presentation

The ages of the patients with BBDs ranges from 8 years to 68 years, although in our study we included patient from 8 to 50years. The mean age at presentation was 28.4 years. 22 patients were in the age group of 21-30 years. The youngest was a 8 years old girl who presented with breast pain and mild swelling of bilateral breast side of the breast. Among the 41 patients with breast lumps,26 patients were in the age group of 21-35 years.

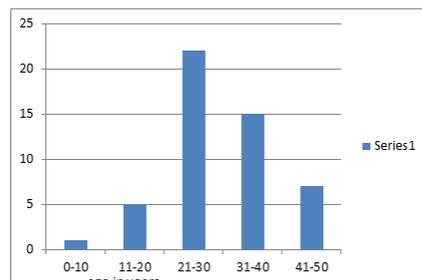


Fig-2- Age distribution of the patients

The lump was 3cm across in 18 cases, which happened to be the commonest size in the series.

There were 2 cases of giant fibroadenomas, the largest being of the size, 7x9cm. There are 5 cases with multiple fibroadenomas. One young girl who was 24 years of age, presented with 5 fibroadenomas, three on the right side of the breast the left side, which had average sizes of 3-2cms. 2 cases of phylloid tumor was encountered. The largest lump which was reported was a phylloid tumour of size 15x17cm, which was on the right side.

The other case presented with phylloids tumor in bilateral breast measuring 10cm x8 cm in right breast and 12cm x8 cm in the left breast.

Among the 50 patients, the right breast affected is 20 (40%) patients, while the left breast was affected in 18(40%) patients. In 12 (24%) cases, both the breasts were affected.

CLINICAL PROFILE AND INVESTIGATIONS

The diagnoses of the lumps were confirmed either cytologically histologically, or in both ways. FNAC was done in 38 cases. FNAC and biopsy were done in 20 cases. The accuracy of the clinical diagnosis of fibroadenoma was 90% (18 out of 20 cases). 10 cases were reported as fibrocystic changes. 2 cases was diagnosed as breast abscess and other 6 was BIRADS 1.

DISCUSSION

Benign breast diseases includes a heterogeneous group of conditions which range from normal, to aberrations in the physiology, to frank disease. the patients of BBDs generally present with one or more of these complaints – lump, breast pain or nipple discharge. it has been recommended that all the patients with discrete breast lumps should undergo a triple assessment to make an early diagnosis. by this approach, we provided the diagnoses of most of the benign breast conditions within 72 hours of the initial consultation. In the study of Foncroft LM et al., [1], they found that 87.4% of the women who attended the Wesley Breast Clinic had presented with breast lumps, while in the series of Ratana Chaikanont T [2], a breast lump was the presenting symptom in 72.35% of the 331 benign breast patients. The corresponding figure for our study was 82%.

Our finding was in agreement with most of the available literature on benign breast lumps, where the frequency of fibroadenoma ranged from 46.6%-55.6% [3-6]. The peak incidence of fibroadenoma ranged from the 3rd to the 4th decade of life, which was consistent with the findings of other studies. FNAC was the quickest and the most reliable method which helped in making the diagnoses of the breast lumps.

The fibrocystic changes were the next common condition in our study and a majority of the patients belonged to the 3rd and 4th decades. The incidence varies geographically. Many authors like Adesunkanmi AR and Agbakwuru EA and Ihekwa FN found that the incidence of the fibrocystic changes ranged from 29.542.2% for the benign breast lumps [3,4]. We had a slightly smaller figure, with 20%.

The mean age at presentation was 28.4 years. In the age group of 21-30 years, there were 22 patients. This was almost similar to the observation which was made by Navneet Kaur et al[7]

The incidence of breast pain in our series was 33%, which was nearly equal to the breast pain series, which ranged from 12.8%- 30.3% [2-8]. Leis HP et al., [9] reported that the incidence of breast discharge was only 9% of all the breast complaints in his study, which was almost equal to the 8%

incidence which was found in our study.

Out of the 4 cases(8%) of nipple discharge, only one case presented with nipple discharge only, without any associated lump or pain. The nipple discharge was blood in 1 case and it was serosanguinous fluid in 2 cases, and only one case had a yellow discharge. The cause for 1 case was intraductal papilloma and for the rest, it was mammary duct ectasia.

The treatment of them nipple discharge must be done first, to exclude carcinoma on occult blood test and cytology. A simple reassurance may then be sufficient, but if the discharge is proving to be intolerable, an operation must be done to remove the affected duct or ducts [10]. Mammary duct ectasia generally does not require surgery and it should be managed conservatively [11].

The incidence of benign breast diseases begins to rise in the 2nd decade and it peaks in the 4th or 5th decades as compared to the malignant lesions, for which the incidence continues to rise after menopause [12-14]. We advised follow up every 3 months for both the low and high risk categories, since some studies have shown the progression of the low risk category to carcinoma [15].

CONCLUSION

Benign breast diseases is a common problem in women. A lump in the breast is the commonest presentation. Breast pain and nipple discharge are the other symptoms. Most of the patients have more than one symptom. The commonest age group which is affected is the 21-30 years age group. Among the breast lumps, fibroadenoma is the commonest, followed by fibrocystic changes and breast abscesses. The other lumps are relatively uncommon. Breast pain may occur alone or in association with a lump or a nipple discharge. The incidence of cyclical pain is 20% and that of non-cyclical pain is 13%. The nipple discharge, particularly if it is serous or greenish, is harmless.

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