



Study of Carcinoma Breast in Females Presenting with Breast Lumps

KEYWORDS

Acute cholecystitis, laparoscopic cholecystectomy, conversion, chronic cholecystitis, predictive factors.

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ABSTRACT *Background: Breast physiology might be disturbed by many causes including inflammation and carcinoma. Analysis of incidence, pattern and prevalence of breast disease in the patient with breast lump could provide important suggestions for the physicians.*

Methods: In this retrospective cross sectional study, female patient presenting with palpable breast lump were examined at B.J. Medical College, from 2012-2014. Data was collected on variables of interest by interview, observation, clinical examination and necessary investigations. A total of 100 female cases were investigated through histopathological examinations by conventional methods.

Results: In this study of total 100 cases, 58% benign and 42% were malignant. Pain in the breast 42%, nipple retraction 14%, nipple discharge 13%, lymph node involvement 10%, skin fixation over lump 9%, peau'd orange 8%, ulceration over lump 4% were found in the patient. Fibroadenoma (31%) was common benign lesion followed by fibroadenosis (17%). Lesions were mostly found at average age of 27 years, malignant lesions found around the average 46 year. Nipple discharge was common in breast carcinoma (21.4%) followed by fibroadenosis (17.6%). The most common surgery was Simple Mastectomy with Axillary Clearance (57.2%).

Conclusion: The main problem of breast lump consists in its risk of being malignant, early detection is crucial and prompt treatment is required

Introduction

Breast is a glandular organ and possesses a dynamic structure that undergoes changes throughout the women's reproductive life. These changes involve disturbances in the breast physiology extending from an extreme of normality to well defined disease process including lesions and lumps. The most common presentation of breast disease is a palpable lump. Virtually every woman with a breast lump, breast pain or discharge from nipple fears that she has breast-cancer. Early diagnosis is the key to increase survival. However social, religious factors, unawareness of fatality of the disease, false vanity and fear of infertility hinder early diagnosis and treatment.^{3,4}

Breast cancer is the second leading cause of cancer deaths in women today (after lung cancer) and is the most common cancer among women, excluding non-melanoma skin cancers. Breast cancer comprises carcinoma and sarcoma but incidence of sarcoma in breast is less than 1%.¹ According to the American Cancer Society, about 1.3 million women are diagnosed with breast cancer annually worldwide and about 465,000 will die from this disease. According to the Society, breast cancer death rates have been dropping steadily since 1990 because of earlier detection and better treatments but about 40,910 breast cancer deaths are expected in 2007.³ Urban life style and stress may contribute breast lesions as common problem especially in adults.⁵ Breast cancer rates are rising in many western countries but deaths from the disease have decreased in some countries as a result of improved screening and treatment.^{6,7} In western world breast cancer accounts for 27% of all females' cancer and the incidence of breast cancer is particularly low in developing countries and Japan.⁸⁻¹⁰ This variation may be due to social, dietary, early marriage and related other factors.¹¹

Aim of the study

Many research works have been carried out so far in many countries reporting breast cancer. Also a number of studies have been undertaken on carcinoma breast in Bangladesh. Nevertheless, our study is being carried out to determine the incidence of carcinoma and clinic-pathological diversity in cases of breast lumps presenting in tertiary hospitals in B. J. . We were aimed to develop a setup to conduct a retrospective study. The study was also aimed to find out the incidence of carcinoma of breast in females presenting with breast lump. The idea was to observe the diversity of clinical presentation of breast lump in the hospital practices. It was also decided to find out the age related malignant breast diseases in these patients and finding out the correlation between clinical presentation and histopathological findings of breast lumps. Finally, we have decided to find out the pattern and frequency of lesions including malignancies affecting breast with intention that clinicians of this country can be responsive of its incidence.

Results

In this retrospective cross sectional study 100 patients of breast lesions were distinguished for 2 years. Age group wise patient distribution is shown in table 1. The patients were ranged between 11 and 60 years. The average age of presentation was around 27 years.

Table I: Distribution of study population by age group (n-100)

Age range (year)	Percentage (%)
11-20	30%
21-30	32%
31-40	20%
41-50	15%
51-60	3%
Total	100%

Of the total 100 patients' majority (32%) of them were 21-30 age group followed by 11-20 years. The distributions of the clinical presentation of the breast are shown in figure 1. Highest percentage of clinical presentation was pain in the breast 42% and lowest was found in ulceration over lump 4%. Others including nipple retraction 14%, nipple discharge 13%, lymph node involvement 10%, skin fixation over lump 9%, peau'd orange 8%, ulceration over lump.

Discussion

Present study was conducted to find out the incidence of breast carcinoma with their presenting features among the patients presented with breast lump and the correlation between clinical presentation and pathological findings of the breast lumps. Due to social circumstances

and unawareness about the nature of the disease, early diagnosis of the disease is impaired.

The patients in this study group were ranged between 11 and 60 years and majority (32%) of them were 21-30 age groups. The most common age group in the third and second decade comprised 32% and 30% respectively. Carcinoma of Breast was the most common in the 5th

decade (59.5%) in this study. The peak incidence of carcinoma of the breast was observed by Smith et al., in 20027 in 4th decade. The peak incidence reported by other papers including Tiwari in 2007.17 The incidence of malignancy was observed by Kevin, Neslihan et al was 21% and 15% respectively in the 4th decade and 30% in the 5th decade as reported by Rasool which was almost same as this study. The relative incidence of these three lesions varies in different studies, Lotay²² analyzed 117 patients with breast lumps and found 25.64% of them had fibroadenoma which is most commons, the second is breast carcinoma (17%) and the third is fibroadenosis (6.84%). Oluwole and freeman analyzed 282 patients with breast lesions and found fibroadenoma was the most common (34.75%) lesion and second and third most common lesions were carcinoma and fibrocystic disease comprising 28% and 17% respectively.

Conclusion

"Clinico-pathological study of carcinoma breast in females presenting with breast lumps" with small sample size may not represent the entire statistics regarding the disease in india. Present study showed an alarming state of high breast cancer incidence in the patients presented with breast lump. Most of the cases breast lump present with advanced stage when a surgeon has a

minute help remained for them. Due to this constraint early diagnosis and curable surgery is interfered. FNAC should be employed at first in all persistent breast lumps and mammography is appropriate instance (e.g. lumps in elderly women). The main problem of breast lump consists in its risk of being malignant, measures aimed at early detection and prompt treatment is required. This

can be achieved by proper health education, increased awareness, screening by regular physical examination and mammography of the people at risk. Emphasis should be given for proper way of self-examination of the breast and inform the physician promptly whenever abnormality felt.

Early detection and early treatment provides undoubtedly a better result