



## CLINICAL STUDY ON BENIGN BREAST DISEASES

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**ABSTRACT****Introduction**

Benign breast disease is the most common cause of breast problems, upto 30 percent of women will suffer from a benign breast disorder requiring treatment at sometime in their lives. 2 The main problem from a women poin to view is fear that such lumpmay be a cancer.

**Aims And Objectives**

- 1.To determine the common types of benign breast diseases in the study group
- 2.To study the age distribution of different benign breast diseases.
- 3.To study the modes of presentation and clinical features.
- 4.To note the response to treatment and complications arising during follow-up.
- 5.To correlate clinical findings with FNAC and Histopathology.

**Materials And Methods****Inclusion criteria**

1. Female patients above 12 years of age who attended the OPD and those admitted in Department of Surgery Santhiram Medical College and General Hospital with clinical diagnosis of benign breast disease and who were willing to undergo investigations and treatment.
2. Patients who are willing for followup on monthly basis fora total period of 12 months following excision or conservative management.
3. Patients who have given in form edconsentare included in the study.

**Exclusion criteria**

- 1.Male patients
- 2.Cases of malign antbreast lumpsasper FNAC findings.
- 3.All patients aged12 years andless.

**Results:** A study was carried out on 50 female patients above 12years of age with benign breast disease at Santhiram General Hospital, Nandyal over a period of two years. The data obtained was tabulated and analysed. **Conclusion:** Benign conditions of breast are most common between 20-45 years of age. Majority of patients were between 31-40 years of age. Breast abscess was seen in women aged 20 and 25 years of age. They presented with lump, pain in the breast and fever forless than 10days. It was common on the left side, upper quadrant. Fibroadenoma was most common between 20 and 34 years of age. The commonest presentation was lump. Most cases presented vwithin 6months of onset of symptoms. It was more common onleft side than right, unilateral common than bilateral. Upper outerquadrant followed by upper in nerquadrant were most commonly involved.

**KEYWORDS :** Fibroadenoma, ANDI, Fibroadenosis, Phyllodes**INTRODUCTION**

The breasts are composed of specialized epithelium and stroma, that may give rise to both benign and malignant lesions.<sup>1</sup> Benign breast disease is the most common cause of breast problems, up to 30 percent of women will suffer from a benign breast disorder requiring treatment at some time in their lives.<sup>2</sup>

Clinicians evaluating women with breast complaints should provide a comprehensive, efficient and timely consultation, so that anxiety can be relieved.<sup>4</sup> Surgeons require in depth understanding of benign breast disorders so that clear explanation may be given to affected women, appropriate treatment instituted and unnecessary long term follow up avoided.<sup>5</sup>

**AIMS AND OBJECTIVES**

- 1) To determine the common types of benign breast diseases in the studygroup
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- 4) To note the response to treatment and complications arising duringfollow-up.
- 5) To correlate clinical findings with FNAC andHistopathology.

**MATERIALS AND METHODS**

Female patients above 12 years of age who attended the OPD and those admitted to the Department of Surgery, Santhiram Medical College and General Hospital, Nandyal with clinical diagnosis of benign breast disease were interviewed as per the proforma designed for the study which included clinical features, clinical findings, investigations, treatment and complications that may arise following treatment. The cases were selected on random samplingbasis.

**Duration of study–** The data was collected from October 2018 to September2020.

**Sample size –** A Total 50 cases were studied over the scheduled period.

**Inclusion criteria**

1. Female patients above 12 years of age who attended the OPD and those admitted in Department of Surgery Santhiram Medical College and General Hospital with clinical diagnosis of benign breast disease and who were willing to undergo investigations and treatment.
2. Patients who are willing for follow up on monthly basis for a total period of 12 months following excision or conservative management.
3. Patients who have given informed consent are included in the study.

**Exclusion criteria**

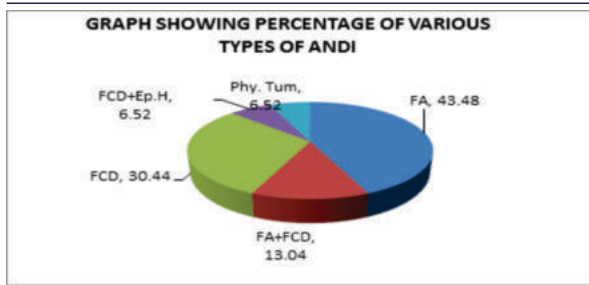
1. Malepatients
2. Cases of malignant breast lumps as per FNACfindings.
3. All patients aged 12 years andless.

**Ethics Committee Clearance**

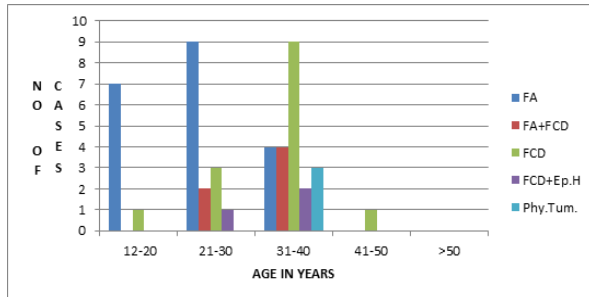
The study has got clearance from the Institutional Ethics Committee ofSanthiram Medical College, Nandyal.

**RESULTS**

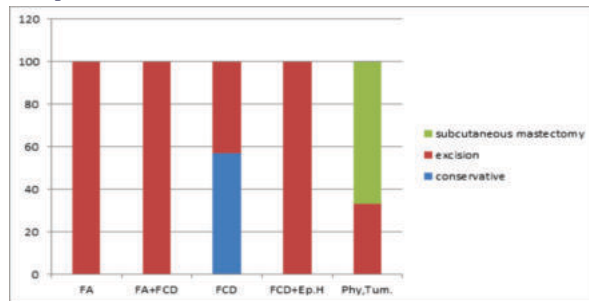
A study was carried out on 50 female patients above 12 years of age with benign breast disease at Santhiram General Hospital ,Nandyal over a period of two years. The data obtained was tabulated and analysed. The following observations were made.



Graph 1: Graph Showing Percentage Of Various Types Of Andi



Graph 2: Graph Showing Prevalence Of Andi In Various Age Groups



Graph 3: Graph Showing The Management In Study Group

Table :1 The table showing post-operative complications in patients of ANDI following excision

Post operative complication	FA		FA+ FCD		FCD		FCD H + Ep.		Phy. Tum	
	No.	%	No.	%	No.	%	No.	%	No.	%
Wound infection	3	15%	0	0%	0	0%	0	0%	0	0%
Seroma	2	10%	0	0%	0	0%	0	0%	0	0%
Hematoma	1	5%	0	0%	0	0%	0	0%	0	0%

**DISCUSSION**

The present study was carried out on 50 female patients above 12 years of age with benign breast disease at Santhiram general hospital, Nandyal over a period of two years. The data obtained was tabulated and analysed.

The most common presenting complaint noted was lump in the breast in 45 patients of which 25 (50/50 patients presented with only lump, 14 (28%) presented with lump associated with pain, 1(2%) with lump, pain and discharge and 5(10%) with lump, pain and fever. The next common complaint was pain noted in 24 patients of which 5(10%) presented only with pain as a complaint. The next common complaint was fever noted in 5 (10%) patients, which was associated with lump and fever. Only 1 patient (2%) presented with discharge.

Among 50 patients, 46 (92%) were diagnosed with ANDI and 4 patients (8%) were diagnosed with inflammatory type of benign breast disease. Of the inflammatory BBD, breast abscess was seen in 3 patients (6% of cases studied) and periductal mastitis was noted in 1 patient (2% of cases studied). All the 3 patients of breast abscess were between 20-24 years of age. Mean age was found to be 22 years with a standard deviation of 2 years. All of them presented with history of

lump, throbbing pain and discharge. The duration of symptoms was less than 7 days in 1 patient and more than 7 days in 2 patients. The left breast was involved in all the 3 cases of breast abscess, the upper outer and inner quadrants were commonly involved, 1 case showed involvement of all three quadrants. The size of the swelling was more than 5x5 cm in all the 3 cases, with smooth surface, ill-defined borders, tender and soft in consistency. Incision and drainage was performed and the pus was sent for culture and sensitivity, which was positive for staphylococcus aureus in all the 3 cases.

The patient of periductal mastitis was 19 years old, presented with history of lump, throbbing type of pain and discharge for 3 months. Central quadrant of the left breast was involved, the swelling was less than 5x5cm, with smooth surface, ill-defined borders, firm in consistency and fixed. Both FNAC and HPE were suggestive of periductal mastitis. The operative procedure performed was fistulectomy and incision of half of areola.

The age distribution of fibroadenoma shows that, it is most frequent between 20 to 34 years of age (65%), with mean of 25.5 years and standard deviation of 6.7 years. The commonest complaint was lump in the breast, presented within 6 months of onset of symptoms. All the patients, 20(100%) presented within 1 year. The commonest side involved in was left 13(65%) followed by right 4(20%). Bilateral involvement was seen only in 3(15%) patients. The commonest quadrant involved was left upper outer followed by right upper outer and left upper inner. The lesions were well defined with smooth surface, firm consistency and without fixity to breast. 13(65%) patients fibroadenoma had lesions less than 5cm and 7 (35%) patients had giant fibroadenoma. The surgical procedure done was excision of the lump. Post operative complications were seen in 6 patients, which included, wound infection in 3 patients, seroma in 2 patients and hematoma in 1 patient. These cases were later managed appropriately. Fibrocystic disease was commonly noted between 25-44 years(100%) of which more than half (70% cases) were noted between 30-40 years of age. The most common complaints was pain in 13 patients(93%) followed by lump 9 patients(64%). Most of the patients 9(65%) presented within 6 months of onset of symptoms. The commonest quadrant involved in was right upper inner followed by left upper outer. Most of the lesions were less than 5cm in the size, ill defined, had smooth surface, firm in consistency with fixity to breast tissue. Conservative management was followed in 8 cases and excision done in 6 cases.

Some cases presented with both fibroadenoma and fibrocystic disease, which was common in age group of 30-39 years(72%). The common complaint was lump seen in 6 patients(100%), followed by pain with lump in 3 patients(50%) and then by fever associated with lump and pain in 1 patient(17%). About 50% patient presented within 6 months of onset of symptoms. Right side 5(83%) was commonly involved. The commonest quadrant involved in fibroadenoma with fibrocystic disease was right upper outer followed by right upper inner. Excision of the lump was done in all the cases.

Fibrocystic disease with epithelial hyperplasia was common between 30-44 years(100%). All the 3 patients (100%) presented with lump and pain within 1 year. Left side 2(67%) was commonly involved. All the cases were treated by excision.

The phyllodes tumour was frequent between 35-50 years of age (100% cases). The commonest complaint was lump in the breast presented by all 3 patients (100%). All patients, 3(100%) presented within 1 year of onset of symptoms. It was common on the left side and involved all quadrants. All lumps were more than 5cm in size, lobulated, firm, well defined with fixity to breast.

Most common quadrant involved in the present study was upper outer quadrant followed by upper inner quadrant. This is similar to the findings seen in the studies done by Oluwole et al and OA Egwuonwu/Hughes, Mensel et al. In studies by Selvakumar et al also noted that breast lumps are more common in upper outer quadrant.

The most common ANDI is fibroadenoma (30cases) followed by fibrocystic disease (13cases) and then by phyllodes tumour (3cases) according to clinical diagnosis.

The FNAC report shows that the commonest ANDI is fibroadenoma

(265 cases), followed by fibrocystic disease (12 cases), then by fibrocystic disease with epithelial hyperplasia (4cases) and the least common is phyllodes tumour(2cases). As per HPE report fibroadenoma (20cases) was the commonest ANDI, followed by fibrocystic disease (6cases) and fibrocystic disease with fibroadenoma (6cases), and then by fibrocystic disease with epithelial hyperplasia (3cases) and phyllodestumor (3cases). HPE was not done in 8 cases of fibrocystic disease.

In case studies conducted by Koorapati R et al<sup>10</sup>also 186 cases were clinically diagnosed as fibroadenoma, as per FNAC report only 144 are diagnosed as fibroadenoma and HPE reveals only 142 cases as fibroadenoma. Clinical diagnosis has >90% sensitivity and specificity in diagnosing BBD. Dandapatetal<sup>11</sup>observedoverall clinical accuracy of 91.3% for all breast diseases. Furnival et al<sup>12</sup>, also observed an accuracy of 85% in their studies.

## CONCLUSION

Benign conditions of breast are most common between 20-45 years of age. Majority of patients were between 31-40 years of age. Amongst inflammatory BBD, breast abscess and periductal mastitis were the only disease encountered, of which breast abscess was found to be common than periductal mastitis.

Breast abscess was seen in women aged 20 and 25 years of age. They presented with lump, pain in the breast and fever for less than 10 days. It was common on the left side, upper quadrant. Periductal mastitis presented with lump, pain and discharge for 3 months which was treated by fistulectomy. The most common ANDI noted was fibroadenoma followed by fibrocystic disease, then by fibroadenoma with fibrocystic disease and least common was phyllodes tumour. Some cases of fibrocystic disease were associated with epithelial hyperplasia. Other conditions were not encountered.

Fibroadenoma was most common between 20 and 34 years of age. The commonest presentation was lump. Most cases presented within 6months of onset of symptoms. It was more common on left side than right, unilateral common than bilateral. Upper outer quadrant followed by upper inner quadrant were most commonly involved. Both fibroadenoma and fibrocystic disease were noted commonly in age group of 30-39 years. The most common symptom was lump followed by pain. The commonest quadrant involved was right upper outer followed by right upper inner.

Phyllodes tumour was common between 35-50 years of age, commonest presentation being lump. The common side involved was left. All the quadrants were usually involved with lump being more than 5cm. FNAC before operative procedure helps in deciding the management, either conservative or surgical. A comprehensive and prompt diagnosis and management of the benign conditions is necessary to reduce the physical and psychological illness of the patients who are anxious about the possibility of the disease being a malignant one.

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