

Clinical profile and management of benign breast diseaseR.K. Singh¹, Akhlak Husen^{2*}, A. K. Chaudhary³, R. K. Maurya⁴¹Professor, Department of General Surgery, GSVM Medical College, Kanpur, U.P., India²Junior Resident, Department of General Surgery, GSVM Medical College, Kanpur, U.P., India³Associate Professor, Department of General Surgery, GSVM Medical College, Kanpur, U.P., India⁴Professor, Department of General Surgery, GSVM Medical College, Kanpur, U.P., India

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ABSTRACT

Background: Benign breast diseases are group of non cancerous condition which includes a variety of disease. The pt. commonly present with lump. Pain and nipple discharge. **Material and method:** It was prospective observational study. Carried out at opd of general surgery department at hallet hospital GSVM medical college Kanpur from October 2017 to November 2019. A total of 200 pt were studied and all pt underwent detailed history recording and clinical examination. Subsequently based on assessment they underwent USG or mammography of breast. After that they underwent FNAC or excisional biopsy with HPE. **Result:** Out of 200 pt most common presentation was breast lump (82.5%) followed by breast pain (15%) and nipple discharge (7.5%). The most common age of presentation was 21-30 years with Right side of breast more commonly involved than left side. The most common clinical diagnosis was fibroadenoma (45%) followed by fibroadenosis (31%) mastalgia (15%) all lipoma (2.5%). **Conclusion:** Benign breast disease present mainly is 21-30 year of age group and fibroadenoma is commonest of them all. It can be diagnosed clinically and confirmed by FNAC is more than 90% of cases excision is main stay of treatment.

Key words: benign breast disease, mastalgia, breast lump

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INTRODUCTION

The term benign breast diseases encompasses a heterogeneous group of lesions that may present a wide range of symptoms or may be detected as incidental microscopic findings the incidence of benign breast lesions begins to rise during the second decade of life and peaks in the fourth and fifth decades, as opposed to malignant diseases, for which the incidence continues to increase after menopause, although at a less rapid pace. Unlike breast cancer diseases have often been difficult to understand, in part due to the variety of names that have been used to describe the various conditions. There are many types of benign breast problems, but in general terms these can be classified according to the predominant symptom - pain, lumps, nipple problems and infections of the breast Mastalgia (Cyclical / Non - Cyclical), Sclerosing Adenosis, Agents.^[5]

Mastitis, Breast Abscess, Fibroadenoma, Fibrocystic Changes, Cysts, Nipple Disorders (Periductal Mastitis / Duct Ectasia) and Pregnancy.

MATERIAL AND METHODS

The present study was conducted from January 2018 to October 2019 at LLR & Associated Hospitals, GSVM Medical College, Kanpur on female patients presenting with complaints related to breast. My Inclusion criteria were all female patients coming with benign breast disease to OPD of LLR & associated hospital, GSVM Medical College, Kanpur and exclude all female patients with malignant breast disease, acute inflammation or abscess.

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Results

In the present study of 200 cases of benign breast disorders the following results were drawn. In my study the incidence of benign breast disease 44.15% and most common was present in 21-30 years of age.

Table 1 : Frequency of benign breast diseases

Diagnosis	No. of patients	Percentage (%)
Mastalgia	30	15
Fibroadenoma	90	45
Fibroadenosis	62	31
Antibioma	7	3.5
Cyst	3	1.6
Tubercular abscess	1	0.53
Phyllodes tumor	1	0.53
Duct ectasia	1	0.53
Lipoma	5	2.5

Table 2 : Benign breast disease on either sides

Benign breast disease	Right	Left	Bilateral	Mean+age	Treatment
Fibroadenoma	61.1	33.3	5.5	23	Excision
Fibroadenosis	48.4	32.25	19.3	25	Conservative
Breast cyst	0.8	0.4	0.4	28	Aspiration
Lipoma	0.9	0.8	0.8	24	Conservative
Antibioma	1.8	1.7	0	31	Excision
Tubercular abscess Phyllodes tumor Duct ectasia	0.3	0.1	0.1	29	further evaluation

Mastalgia

- Mastalgia accounted for 15% of the patients.
- 33.33% of patients had non-cyclical mastalgia and 66.66% patients had cyclical mastalgia. Only 8.7% patient complained of menstrual irregularity. All patients with mastalgia were premenopausal.
- Patients with cyclical mastalgia were younger than those with non-cyclical mastalgia.

- The mean age of patients with cyclical mastalgia and non cyclical mastalgia were 23 year and 25 year.
- 83.33% patients with mastalgia came from urban areas while 16.66% were from rural areas.
- Cases of mastalgia were relieved of symptoms with primrose oil.

Nipple discharge

In my study nipple discharge is present in about 7.5% patient right side more common than the left side



Figure 1: Pre op photograph of



Figure 2: Post op photograph of



Figure 3: Excised Specimen of Fibroadenoma

DISCUSSION

Present study of breast diseases covers the population in and around Kanpur. Certain social and demographic factor contribute to the Pattern of diseases of that breast countered in this study. Indian females tend to marry at an early age, according to the traditional conservative values of the society with child bearing extending practically over the entire reproductive period of life. These facts are reflected by the occurrence of many lactation related conditions. Due to conservative nature of the society females will refrain from seeking medical advice out of shyness until their disease becomes for advanced particularly in cases of carcinoma of breast.[Figure 1-3].Studies, like the present one, carry an inherent bias in the selection of patients for surgery and biopsy by treating surgeon. Many patients with breast disease are treated by medication without resorting to surgical procedures. Other patients have cyst aspirated without a need for biopsy. Many patients were reluctant to allow examination of the breast. Thus adding another bias to the selection of the material Out of the total 453 female patient attending outpatient department of general surgery, G S V M Medical College, Kanpur between December 2017 to October 2019, the incidence of benign breast disease was 44.15%.Bagale *et al* a study of north Maharashtra noted 78.52% cases of benign breast lesions while 71.15% was noted by pudale *et al*.^[1-5] A study of south Maharashtra and 70% benign breast lesions were noted by Kumar *et al* a study of east Maharashtra. Rasheed *et al* noted 77.70% of benign breast lesions in north India and 70% in east India by sarma *et al*.^[6] Age the most commonly affected age group of BBD was 21-30 years(55%) which is

consistent with the study done by Panday *et al* and pawan tiwari *et al* (2013) reported (45.87%) incidence in 21-30 years of age and pawan tiwari *et al* reported 72.44% in age group 10-30 years^[31-33] Breast lump is the commonest symptoms in present study, which is about 82.5% , in a study conducted by Mima maychet *et al* 87% of the patient present with lump, in the study of fancroft LM *et al* they found at 87.4% of woman who attended the Wesley breast clinic had presented breast lump while in service of ratna chaikanant T of breast lump was the presenting symptoms in 72.5% this was almost smaller in the study where 82.5% of present with complain of breast lump.^[7-11] The cyclical perimenstrual changes that occur in the breast are so often accompanied by discomfort that they are dubbed as normal. However, if the intensity of pain or the duration of pain interferes with the quality of woman's life then mastalgia is placed in the category of an aberration as per the aberration in normal development and involution (ANDI) classification of benign breast diseases. In the rare instances when mastalgia is severe or resistant to treatment it is placed under the category of a disease within the ANDI framework.

This study also finds mastalgia to be a significant problem accounting for 15% of all BBD which is similar to the 15% incidence reported by Davies *et al*. increased awareness and cancerophobia might be responsible for the higher incidence of mastalgia in western countries compared to developing countries like India.The study also shows that cyclical mastalgia (66.66%) is more common than non-cyclical mastalgia (33.33%). In this study also the mean age of patient with both cyclical and noncyclical mastalgia falls in 2nd and 3rd decades respectively. According to the study

by B.V sreedevi cyclical mastalgia patient was present in 65% non-cyclical mastalgia in 18%, Khanna *et al* reported cyclical mastalgia 61.5% more common than non-cyclical mastalgia.^[12,13] In this study 83.33% mastalgia were nulliparous thus confirming the earlier belief that mastalgia was more common among “frustrated unhappy nullipara” Jffcoate 1975)^[14]

58.2% patients with mastalgia in the present study were taking oral contraceptives. This association is because of high oestrogen content of oral contraceptives. According to Plu- Bureau G *et al* high oestrogen OCPs are responsible for mastalgia.^[15]

In the present study fibroadenoma constituted 45% of the cases. This is slightly lower than the frequency reported by Umanah *et al* 54.8% Naveen *et al* 52%, green berg 50%, malik *et al* 49% in all these studies fibroadenoma was reported to be the most common BBD which is also consistent with our result. Fibroadenoma most commonly present in 21-30 years of age.^[16] Nipple discharge in the present study was present in about 7.5% leis hp *et al* reported that the incidence of nipple discharge was only 9% of all breast complain which was near about equal to the 7.5% incidence which found in this study.^[17]Antibioma in the present study accounted for 3.5% of the lesions. Adeniji KA *et al* reported acute on chornic mastitis in 7.2% of cases.^[17] Adesunkanmi *et al* found inflammatory conditions in 15.7% of the cases. Indian females tend to have more children than western females and child bearing extends over almost the entire reproductive life with a broad peak occurring in the 20-35 years age group.^[17] This is manifested in an increase in the number of problem associated with lactation such as acute mastitis, abscess and antibioma. For all the lumps (except FNAC confirmed fibroadenosis) excision / enucleation were performed. For large lumps a corrugated rubber drain was kept before closing the wound after surgery and removed 24hrs after the surgery. Post operative complications like hematoma, wound infection were not seen in any cases except for seroma formation which was seen in a few of them. But persistence of breast pain even after surgery and removal of the lump was seen in a few cases for which no reason could be attributed. Pain in breast in cases of mastalgia and fibroadenosis were treated by evening primrose oil. The present study emphasizes the fact that benign breast disease in general and mastalgia in particular can no longer be ignored. Much work needs to be done to collect comprehensive data about the incidence and prevalence of benign breast diseases in India.

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 9% and that of non-cyclical pain is 6%. The nipple discharge, particularly if it is serous or greenish, is harmless. The clinical diagnoses of the benign breast lumps were accurate in 91.95 % cases. The risk factors for developing invasive carcinoma in the patients with proliferative lesions were also identified and the patients were advised follow-up. Since there is no consensus on the morphologic risk markers, in future, molecular genetic markers may help in the risk stratification, which will help in a better clinical management.

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