

AN EARLY DIAGNOSIS OF BENIGN BREAST DISEASES

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ABSTRACT

Objective To determine the frequency of benign breast diseases and methods of early diagnosis in a hospital situated in rural set up.

Study design Descriptive study.

Place & Duration of study Surgical unit-II, Peoples Medical College & Hospital, Nawabshah and private breast clinic from January 2008 to January 2010.

Methodology All female patients visiting the surgical OPD and the private breast clinic with breast complaints were included. Patients were diagnosed as having benign breast disease on triple assessment. Mammogram was advised in few patients as this facility was not available. Fine needle aspiration cytology (FNAC) was done where indicated. In some patients either core or incisional/excisional biopsy was performed.

Results A total of 200 patients with benign breast disease were included in the study. Most of the patients (n 89, 44.5%) were in 3rd decade of life. Fibroadenoma was the most common disease encountered (n 58, 29 %), with its peak incidence in 2nd and 3rd decade of life. The fibrocystic disease was next common condition and majority of the patients belonged to 4th and 5th decade.

Conclusions Benign breast diseases were common in female patients and the fibroadenoma was the commonest of all being found in young females. Triple assessment provided quick diagnosis and alleviated anxiety of the patients.

Key words Breast disease, Fibroadenoma, Mastalgia.

INTRODUCTION:

The benign breast diseases include all non-malignant conditions of the breast. With the growing awareness in general population about the breast pathologies, females with breast lump is one of the common presentation in surgical out-patients department.¹ Delayed diagnosis prolongs patient anxiety and increases out-patient waiting list.² Triple assessment during the initial consultation allows majority of the patients with discrete benign breast diseases to be given immediate reassurance.²

Benign breast diseases encompass a heterogeneous

group of lesions that may present with a variety of symptoms.³ The spectrum include benign tumors, mastalgia, nipple discharge, trauma, breast abscess, granulomatous mastitis, mastitis, galactorrhea, cysts, duct papilloma etc. They may present with or without lump, nipple inversion, nipple discharge and mastalgia. The breast diseases are showing a rising trend world wide. It is important to diagnose the breast disease as early as possible by triple assessment.

There are certain benign breast diseases with increased risk of malignancy in long run.^{4,5} The risk is high in patients with atypical hyperplasia and less in cases of nonproliferative lesions. Risk factors for breast cancer increases with family history of breast cancer and benign breast disease in older women. Early diagnosis helps in alleviating unnecessary anxiety about breast cancer.⁶

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The objective of this study was to find out frequency, early diagnosis and management of the benign breast diseases in our region which is a rural set up. This shall help in finding disease pattern and creating further awareness in this part of the country.

METHODOLOGY:

This descriptive study was conducted at Surgical Unit-II, Peoples Medical College & Hospital, Nawabshah and private breast clinic from January 2008 to January 2010. The patients with obvious carcinoma or diagnosed after triple assessment were excluded. The proforma included the detailed history of the patient including age, marital status, age of menarche, age of 1st pregnancy, number of pregnancies and abortions, lactation, history of contraceptive use, age of menopause etc and findings of relevant examination.

Investigations included ultrasound with special probe in majority of female especially in those below 40 years of age. Mammogram was advised in few patients as this facility was not available in the town. Fine needle aspiration cytology (FNAC) was done as OPD procedure on the same day in patients with lump. In some patients either core or incisional/excisional biopsy was done.

RESULTS:

In two years period 200 patients were enrolled. Majority (n 89, 44.5%) of our patients belonged to

3rd decade of life, 28 % (n 56) to 4th decade, 13.5% (n 27) to 2nd decade, 11.5% (n 23) to 5th decade and 2.5 % (n 5) to 6th decade. Fibroadenoma was the most common disease. It was found in 29 % (n 58) of patients, mostly in younger age, i.e.18% (n 36) in 3rd decade followed by 8% in 2nd decade. Next common disease was fibrocystic disease found in 21.5% (n 43). It was more common in 4th decade (10%) followed by 7% (n 14) in the 5th decade. Inflammatory breast conditions (n 38, 19%) included acute mastitis, cellulitis, breast abscess and subareolar abscesses. It was more common during lactation and in 3rd decade of life (table I).

DISCUSSION:

The benign breast disease includes heterogeneous group of conditions belonging to deformities or abnormalities of the breast. It has been recommended that all patients with discrete breast lump should undergo triple assessment to make an early diagnosis. In the study we tried to reach at diagnosis of benign breast conditions within 72 hours by this approach.

The most common disease in our study was fibroadenoma with peak incidence in 2nd and 3rd decade of life which is consistent with other studies.^{7,8,9-11} This is higher than reported frequency from USA (8.5%). The FNAC used to be the quickest and reliable method for getting the diagnosis.² No significant difference was noted in recent literature

Disease	Age In Years					Total
	10-20	21-30	31-40	41-50	50-60	
Fibroadenoma and Phylloides tumor	16	36	5	1	0	58
Fibrocystic disease	0	8	20	14	1	43
Inflammatory breast conditions (acute mastitis, breast abscess and subareolar abscess)	5	18	11	2	2	38
Mastalgia	3	12	8	4	2	29
Duct ectasia	0	6	8	0	0	14
Granulomatous mastitis (Tuberculosis)	1	5	2	0	0	8
Galactocele	0	2	1	1	0	4
Galactorrhoea	0	0	1	1	0	2
Benign breast hyperplasia and Ectopic breast (aberrant breast)	0	1	2		0	3
Duct papilloma	0	0	0	1	0	1
Total	25	88	58	24	5	200

regarding the age group of fibroadenoma.¹⁰ The fibrocystic disease was next common condition in our study and majority of the patients belonged to 4th and 5th decade. The incidence varies geographically. This is 2nd most common condition in many studies from Pakistan and India.^{1,7,12} This is common in all age groups,¹³ but few authors found it more common in 5th decade. Kamal et al found it more common between 31-50 years.¹⁴

High frequency of fibroadenoma was observed in black Americans, Africans and Indonesian females. In our study we had 3 cases of giant fibroadenoma. Incidence of benign breast diseases begins to rise in 2nd decade and peaks in 4th and 5th as compared to malignant lesions, for which the incidence continue to rise after menopause.³

We observed acute mastitis and breast abscess more in 3rd decade of life as puerperal or lactational mastitis. This was also seen in young unmarried girls but less frequently. The early diagnosis at acute mastitis stage before developing abscess is important as at this stage it can be managed by needle aspiration and antibiotics without surgery with excellent results. In this study there were 38 cases of acute mastitis and frank breast abscess, all managed successfully. Tuberculous mastitis is rare in literature.¹⁵ Its over all incidence is less than 0.1% of all breast lesions in developed countries and 3-4% in developing countries. In our study 8 patients presented with lump, cold abscess and non healing ulcer.

In patients with duct ectasia (n 14) majority had history of stoppage of lactation. Four lactating women presented with lump and after triple assessment the diagnosis of galactocele was made. They were treated conservatively. Mastalgia without lump was reported in 14.5% (n 29) patients. Many of them thought that they were suffering from lump which is cancer. This was treated initially with reassurance and oil of evening primrose. In western world it is more common complaint and seen more frequently in 4th and 5th decade of life.¹²

Only one patient presented with bloody nipple discharge, which proved duct papilloma on biopsy. In this study 3 cases were of adolescent benign breast hypertrophy, ectopic breast in axilla and supernumerary breast.

CONCLUSIONS:

Pattern of benign breast diseases does not differ much from what has been reported earlier from Pakistan. In order to alleviate anxiety of patients an early diagnosis of benign breast disease is very

important. Fibroadenoma was the commonest condition identified.

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