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Study of Hundred Indoor Breast Cases of USTC

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Abstract: Analysis of 100 indoor breast cases of USTC is done in the light of age, sex, type and extent of the disease, treatment given and their results and also area from which they came from. 95 were female and 5 were male. The age range was from 15-70 yrs. Treatment plan was made according to the type of lesions, extent of the disease and histological type. In all benign lesions treatment results are good and in cases with Ca breast results are not satisfactory. Cases with fibroadinomas dominated in quantity. Patients with Ca breast attended at late stage of the disease. Young patients showed better awareness regarding the disease. Most of the cases are from area near to USTC and southern area of Chittagong.

Key words: Breast problems, USTC, Analysis.

Introduction

Breast problems account about 15%-20% of new referrals to general surgical outpatient clinics. Most of the patients are females and afraid of suffering of cancer, breaking of family harmony and losing of attractiveness. A lot of sectors are engaged in publicity and highlighting the importance of early detection of the diseases, early referral to the specific specialists and starting of best available treatment. Many countries have already got good results by adopting this simple policy but we are staying far behind.

Objectives

Our information regarding breast cases treated in USTC will certainly intensify the awareness amongst doctors and patients regarding these problems and their improved management.

Methods and Materials

Records of 100 breast cases with different types of lesions and who were treated in surgical units of USTC from April 2001 to December 2003 are analyzed. Diagnosis of specific disease was established by

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taking history, performing clinical examination and investigations like: USG of breasts and abdomen, mammogram, CT, MRI, FNAC, incision/excision/core-cut biopsy of the lesions, X-ray of skeleton, isotope scan of skeleton, X-ray chest, Blood R/E, MT test, bacteriological study of discharge, staining of smears, estimation of serum alkaline phosphates, serum calcium, y-glutamyl transpeptidase etc. In case of Ca breast staging was done as stage 1, stage 2, stage 3 & stage 4.

Results

The study shows that the age range is from 15-70yrs, 95 (95%) are females and 5(5%) are males. Of the female cases 35 cases (36.84%) are with fibroadinoma, 20 cases (21.05%) are with fibroadenosis, 13 cases (13.68%) with mastitis and breast abscesses, 5 cases (5.26%) are with TB, 12 cases (12.63%) are with Ca breast, (stage II-2 cases, stage III-5 cases, stage IV-5 cases), 5 cases (5.26%) are with duct ectesia and 5 cases (5.26%) are with duct papillomas (Figure-1).

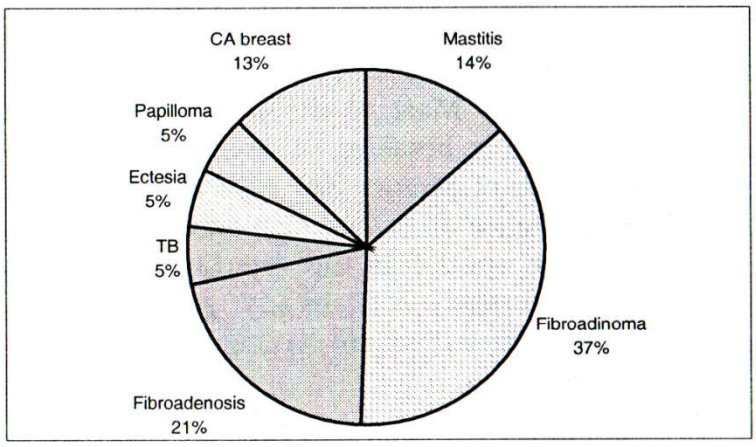

Figure-1

Of the 5 male cases, one with Ca breast and 4 with Gynaecomastia. Results of treatment of fibroadinomas cases are excellent. All patients are cured and satisfied with minimal post-operative scars. Most of the fibroadenosis cases were satisfied with confident assurance of absence of cancer and some of them needed danazole, bromocriptine and some simple analgesics. Patients with stage-II carcinoma are still (2yrs) well and there is no evidence of distal metastasis and local recurrence. One of stage-III and two cases of stage-IV died nearly after eight months of operation. Others are also

under the supervision and treatment of oncologist outside USTC. All TB breast cases except one where lumpectomy was done were cured by standard regimen of antituberculosis therapy. Two cases with mastitis did not respond well with antibiotics and they were operated for abscesses subsequently. All breast abscess cases were cured by surgery except in one with small cavities where repeated USG guided aspiration was effective. Two duct papilloma and three duct ectesis cases were cured by surgery and are followed in surgical out-patient department. Most of the fibroadinoma cases spent 5-7 days in the hospitals. They could be managed as day care cases. Patients' consciousness regarding routine check up in the outpatient department is not encouraging. Male patients with Ca had mastectomy with subsequent chemotherapy (Tamcxifen 20mg once daily) and till now the patient's condition is good (about 2 yrs). 4 other male cases were with gynaecomastia and they were managed by simple excision of excess breast tissue and their condition is good till now. No primary cause was detected in them. Minor wound infection was noted in a few cases that were managed by subsequent antibiotics.

Discussion

Breasts are modified sweat glands situated on the anterior chest wall between second and six ribs and rest over pectorals major muscles. They are enclosed between superficial and deep fascias. Developmental abnormalities, inflammatory, benign and malignant lesions constitute major portion of breast problems (figure-1). Presentations of the different types of breast problems are different. Breast lump or lumpiness, mastalgia, neeple discharge are chief complains. Off all breast problems: Fibroadenosis, Fibroadenoma, Mastitis, abscess, Duct ectasia, Duct papilloma, are common diseases in our country. Carcinoma and tuberculosis of the breast are also not uncommon lesions. Fibroadenosis occurs usually in patients between ages of 25-85 yrs. Pain, tenderness, lumpiness are common symptoms. Treatment is directed at pain relief, reassurance and excision of persistent localized mass after cyst aspiration. Assurance and reassurance is an important aspect of treatment here. In some cases danazole, which inhibits secretion of Pituitary Gonadotrophin and Tamoxifen which blocks the effects of estrogen receptor are effective. In our study we had 20 indoor cases with fibroadinosis

where we had to perform FNAC or histopathlogy to exclude malignancy, which was so vital for assuring the patients regarding absence of Ca. In some of the patients we noticed satisfactory results with analgesics, bromocriptin and danazol. But assurance of absence of malignancy was mandatory in all cases.

Fibroadenoma is a common benign breast tumour, which consists of fibrous and glandular tissue. It occurs mostly in patients under the age of thirty and the treatment is enucleation followed by histopathology. Most of the cases with mastitis and abscesses were lactating mothers. Some of the cases spent long valuable time in different places by adopting herbal treatment. So they presented here with late manifestation. They got the usual line of treatment and were cured. In one cases we had to perform rotation skin flap replacement to reconstruct breast. The Egyptians recognized Cancer breast even in ancient time and mastectomy was performed in Roman period. It is more common in western countries. In developed countries it accounts more than 10% of all breast lump cases but in developing countries it is below 10%. In last 10-20 yrs where in developing countries the percentage of cases is more or less static but in developing countries a arising tend is noticed which may be due to increase in the consumption of alcohol, increase in the use of contraceptives, marriage with white women and also due to development in the technology of detection of the disease. One thing is clear that early recognition of cancer offers the best hope of cure. Self-examination, mass screening in susceptible age and family members, more use of mammography, all are advocated for early detection of the disease. In the recent years due to the introduction of xeroradiographic mammography, an increasing number of non-palpable breast lesions are being detected. Although overall incidence of breast cancer is lower in black people but they present at more advanced stage and have an increased mortality rate than that in white women. In our country Ca breast are not only diagnosed late but also come to the appropriate department late. In our study we have 12 cases (12.78%). All cases were diagnosed late in outside medical practice and attended for proper treatment late. Most of them were maltreated outside. We designed a treatment protocol according to the stage of the disease with consultation and cooperation of the oncologist.

We have 5 cases with TB and they are managed by antituberculosis therapy but in one case we had to perform also resection of persisting big lump. All cases are cured. Two duct papilloma cases were cured by microdochectomy but three others denied any surgical intervention and did not maintain follow-up schedule. In all duct ectesia and duct papilloma cases Ca was excluded. In two duct ectesia cases where there was abscess like signs, antibiotics showed resolution of inflammation. In one case with duct ectesia where there was extensive involvement we had to perform excision of all major ducts (Hadfield's operation) and two other such cases were cured by excision of the affected tissue.

Conclusion

Breast problems occupy an important place in surgery. A lot of works has already been done to improve the method of early diagnosis, early starting of affective treatment to improve overall results. Remarkable success is achieved in many countries but we are still far behind not only in its early diagnosis but also starting of proper treatment in time. Maltreatment occupies a big black space here. So, more effort should be devoted to improve awareness among common people and doctors regarding this problem. Maltreatment must be discouraged and stopped at any cost. Advanced technology should be installed in all concerned institution as early possible for early detection and better treatment of breast cases.

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