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BREAST LUMP;
ITS CO-RELATION WITH MALIGNANT LESIONS AND MANAGEMENT

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ABSTRACT

OBJECTIVES: To find out correlations between benign and malignant lesions of the breast. **MATERIAL AND METHODS**: A total of one hundred female patients who came to surgical out-door with lump in breast or nipple discharge between ages of 20 and 75 years. **RETROSPECTIVE STUDY SETTING:** DHQ/Allied Hospitals, Faisalabad. **DURATION**: 2 years, April 1996 to April 1998. **RESULTS**: In our study fibrocystic mammary dysplasia was the most common breast lesion in female patients of 20 to 30 years age. Carcinoma of the breast was the most common breast lesion in 35 to 45 years age patients. In majority of the cases lump was found in upper outer quadrant; while in three cases the whole breast was involved. In 12(36.4%) cases, right breast lump was found; while in 21(63.6%) left breast was involved. **CONCLUSIONS:** Our females are mostly illiterate and poor. They are unaware of the importance of the disease. In this regard it is suggested that we should organise Breast Screening Programmes, Breast Self Examination Teaching Centres and also Tumour Registries for data collection throughout the country.

KEY WORDS: Breast lump correlation malignant lesion.

INTRODUCTION

Breast lump is a common problem of women from teen-ages up to old age. The patient usually come to the medical and surgical out-door for this problem. They have fear of malignancy of the breast in their mind. All the lumps in the breast are not malignant. They can be fibro-adenomas e.g. teen-ages, cyst, breast abscesses, benign lesions and of course malignancies as well. All over the world, breast is the most common and most dreaded malignancy in women. Carcinoma of the breast is a curable

disease if detected and treated early[1]. Breast cancer is slowly increasing in incidence and its prevalence is around 2 percent per anum in all of the population[2].

The incidence of the disease is more in the Western countries than in Asian and South Asian countries. It is also a common disease in Pakistan. 25% of the malignancies of females occur in breast[3]. Malignancy of the breast in young age females is rising in Pakistan as compared to the rest of the world. Carcinoma of the breast is present in 6.2% of Pakistani females of 30 years or less[3]; whereas Haagesen[4] reported the malignancy as 1.2%. After the age of 30, there is a sharp rise in the incidence of breast cancer in Pakistan. 13.6% female patients developed carcinoma of the breast below the age of 35 years as reported by PMRC[3]. Breast carcinoma is increasing with the passage of time[10]. Research in this area continues to be important, since prevention is the ultimate goal. In the past decades there has been considerable progress in our knowledge of the disease i.e. the effectiveness of treatment and the proper choice of treatment for the individual patients. The equality of less radical surgery with traditional radical mastectomy has been demonstrated[5].

In patients with localized operable cancer, conservative surgery, lumpectomy or tylectomy with breast preservation followed by full dose radiotherapy has resulted in excellent cosmesis, tumour control and survival comparable to radical mastectomy. Benign breast disease is a common complaint and takes up a good deal of surgeon time for its management[6]. Some of the benign neoplasms of the breast are very important because they predispose to breast carcinoma[4].

A small mass or lump in breast in the young has made them very anxious and worried[7]. Some of the breast lesions are considered as borderline lesions and they have assumed much greater importance in recent years owing to the increasing use of mammography and the introduction of screening programmes.

MATERIALS AND METHODS

In the present study, a total of one hundred female patients who presented with breast lump or nipple discharge were admitted in Surgical Unit-II, Allied/DHQ Hospitals, Faisalabad. The duration of the study was two years between April 1996 to April 1998. Age of the patients ranged from 20 to 75 years. History taking and thorough physical examination of the breasts and axillae including general physical examination were carried out. For each case entries were made in the data sheet. Relevant laboratory test e.g. open biopsy, true cut biopsy, FNAC and mammography and radiological investigations were also done. The patients with clinical suspicion of breast carcinoma were subjected to liver and bone scans at PINUM, Faisalabad.

RESULTS

Table 1. Histopathological Findings.

Histological Types	No. Of Cases	%age
Fibroadenoam	19	57.60
Lipoma	02	06.10
Mammary ductectasia	05	15.12
Fat necrosis	01	03.13
Adenosis	01	03.15
Tuberculous mastitis	02	06.16
Non-specific inflammation	03	08.08
Total	33	100

33 patients were diagnosed as having different benign lesions of the breast. All were subjected to

diagnostic and therapeutic excision biopsy (Table 1).

Patients were kept in the ward till stitches were removed on the 8th postoperative day. A course of antibiotics and analgesics was given to all the patients. After discharge from the hospital, patients were asked to come for follow-up evaluation after every 12 weeks and to do regular breast self examination every month.

28 patients had pre-malignant lesions. Excision biopsy was done in 26(92.8%) patients. In 2(7.2%) patients needle biopsy (True cut) and simple mastectomy was done (Table 2). Mammary dysplasia was found in 22(78.6%) patients. They were all in 3rd and 4th decades of life.

Table 2. Histopathological Findings.

Histological Types	No. Of Cases	%age
Fibrocystic mammary dysplasia	22	78.57
Cystosarcoma phylloides	03	10.71
Giant fibroadenoma	02	07.15
Intraductal papilloma multiple	01	03.57
Total	28	100

Out of a total of one hundred patients of breast disease, 39(39%) patients were having carcinoma of breast; 25(64.1%) patients were pre-menopausal and 14(35.9%) post-menopausal (Table 3).

Clinically, axillary lymph nodes were palpable in 23(59%) patients whereas in 16(41%) patients no axillary lymph node was palpable. In pre-menopausal women, 13(62%) were having palpable axillary lymph nodes; while in 12(38%) patients axillary lymph nodes were not palpable. Similarly, in post-menopausal patients 9(64.3%) were having palpable axillary lymph nodes; while 44(35.7%) had no palpable axillary lymph nodes.

Table 3. Histopathological Findings.

Histological Types	No. of Cases	%age
Invasive ductal carcinoma	24	61.70
Invasive lobular carcinoma	07	17.94
Invasive papillary carcinoma	04	10.20
Intraductal carcinoma	01	02.54
Adenoid cystic carcinoma	01	02.54
Schirrous adeno-carcinoma	01	02.54
Rhabdomyosarcoma	01	02.54
Total	39	100

Pre-Menopausal Patients

Out of 39 patients of carcinoma of breast, 25(64.1%) were pre-menopausal. 12(48%) patients were found having no palpable axillary lymph nodes. The tumors size was less than 5 cm. They were operated and their excision biopsy was done. They were advised to undergo radiotherapy and chemotherapy at Radiotherapy Ward of Allied Hospital for 2 years. In 10(38%) patients, tumors size was less than 5 cm. They were having palpable axillary nodes. They were advised Radiotherapy followed by adjuvant chemotherapy CMF regimen.

Chemotherapy Regimens

CMF

Cyclophosphamide 100 mg/m^2/day PO (days 1-1)q 28 days
(or 600 mg/m^2 IV (day 1 only q 21 days
Methotrexate 30-40 mg/m^2 IV days 1-8 q 28 days
(or 30-40 mg/m^2 IV (day 1 only) q 21 days
5-Fluorouracil 400-600 mg/m^2 IV days 1, 8 q 28 days

(or 400-600 mg/m^2 IV (day 1 only) q 21 days

3(14%) patients were having palpable axillary lymph nodes. Their tumor size was more than 5 cms. They were advised Debulking surgery of the lump, radiotherapy and CMF adjuvant chemotherapy. 3 weeks after initial breast surgery one of three patients with lump more than 5 cm came with blurring of vision and also complained of backache. Total body scan, liver scan and brain scanning were done. She was found having metastasis in brain and thoracic vertabrae T_7 and T_{10}; radiation therapy to skull, adriamycin and vincristine were added to CMF.

Post-Menopausal Patients

Out of 39 carcinoma of the breast cases, 14(35.9%) were post-menopausal and 4(28.6%) were having no axillary lymph nodes. Whereas 10(71.4%) patients had palpable axillary lymph nodes. 4(28.6%) patients who had tumor size 2 to 5 cm with impalpable axillary lymph nodes, excision of the lump was made followed by radiotherapy. Patients had no complaint after 12 months of breast surgery. 10(71.4%) patients had 38 cms tumor. Their axillary lymph nodes were palpable. Breast surgery (for Debulking purpose) was done followed by Radiotherapy at Allied Hospital, Faisalabad.

Follow Up Of Patients With Breast Diseases

Total follow up in our series of one hundred cases lasted for twenty four months. Mean duration of the follow up was 17.23 months. 18% benign, 21% premalignant and 16% malignant cases of breast diseases came for the follow up. Patient with premalignant lesions were more regular than malignant and benign lesions.

DISCUSSION

Fibroadenoma is the commonest tumor of the breast in young women[8]. Although we have excluded the teen aged patients of fibroadenoma from our study, even then the incidence of fibroadenoma was 19% of the total and 58% of the benign lesions of the breast. Usually tuberculosis of breast is common in young and lactating mothers of poor class[4]. In our study three (9.3%) patients were having mammary tuberculosis. In the present study, the incidence of mammary dysplasia was 22% of the total and 78% of the premalignant breast lesions. In white population of Africa the order of frequency of breast disease is fibrocystic disease, cancer and fibroadenoma[9,10.] Cystosarcoma phylloides occurred in 3(19.5%) patients. Mean age of the patients was 32 years. In Hageensen's series average age was 40.5 years, although cystosarcoma phylloides may occur during adolescence[4]. Carcinoma of the breast was the most common breast lesion in 30 to 45 years age patients. Predisposing etiological factors for the development of breast carcinoma i.e. early marriage, age at first birth and multiparity seemed insufficient barriers to protect the females from the development of breast carcinoma. There may be certain other environmental factors which were responsible for the development of breast cancer in females of our country. Breast feeding also does not seem to be the preventive factor. Nearly all the patients with carcinoma of the breast did breast feeding of their babies for 1-2 years and most of them were lactating mothers when they developed carcinoma of the breast. Role of oral contraceptives in development of the carcinoma of the breast is controversial. Majority of the patients with carcinoma breast did not use oral contraceptives. Three patients used oral contraceptives five years before they developed breast cancer. Pakistani women usually present with an advanced stage of the disease with higher percentage of lymph node metastasis PMRC[3]

CONCLUSION

We have developed an impression that our rural

females are almost totally unaware of the disease and most of their breast complaints are attended by quacks using crude means of treatment. As for the urban females including those living in big cities, the majority would hesitate to report to the doctor with a breast complaint. Social and religious constraints are the most probable factors to underlie such inhibited attitude of our females towards breast disease. This sort of patient's reaction to breast disease seems a contributor to increase the morality of the disease in our country. In this regard it is suggested that we should organise Breast Screening Programmes, Breast Self Examination Teaching Centres and also Tumor Registries for data collection through-out the country. By early detection of the disease and awareness of the masses through newspapers and specially through television, we can greatly improve the prognosis of the disease. All female college students at postgraduate levels should be told about breast self examination technique which will be helpful for themselves as well as for their family members.

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He makes no friend
who never made a foe.

Robert Frost