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RESEARCH ARTICLE

BENIGN BREAST DISEASES: OUR EXPERIENCE

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ABSTRACT

Background: To study the of benign breast disease in relation to clinical presentation investigation and management. ***Material and methods:*** This prospective study was done for 120 patients presenting with benign breast disease in the department of surgery. ***Results:*** Highest incidence in age group 21-30(48%), right breast affected in 48%, patients, while the left breast was affected in 40%, Most common presentation was found to be lump in the breast 70%.fibroadenoma was commonly observed followed by fibroadneosis. ***Conclusion:*** Benign breast disease is a common problem in female, fibroadenoma is the commonest of them.

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INTRODUCTION

Benign Breast Diseases (BBDs) is a group of breast diseases which is not cancer (Mima Maychet *et al.,* 2013). It is the most common cause of breast problems in females and it is more frequent than the malignant In fact, it is at least 10 times more common than breast cancer in the west (Mansel, 1982). Upto 30% of the women who suffer from BBDs will require treatment at some time in their lives (Sainsbury, 2008). Benign breast Diseases is defined as any non-malignant breast condition and encompasses a wide range of clinical and pathologic disorders (Selvakumaran *et al.,* 2017). Even though majority of the breast complaints are BBD compared to malignancy it is a neglected entity (Srivatsava and Dhar, 2006). So, in depth understanding of its significance and right treatment can be instituted so that long term follow-up can be avoided (Selvakumaran *et al.,* 2017): Early diagnosis and prompt treatment will avoid unnecessary surgery and patient's anxiety of having breast lump as carcinoma will be relieved (Selvakumaran *et al.,* 2017). A triple assessment which is done by a clinical examination imaging like ultrasonography (USG) or mammography and a pathological examination – FNAC or core needle biopsy, during the initial consultation, allows a majority of the patients with discrete BBDs to be given immediate reassurance. Since a majority of the benign lesions are not associated with an increased risk for subsequent breast cancer, unnecessary surgical procedures can be avoided (Bharti Saraswat *et al.*). Making an early diagnosis and planning the treatment within 72 hours of the first consultation, helps in alleviating unnecessary anxiety about breast cancer and those BBDs patients with an increased risk of malignancy like atypical hyperplasia, are given a prompt treatment, a proper follow-up and awareness regarding the risk of breast cancers (Mima Maychet *et al.,* 2013). The popular classification of BBDs according to the Aberration of the Normal Development and Involution (ANDI) causes confusion due to a lack of clarity in distinguishing between the normal physiological changes and the pathologic ones. One of the more satisfying classifications would be the one which was devised by Love *et al.* (1982), the so -called Nashville classification. According to this, BBDs is classified by 2 systems. Pathologically, BBDs is divided into (a) non-proliferative lesions, (b) proliferative lesions (Mima Maychet *et al.,* 2013). The aim of the study was to see the patterns of benign breast diseases, the mode of presentation and management in this part of the region. It also helps in identifying the risk factor of the disease. The clinical diagnoses were compared with the cytological or histological findings wherever possible and their accuracies were evaluated.

MATERIALS AND METHODS

This prospective study was done for 120 patients presenting with bening breast disease in the Surgery department at Institute of Medical Sciences and Research, Mayani, Satara, Maharashtra, India from Jan 13-sep 2014. Inclusion criteria All breast related complaints and lesions of the breast were included in this comprehensive study. It includes male & female patients with bening breast disease .Exclusion criteria Patients with any obvious cancer or biopsy proven malignant diseases which had been treated for malignancy earlier or operated were excluded from this study. A detailed history was

taken and diagnosis was done by Triple assessment like Clinical examination, imaging like USG and mammography and histopathological examination like FNAC, core needle biopsy or excision biopsy. Surgery was done wherever needed and reassurance with conservative treatment was given to those patients who were required.

RESULTS

In our study we noticed 57.5% cases of fibroadenoma, 20.8% of fibroadenosis, followed by Cystosarcoma Phylloids 0.8%, acute abscess 4.1%, chronic abscess 1.6%, granulomatous mastitis 0.8%, antibioma 0.8%, cysts 1.6%, galactocele 1.6%, gynaecomastia 4.1%, duct papilloma 1.6% & mastalgia 4.1%

Table 1.Incidence of different types of benign breast disease

Benign breast disease	No. of patients	Incidence percentage
Fibroadenoma	69	57.5%
Fibroadenosis	25	20.8%
Cystosarcoma Phylloids	1	0.8%
Acute abscess	5	4.1%
Chronic abscess	2	1.6%
Granulomatous mastitis	1	0.8%
Antibioma	1	0.8%
Cysts	2	1.6%
Galactocele	2	1.6%
Gynaecomastia	5	4.1%
Duct papilloma	2	1.6%
Mastalgia	5	4.1%
Total	120	100%

Table 2. Age-wise distribution of benign breast disease

Age in range (years)	Number of cases	Percentage of cases (%)
0-10	3	2.5
1h1-20	28	23.3
21-30	50	41.6
31-40	27	22.5
41-50	10	8.3
51-60	2	1.6
Total	120	100

The age distribution of the patients is given in table no.2.maximum cases are reported between age group of 21-30yrs youngest is 7yrs and oldest is 56yrs.

Table 3. Different type of presentation and their incidence

Presentation	Number of patients	Percentage%
Breast lump only	68	56.6
Lump + pain	24	20
Lump + pain +nipple discharge	6	5
Lump + nipple discharge	8	6.6
Pain only	12	10
Nipple discharge only	2	1.6
Total	120	100

The commonest presentation was breast lumps which comprised 106(88.33%) cases, out of which 52(43.33%) had associated complaints like breast pain and nipple discharge. More than one symptom was present for the same patient. Among 50 (41.66%) patients with breast pain, 12 (10%) patients complained of breast pain (mastalgia) only, who were treated by using a conservative approach or reassurance. The rest had associated complaints like breast lumps and nipple discharges. Half of these had pain in both the breasts. The pain was cyclical in 30 patients and it was non-cyclical in 20cases. Among the 16 cases with nipple discharges, only two case presented with nipple discharge only, without any associated lump or pain. The nipple discharge was blood in 9 cases and it was serosanguinous fluid in 6 cases, and only one case had a yellow discharge.

Table 4. Size of breast lump (cms)

Size of breast lump (cms)	Number of cases	Percentage
1-1.9	18	15%
2-2.9	28	23.33%
3-3.9	35	29.16%
4-4.9	11	9.16%
5 and more than 5	28	23.33%
Total	120	100%

Most of the breast lumps were of sizes ranging from 3-3.9 cms (28.83%), followed by those of size ranging from 2-2.9cms(23.06%), the incidence of lumps of sizes 5cmor more was significant (23.5%), Only 2 cases of fibroadenoma were reported to be 5cm or more.

Table 5. Investigations

Investigations	No. of cases	Percentage %
FNAC	75	62.50%
USG	8	6.66%
Mammography	4	3.33%
Histopathological examination	48	40%

FNAC was done in 75 cases, USG in 8 cases, mammography 4 cases & Histopathological examination in 48 cases. Out of 69 cases of fibroadenoma 65 were diagnosed on FNAC diagnostic accuracy was 95.65%.

DISCUSSION

A total of 120 patients presenting with bening breast diseases in the Surgery department at Institute of Medical Sciences and Research, Mayani, Satara, Maharashtra, India from Jan 13-sep 2014. The maximum cases are reported between age group of 21-30yrs youngest is 7yrs and oldest is 56yrs. This is similar with study conducted by Narayan Das *et al.* in which 45% of the cases belonged to the age (Foncroft *et al.,* 2001). The incidence of benign breast diseaes begins to rise in the 2nd decade and it peaks in the 4th or 5th decades as compared to the malignant lesions. For which the incidence continues to rise after menopause (Londen *et al.,* 1999; McDIVITT *et al.,* 1992; LaVecchia *et al.,* 1985). The commonest presentation was breast lumps which comprised 106(88.33%) cases, out of which 52(43.33%) had associated complaints like breast pain and nipple discharge. More than one symptom was present for the same patient. Among 50 (41.66%) patients with breast pain, 12 (10%) patients complained of breast pain (mastalgia) only, who were treated by using a conservative approach or reassurance. The rest had associated complaints like breast lumps and nipple discharges. Half of these had pain in both the breasts. The pain was cyclical in 30 patients and it was non-cyclical in 20cases. Among the 16 cases with nipple discharges, only two case presented with nipple discharge only, without any associated lump or pain. The nipple discharge was blood in 9 cases and it was serosanguinous fluid in 6 cases, and only one casehad a yellow discharge. In study conducted by Foncroft LM et al., 87.4% of the women attending the Wesley Breast Clinic presented with breast lumps (Foncroft *et al.,* 2001). D2 In the study conducted by Ratana Chaikanont *et al.* breast lump was the presenting symptom in 72.35% of the patients (Ratana chaikamont, 2005). Most of the breast lumps were of sizes ranging from 3-3.9 cms(28.83%),

followed by those of size ranging from 2-2.9cms(23.06%), the incidence of lumps of sizes 5cmor more was significant (23.5%), Only 2 cases of fibroadenoma were reported to be 5cm or more. Study conducted by Mima Maychet *et al,* the lump was more 3cm across in 40% patients, there were 6% patients giant fibroadenomas, the largest being of the size, 7x9cm. there are 10% patients with multiple fibroadenomas (Mima Maychet *et al.,* 2013). In our study we noticed 57.5% cases of fibroadenoma, 20.8% of fibroadenosis, followed by Cystosarcoma Phylloids 0.8%, acute abscess 4.1%, chronic abscess 1.6%, granulomatous mastitis 0.8%, antibioma 0.8%, cysts 1.6%, galactocele 1.6%, gynaecomastia 4.1%, duct papilloma 1.6% & mastalgia 4.1%. Study conducted by shukla et al showed fibroadenoma 46.4%,cystosarcoma phylloides 0.6%, duct papilloma 0.9%, fibroadenosis 14.3%, lobular hyperplasia 0%, sclerosing adenosis 0%, fibrocystic disease 0%, cysts 7.9%, fibrosclerosis 7.4%, duct Ectasia 7.6% chronic abscess 7.8%, tuberculosis 5.1%, filariasis 0.1% cysticercosis 0.1%, fat necrosis 1.2%, Galactocele 0% (Selvakumaran *et al.,* 2017). Khanna study where 396 cases were fibroadenomas and 135 cases were of fibroadenosis (Khanna *et al.,* 1988). Rangabashya study established over 5-years also demonstrated fibroadenomas to be the commonest followed by fibroadenosis and inflammatory disease (Rangabashyam *et al.,* 1983). FNAC was done in 75 cases, USG in 8 cases, mammography 4 cases & Histopathological examination in 48 cases. Out of 69 cases of fibroadenoma 65 were diagnosed on FNAC diagnostic accuracy was 95.65%. This results are similar with study conducted by Selvakumaran *et al.* (2017).

Conclusion

Benign breast disease commonly observed entity in female. Commonly observed in second to third decade of life with lump is most commonest presentation. Fibroadenoma is commonest benign breast disease.

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