ISSN: 0975-833X

Available online at http://www.journalcra.com

International Journal of Current Research
Vol. 11, Issue, 10, pp.7976-7978, October, 2019

DOI: https://doi.org/10.24941/ijcr.37024.10.2019

INTERNATIONAL JOURNAL OF CURRENT RESEARCH

RESEARCH ARTICLE

OUR EXPERIENCE OF BENIGN BREAST DISEASES

Dr. Jilani Awati, Dr. Nishikant Gujar and Dr. Praveen Kumar S.P.

Department of General Surgery, Al Ameen Medical College, Bijapur-586108, State Karnataka, India

ARTICLE INFO

Article History:
Received 14th July, 2019
Received in revised form
18th August, 2019
Accepted 25th September, 2019
Published online 30th October, 2019

Key Words:
Benign Breast Diseases,
Fibroadenoma.

ABSTRACT

Background: To study the petterns of benign breast disease. **Material and methods:** This prospective descriptive study was conducted over 100 females presented as bening breast disease in the Surgery department at Al Ameen medical college bijapur. **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.

Citation: Dr. Jilani Awati, Dr. Nishikant Gujar and Dr. Praveen Kumar S.P. **2019.** "Our experience of benign breast diseases.", *International Journal of Current Research*, 11, (10), 7976-7978.

INTRODUCTION

Benign Breast diseases are at least 10 times more common than breast cancer in hospital clinics.13 Currently malignant to benign ratios of 1:10 are seen in breast clinics (Selvakumaran, 2017). Even though majority of the breast complaints are BBD compared to malignancy it is a neglected entity.3 So, in depth (Mima Maychet, 2013). The incidence of benign breast diseases 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, 1992; McDivitt, 1995; LaVecchia, 1985). 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. (Selvakumaran, 2017). 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 (Bharti Saraswat, ?). Nashville classification. According to this, BBDs is classified by 2 systems.

Corresponding author:* **Dr. Jilani Awati,
Department of Forensic Medicine, Al Ameen Medical College, Bijapur-586108, State Karnataka, India.

Pathologically, BBDs is divided into (a) non-proliferative lesions, (b) proliferative lesions without atypia and(c) atypical proliferative lesions (Love, 1982). In this study were are presenting our experience regarding benign breast diseases.

MATERIAL AND METHODS

This prospective descriptive study was conducted over 100 females presented as bening breast disease in the Surgery department at Al Ameen medical college bijapur. It includes 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.

We found that incidence of benign breast disease is highest in age group 21-30(48%) followed by 24 cases in 11-20 years 22%,31-40 in 21% cases. In this study 82% of patients were found to have normal BMI, Only 10% of patients were overweight,8% were found to be underweight. Among 100 cases, the right breast affected in 48%, patients, while the left breast was affected in 40%, patients. In 12%, cases, both breast were affected.

Most common presentation of benign breast disease in our series was found to be lump in the breast 70%, This was further classified into painful lump(28 cases) and painless lump(42 cases). This was followed by Nodularity being the Next commonest Presenting complaint 15%, Closely followed by complaint of Pain 12%,Table number 4

Table 1. Incidence of benign breast disease in various age groups

Age Range(years)	No. of years	% of cases
11 to 20	22	22
21 to 30	48	48
31 to 40	21	21
41 to 50	6	6
>50	3	3

Table 2. Distribution according to BMI

	BMI range	No: OF Cases	Percentage of cases
Underweight	<18.5	8	8
Normal	18.5-25	82	82
Overweight	25-30	10	10
Obese	>30	00	00

Table 3. Side-wise distribution of benign breast disease

Side involved	No. of cases	Percentage %
Right breast	48	48%
Left breast	40	40%
Both breast	12	12%
Total	0	0%

Table number 4. Types of presentations of benign breast diseases' and their incidence

Presenting complaint	Incidence
Lump in breast:	70
a)Painful lump	28
b)painless lump	42
Pain	12
Nodularity	15
Nipple discharge	02
Axillary swelling	01

Table 5. Regions of breast involved and frequency of their involvement

Regions of breast involved	Number	Percentage %
Upper inner	36	36%
Upper outer	31	31%
Lower outer	12	12%
Lower inner	06	06%
Multi quadrant	06	06%
Entire Breast	02	02%
Central	05	05%
Axilla	02	02%

Most commonly involved quadrant of breast was the upper inner quadrant 36% Followed by upper outer quadrant 31 % Lower outer 12%, Lower inner & Multi quadrant 6%, entire breast 2%, centeral 5%, axilla 2%. In Our study fibroadenoma was seen in 62%, fibroadenosis 18%, cystosarcoma Phylloids 1%, abscess 7%, granulomatous mastitis 1%, Antibioma 1%, Galactocele 1%, duct papilloma 1% mastalgia 8%

DISCUSSION

A total of 100 females suggestive of bening breast disease came to department of surgery at AL Ameen medical college bijapur were studied, during period of 2017 to 2018.

We found that incidence of benign breast disease is highest in age group 21-30(48%) followed by 24 cases in 11-20 years 22%,31-40 in 21% cases . The peak incidence of fibroadenoma ranged from the 2nd to the 3rd decade of life, which was consistent with the findings of other studies (Mima Maychet, 2013). In this study 82% of patients were found to have normal BMI, Only 10% of patients were overweight,8% were found to be underweight. We evaluated the patients to calculate their BMI and measure their daily physical activity. Most of the patients were housewives or students had normal BMI (82%) and remaining had moderately active sedentary lifestyles. Hence, based on the findings we could not establish a definite correlation between daily physical activity, BMI and benign breast disorders. However, in a study conducted by Lisiane Lopes da Conceicao *et al*., being overweight was significantly associated with a lower risk of developing benign breast diseases in both models, crude and adjusted for age and education (Lisiane Lopes da Conceicao). Among 100 cases, the right breast affected is 48%, patients, while the left breast was affected in 40%, patients. In 12%, cases, both breast were affected.

In a similar study by Shambhu Kumar Singh *et al*., involvement of right breast (54.84%) was more than the left breast (45.16%); among the quadrants involved, upper outer quadrant (UOQ) was the most common Quadrant involved with 27.42% of cases reporting with UOQ involvement (Sing, 2016). Most common presentation of benign breast disease in our series was found to be lump in the breast 70%, This was further classified into painful lump(28 cases) and painless lump (42 cases). This was followed by Nodularity being the Next commonest Presenting complaint 15%, Closely followed by complaint of Pain 12%. In study conducted by Foncroft LM *et al*., 87.4% of the women attending the Wesley Breast Clinic presented with breast lumps (Foncroft, 2001) D2 In the study conducted by Ratana Chaikanont T *et al*, breast lump was the presenting symptom in 72.35% of the patients (Ratana chaikamont, 2005). Most commonly involved quadrant of breast was the upper inner quadrant 36% Followed by upper outer quadrant 31 % Lower outer 12%, Lower inner & Multi quadrant 6%, entire breast 2%, centeral 5%, axilla 2%. In Our study fibroadenoma was seen in 62%, fibroadenosis 18%, cystosarcoma Phylloids 1%, abscess 7%, granulomatous mastitis 1%, Antibioma 1%, Galactocele 1%, duct papilloma 1% mastalgia 8% Out of 62 cases of fibroadenoma 60 were diagnosed on FNAC diagnostic accuracy was 96.77% This results are similar with study conducted by selvakumaran S *et al*. (2017).

Conclusion

Benign breast diseases is a common probem in women,with highest incidence is in second and third decade, lump is the most comonest presentation, for fibroadenoma . Triple assesment helps in the diagnosis. Fibroadenosis,cystosarcoma Phylloids, abscess, granulomatous mastitis, Antibioma, Galactocele, duct papilloma, mastalgia are other observed benign diseases.

REFERENCES

Bharti Saraswat *et al*. Clinicopathological Profile of Benign Breast Disease at Tertiary Care Hospital in Western Rajasthan.

Foncroft LM, Evans EB, Hirst C, Hicks BJ. 2011. Presentation and diagnosis of adolescent breast disease. 10(5) : 399-404.

LaVecchia C., Parazzini F., Francechi S. 1985. Risk factors for benign breast disease and their relation with breast cancer risk. Pooled information from epidemiologic studies. Tumori. 71: 167-78.

Lisiane Lopes da Conceicao, Milene Cristine Pessoa, Mariana de Moura e Dias, *et al*. Benign Breast Disease and Associated Factors in Women Attending in A Public Hospital International Journal of New Technology and Research (IJNTR), June 2016, 2(6) : 14-18.

Londen SJ. Conmolly JL., Schmitt SJ. 1992. A prospective study of benign breast disease and the risk of breast cancer. JAMA. 267: 941-44.

Love SM., Gelman RS., Silen W. 1982. Fibrocystic disease of the breast – a non disease? *N Eng J Med.,* 309: 1010-14.

McDivitt RW., Stevens JA., Lee NC. 1992. Histologic types of benign breast disease and the risk for breast cancer. Cancer. 69: 1408-14.

Mima Maychet B. Sangma *et al*. 2013. A Clinico-Pathological Study on Benign Breast Diseases. *Journal of Clinical and Diagnostic Research*. March. Vol-7(3): 503-506.

Ratana chaikamont T. 2005. Clinical breast examination, palpable breast lesion. *J Med Assoc Thai*. 88(4) : 505-07.

Selvakumaran S *et al*. 2017. Study of various benign breast diseases. *Int Surg J.,* Jan;4(1):339-343.

Sing SK., Ahmad KN., Pankaj D., Ansari MA. 2016. Benign breast lesions in a teaching hospital in rural Bihar. IJSS Journal of Surgery 2016; 2(1): 6-10.

****