

An Overview of Surgically Treated Benign Breast Disease in Odisha: A Hospital Based Retrospective Clinico-Pathological**Jyotirmaya Nayak¹, Nagendra Kumar Rajsamant², Sridhar Panda³,
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Conflict of interest: Nil

Abstract:**Background:** Benign breast illness is a pretty frequent occurrence in women. A thorough knowledge of benign breast disease is essential because successive steps are required to identify lesions that provide a high risk of eventual breast cancer from those that do not.**Purpose:** To know the characteristics of benign breast diseases which were treated surgically.**Materials and Methods:** This retrospective study included 111 patients with benign breast disease who were treated surgically from June 2021 to May 2023. Patients who did not required surgery were excluded. Histopathological reports were collected from pathology.**Result:** Most individuals with benign breast disease who had surgical treatment had fibro adenoma. The condition was more frequent in those aged 20 to 29. The most frequent location was the top outside quadrant, while the most common side was the right.**Conclusion:** Most patients with benign breast illness who had surgical treatment had fibro adenoma, according to this research.**Keywords:** Benign Breast Disease, Lump, Fibro Adenoma.

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Introduction

Female breast illness is a typical presenting in the surgical out-patient department. It may be benign or cancerous. Breast cancers that are benign are more prevalent than cancers that are malignant [1]. Congenital benign breast illnesses include amazia, polymazia, infantile mastitis, and widespread hypertrophy. Cyclic nodularity and mastalgia, cysts, fibro adenoma, duct ectasia, peri-ductal mastitis, phyllodes tumors, and galactocoele are all classified as Aberrations of Normal Development and Involution (ANDI). Other benign breast disorders include TB or bacterial mastitis, hematoma and traumatic fat necrosis caused by breast traumas, and Mondor's disease [2]. Patients often arrive with complaints of breast discomfort, lumps, or discharge from the nipple. A thorough history, clinical examination, imaging, and FNAC or core-cut biopsy (if cancer is suspected) all contribute to a final diagnosis. This is referred to as a triple assessment, and it includes clinical, radiological, and pathological evaluations. Many benign breast disorders may be treated medically, while others must be treated surgically. This

research was conducted to learn about the demographic profile of patients as well as the features of benign breast disease treated surgically in our hospital.

Methods and Materials

This retrospective study was done in Department of General Surgery, SCB Medical college and Hospital, Cuttack. We included all patients who underwent surgery for benign breast disease and specimen sent for histo-pathological examination from June 2021 to May 2023. Patients who did not undergo surgery for benign breast disease were excluded. All the data were collected in predesigned proforma by observation of the files and operation notes of patient who underwent surgery for benign breast disease. Histopathological examination reports were obtained from the department of pathology and relevant information were noted. The data collected and tabulated in MS Excel and analysed using spss 16.

Results

During the duration of study, a total of 111 patients were operated for benign breast disease in tertiary

hospital. Medical files were retrieved and data was collected and analyzed.

Table 1: Distribution of age groups of subjects

Characteristics	Categories	No. of patients	Percentage (%)
Age in years	10-19	15	31.53
	20-29	40	36.04
	30-39	28	25.23
	40-49	7	6.31
	>50	1	0.9

Table 1 illustrates that 40 (36.04%) patients were in 20-29 years of age group followed by 35 (31.53%) patients were in 10-19 years of age group. 28 (25.23%), 7 (6.31%) and 1 (0.9%) patients of 31-39 years of age, 41-49 years and >50 years respectively.

Table 2: Distribution of side of lump

Characteristics	Categories	No. of patients	Percentage (%)
Side	Right	65	58.56
	Left	46	41.44

Table 2 shows that maximum i.e. 65 (58.56%) patients had lump in right side and 46 (41.44%) had lump over left side.

Table 3: Distribution of site of lump

Characteristics	Categories	No. of patients	Percentage (%)
Site of lump	Upper outer	90	81.08
	Upper inner	7	6.31
	Lower outer	8	7.21
	Lower inner	6	5.41

Table 3 depicts that maximum i.e. 90 (81.08%) patients had lump over upper outer quadrant and 7 (6.31%), 8 (7.21%) and 6 (5.41%) patients had lump over upper inner, lower outer and lower inner quadrant respectively

Table 4: Distribution according to consistency

Characteristics	Categories	No. of patients	Percentage (%)
Consistency	Soft	15	13.51
	Firm	91	81.98
	Hard	5	4.5

Table 4 shows that maximum i.e. 91 (81.98%) lump had firm consistence whereas 15 (13.51%) and 5 (4.5%) had soft and hard consistence respectively.

Table 5: Distribution according to histopathological reports

Characteristics	Categories	No. of patients	Percentage (%)
Histo-pathology	Fibroadenoma	85	76.58
	Fibrocystic disease	5	4.5
	Tubular adenoma	4	3.6
	Others	17	15.32

According to Table 5, 85 (76.58%) of the 111 patients were diagnosed with fibroadenoma. Fibrocystic disease affected 5 (4.5%) of the patients, while tubular adenoma affected 4 (3.6%). Other benign breast illness found in 17 (15.32%) patients included chronic mastitis, breast abscess, galactocoele, lipoma, benign phylloids tumor, papilloma, and sclerosing adenosis.

Discussion

Out of 111 patients, 40 were between the ages of 20 and 29, accounting for 36.04%, followed by 35 between the ages of 10 and 19. Only one patient (0.90%) was above the age of 50. Our youngest patient was 14 years old, and the oldest was 60

years old (Table 1). According to Abhijit MG et al., the most prevalent age group is 20-40 years old, with a mean age of 28.6 years [3]. Y Narendra et al. reported that the average age of patients was 30 years [4]. According to Y Narendra et al [4], the majority of the patients, 90 out of 111, had a mass in the upper outside quadrant, whereas 8 had a lump in the lower outer quadrant. Patients with a lump in the right breast outnumbered those with a lump in the left breast (65 to 46). In contrast, Y Narendra et al. discovered that the most prevalent side was left. The consistency of 81.98% of the lumps, or 91, was firm, 13.51%, or 15, were soft, and 5 (4.5%) were hard. In research conducted by OB Karki et al, Akshara Gupta et al, G S Bhargava

et al, and Abhijit MG et al [3,5,6,7], fibro adenoma was revealed to be the most prevalent histopathological result. In our research, 76.58% of the 85 patients had fibroadenoma, 4.5% had fibrocystic disease, and 3.6% had tubular adenoma, according to histopathology findings. However, in Sharma et al's investigation, the majority of patients were identified with fibro adenosis [8].

Conclusion

This research discovered that the majority of individuals with benign breast illness who had surgical treatment had fibro adenoma. The condition was more prevalent in the 20-29 age group and in the upper outer quadrant.

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