

Evaluation, Diagnosis and Management of Benign Breast Diseases in Surgical Outpatient Department in Rural Hospital: A Prospective Study

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Abstract

Introduction and Aim: A comprehensive strategy involving not just surgeons but also radiologists, pathologists, and oncologists is needed to address the widespread and difficult problem of benign breast disease.

Material and Methods: A thorough physical exam was performed after taking a thorough medical history. For the confirmation of the diagnosis among 100 female patients with benign breast illnesses, one or more of the specific investigations, such as FNAC and ultrasound, were performed after making an accurate clinical diagnosis.

Results: Benign breast lesion are the commonest breast diseases affecting women. In our study fibroadenoma, breast abscess and fibrocystic disease were common. The incidence for fibroadenoma, was high in 20-30 yrs and for breast abscess and fibrocystic disease 31-50 yrs. Dominant symptoms were lump and pain. FNAC is very efficient investigation in diagnosing & good in fibrocystic disease. Surgical Excision was done among majority of patients (71%) in fibroadenoma followed by Incision and drainage (19%) in abscess and Conservative Treatment (10%) in mastalgia, fibrocystic.

Conclusions: Fibroadenoma in USG finding was among majority of patients (71%) followed by abscess (19%), B/L mastitis (6%) and Fibrocystic disease (4%). Fibroadenoma FNAC finding was among majority of patients (71%) followed by abscess (19%) and Fibrocystic disease (4%).

Keywords: Benign Breast Disease.

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Introduction

Breasts are dynamic structures that change throughout the course of a woman's reproductive life, with cyclical alterations occurring concurrently during the menstrual cycle. At some point in their lives, up to 30% of women with benign breast disorders will

need medical attention. The incidence starts to increase in your second decade of life and peaks in your fourth and fifth decades. After menopause, however, the malignant disorders become more prevalent. Developmental abnormalities, proliferations

of the epithelium and stroma, inflammatory lesions, and benign neoplasms are among the conditions that make up the diverse category of benign breast diseases [1].

A multidisciplinary strategy comprising surgeons as well as radiologists, pathologists, and oncologists is necessary to address the prevalent and difficult problem of benign breast disease [2].

A common method for evaluating breast masses is the triple assessment method, which entails clinical examination, radiographic imaging, and pathological assessment by core or excision biopsy [3].

Inflammatory lesions, neoplasms, epithelial and stromal proliferations, and developmental anomalies are all included in the diverse category of disorders known as benign breast illnesses [4].

Historically, benign breast conditions have been seen as less serious illnesses than breast cancer. It is the most frequent cause of female breast issues and, in the western world, it is ten times more prevalent than breast cancer [5].

The majority (90%) of breast illnesses that have been diagnosed are benign lesions. In some stage of their lives, between 30 and 40 percent of BBD-afflicted women needed treatment [6].

Material and Methods

Place of study: The study was carried out in Sitapur's Hind Institute of Medical Sciences' Department of Surgery. A prospective study of benign breast diseases was conducted among 100 female patients visiting the general surgery department in a rural hospital

as outpatients.

Inclusion criteria

Age group 15 to 50 year

Female patients with benign breast illnesses, a breast lump, breast pain, or nipple discharge who present with any of these symptoms should be evaluated clinically.

Exclusion criteria

The study excluded female participants who had an apparent malignant condition or those who had received a prior malignancy diagnosis.

Methods

A comprehensive physical examination and detailed history taking were performed. After determining the correct clinical diagnosis, one or more specific investigations, such as FNAC, mammography, and ultrasound, were performed to confirm the diagnosis.

The same pathologist reported the FNAC smears and classified them as non-proliferative or proliferative lesions using defined diagnostic criteria. The samples underwent a routine cytohisto-correlation and histopathological evaluation. Particularly in the case of benign breast lumps, the clinical diagnosis was contrasted with the cytological or histological findings, and the clinical diagnosis' accuracy was assessed.

Results

Evaluation, diagnosis, and management of benign breast diseases were the goals of the current study, which was carried out in the Department of Surgery at the Hind Institute of Medical Sciences in Ataria, Sitapur. The study comprised a total of 100 patients.

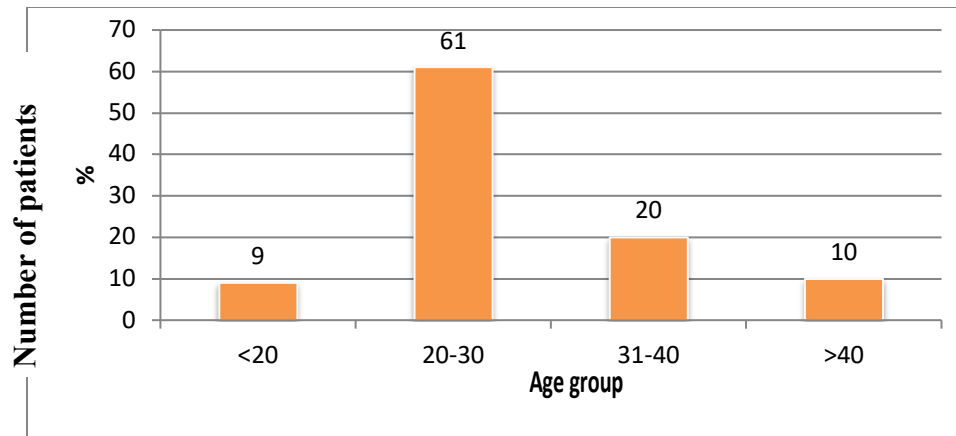


Figure 1: The distribution of patients according to age

Fig. 1- Patients ranged in age from 20 to 30 years old (61%) to 31 to 40 years old (20%), >40 years old (10%), and 20 years old (9%) years. The patients' average age was 28.50 years.

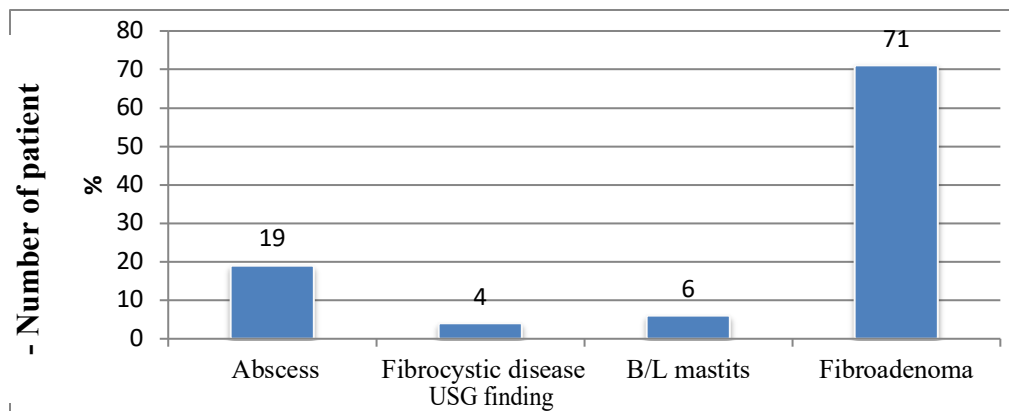


Figure 2: The distribution of patients according to USG finding.

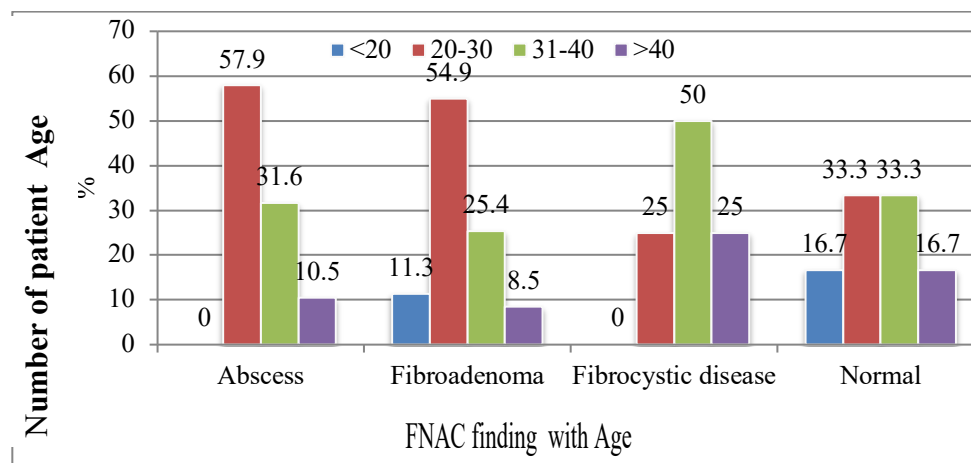


Figure 3: The comparison of FNAC finding with age

Abscess was the most common FNAC finding in age 20-30 years (57.9%). Fibrocystic disease was most common FNAC finding in age 31-40 years (50%).

Discussion

With the aim of evaluating, diagnosing, and managing benign breast illness, the current study was carried out at the outpatient department of surgery at Hind Institute of Medical Sciences, Atariya. The trial comprised 100 patients altogether. Patients in this study ranged in age from 20 to 30 years old (61%) to 31 to 40 years old (20%), more than 40 years old (10%), and under 20 years old (9%). The patients' average age was 28.50 years.

Majority of patients presented with C/F Lump (70%). In the current study, the most common site was LUM (30%). RUM was the second most common site (20%) and RUL was the third most common site involved (14%) showed that the most commonly involved quadrant was upper outer quadrant (60%). About 75 % of patients had duration of pain 5-6 months (32%) followed by 3-4 (29%), 1-2 (25%) and >6 (14%) months in this study [7]. About 60 instances (60%) of fibroadenoma, followed by cyclical mastalgia with nodularity (30 cases (30%), incapacitating mastalgia (5 cases (5%)), duct ectasia (3 cases (3%) and large fibroadenoma (2 cases (2%)) were the most common benign breast disorders [8].

This study showed that Fibroadenoma USG finding was among majority of patients (71%) followed by abscess (19%), B/L mastitis (6%) and Fibrocystic disease (4%). This observed that Fibroadenoma FNAC finding was among majority of patients (71%) followed by abscess (19%) and Fibrocystic disease (4%) reported. In the present study, Fixity to skin, change in areola and history of Rapid growth were nil among all patients. In this study, skin changes seen in Mastitis and Abscess.

Conclusions

In general, women frequently struggle with benign breast disorders. The most typical

manifestation is a breast lump. The additional symptoms include breast soreness and nappy discharge.

The age range of 20 to 30 is the most frequently impacted. Breast abscesses, fibroadenosis, and fibroadenoma are the three most frequent breast masses, respectively.

1. Patients between 20-30 years of age (61%) followed by 31-40 yr(20%), >40yr (10%) and <20 yr(9%). Patients' ages ranged from 28.50 years on average.
2. (70%) of patients presented with C/F Lump.
3. The most common site was left upper medial (30%). Right upper medial was the second most common site (20%) and Right upper lateral was the third most common site involved (14%).
4. About 75% of patients had duration of pain 5-6 months (32%) followed by 3-4 (29%), 1-2 (25%) and >6 (14%) months.
5. None had Nipple and skin tethering.
6. Fibroadenoma in USG finding was among majority of patients (71%) followed by abscess (19%), B/L mastitis (6%) and Fibrocystic disease (4%).
7. Fibroadenoma FNAC finding was among majority of patients (71%) followed by abscess (19%) and Fibrocystic disease (4%).
8. Fixity to skin, change in areola and History of Rapid growth were nil among all patients.
9. Skin changes in Mastitis and Abscess present.
10. Surgical Excision was done among majority of patients (71%) followed by Incision and drainage (19%) and Conservative (10%).

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