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A Study on Benign Breast Disease

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ABSTRACT

The term Benign Breast Diseases can be defined as any non malignant breast condition and includes a wide range of clinical and pathological entities. A clear understanding of BBDs is needed to provide appropriate counseling for the affected individuals, initiate treatment and avoid unnecessary anxiety and follow up. In this retrospective descriptive cross sectional study, documents of 123 patients with breast mass managed in the loghman Hospital were reviewed. Statistical analysis was done with SPSS (version 16). This study was carried out on 123 patients, 81 patients(65.85%) had benign tumor and 42 patients had malignant tumor. Most common benign tumor was fibrocystic disease and most common malignant tumor was invasive ductal carcinoma. Benign breast tumors were common in third and fourth decade. Malignant breast tumors were common in order of decreasing frequency in sixth, fourth and fifth decade. The overall incidence of benign tumors is greater than malignant tumors. Benign tumors are more common in the third and fourth decades of life and malignant tumors are more common in around menopause but may occur at any age. Therefore, thorough investigation must be done in any patient with a breast complaint even in people at an early age.

Keywords: Breast, benign, tumors.

INTRODUCTION

The vast majority of the lesions that occur in the breast are benign. Much concern is given to malignant lesions of the breast because breast cancer is the most common malignancy in women worldwide; however, benign lesions of the breast are far more frequent than malignant ones (1,2,3).

The term “benign breast diseases” encompasses a heterogeneous group of lesions that may present a wide range of symptoms or may be detected as incidental microscopic findings. The incidence of benign breast lesions begins to rise during the second decade of life and peaks in the fourth and fifth decades, as opposed to malignant diseases, for which the incidence continues to increase after menopause, although at a less rapid pace(2,4,5). It is impossible to know whether a breast lump is cancerous without performing imaging examinations and/or a biopsy and/or Fine-needle aspiration cytology(FNAC). FNAC is part of the triple assessment for the diagnosis of breast lesions. It is an established, highly accurate method for diagnosing breast cancer and has given rise to a reduction in the number of excisional biopsies for benign breast disease (6).

A clear understanding of BBDs is needed to provide appropriate counseling for the affected individuals, initiate treatment and avoid unnecessary anxiety and follow up.

MATERIALS AND METHODS

In this retrospective descriptive cross sectional study, documents of 123 patients with primary diagnosis of breast mass managed in the loghman hospital were reviewed. Patients were assessed with completion of charts about age, patient Complaint, behavior of the lesion (benign or malignant) and the histological pattern of the tumor. Statistical analysis was done with SPSS (version 16). Statistical results were considered significant in $P < 0.05$.

RESULTS

This study was carried out on 123 patients, 81 patients (65.85%) had benign tumor and 42 patients had malignant tumor. The ratio of benign to malignant lesions was 1.9:1. Most common benign tumor was fibrocystic disease 48.15% and then in order of decreasing frequency were fibroadenoma 29.63%, fibrosis 6.17%, intraductal papilloma 4.94%, adenosis 4.94%, lactating adenoma 2.27%, lipoma 1.23%, fat necrosis 1.23%, Hydatid cyst 1.23%. Most common malignant tumor was invasive ductal carcinoma. Benign breast tumors were common in third and fourth decade. Malignant breast tumors were common in order of decreasing frequency in sixth, fourth and fifth decade. Breast mass was most common chief complaint of benign and malignant breast lesion.

DISCUSSION

Benign breast diseases includes a heterogeneous group of conditions. The patients of BBDs generally present with one or more of these complaints – breast mass, breast pain or nipple discharge. In the study of Foncroft LM *et al.* (7) they found that 87.4% of the women who attended the Wesley Breast Clinic had presented with breast mass, while in the series of Ratana Chaikanont T (8), a breast mass was the presenting symptom in 72.35% of the 331 benign breast patients. The corresponding figure for our study was 80.25% in benign mass and 97.62 in malignant mass. Most common benign tumor was fibrocystic disease (48.15%). Our finding was not in agreement with most of the available literature on benign breast mass, where the frequency of fibroadenoma ranged from 46.6%-55.6% (9,10,11,12).

Fibroadenoma was the next common condition in our study and a majority of the patients belonged to the 3rd and 4th decades.

The incidence of breast pain in our series was 3.7%, which was different with the breast pain series, which ranged from 12.8%- 30.3% (8-14). Leis HP *et al.* (15) reported that the incidence of breast discharge was only 9% of all the breast complaints in his study, which was almost equal to the 8% incidence which was found in our study.

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 (16-19). In our study, incidence of benign breast diseases begins to rise in the 2nd decade and it peaks in the 3th or 4th decades. Incidence of malignant lesions in order of decreasing frequency were in the 6th, 4th, 5th, 7th, 8th and 3th decades.

CONCLUSION

The overall incidence of benign tumors is greater than malignant tumors. Benign tumors are more common in the third and fourth decades of life and malignant tumors are more common in around menopause but may occur at any age. Therefore, thorough investigation must be done in any patient with a breast complaint even in people at an early age.

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