

Clinical profile of patients with benign breast disease

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Abstract

The nomenclature of benign breast disease is very confusing. This is because over the last century a variety of clinicians and pathologists have chosen to describe a mixture of physiological changes and disease processes according to a variety of clinical, pathological and aetiological terminology. The study includes patients attending surgical out-patient department and admitted to surgical wards with breast lump during the study period. Most of the patients presented in OPD with complaints of breast lump 66 (60%) followed by patients presenting with lump and pain of 33 (30%). Some patients show engorgement of breast 8 (7.2%). Few patients also presented with lump, pain and discharge 3 (2.7%).

Keywords: Benign breast disease, breast lump, discharge

Introduction

Benign conditions of the breast have always been neglected in comparison to cancer, despite the fact that only one out of ten patients presenting to a breast clinic suffer from cancer. This is not surprising in view of the emotional implications of breast cancer and its treatment, but it has meant that the study of the benign breast disorders has been undeservedly neglected. Reported studies have been directed largely towards a possible relationship to cancer, rather than towards the basic processes underlying benign conditions^[1].

The condition commonly called fibrocystic disease, or Fibroadenosis of the breast, has been a clinical problem for centuries, as reflected in the writings as early as Astley Cooper at the beginning of the 19th century. For patients it causes discomfort and anxiety which varies from nuisance to serious interference with the quality of life. For clinicians, the condition causes a range of problems of diagnosis, assessments and management, which are not always clearly recognized^[2].

The nomenclature of benign breast disease is very confusing. This is because over the last century a variety of clinicians and pathologists have chosen to describe a mixture of physiological changes and disease processes according to a variety of clinical, pathological and aetiological terminology. As well as leading to confusion, patients were often unduly alarmed or over-treated by ascribing a pathological name to a variant of physiological development. To sort out this confusion, a new system [aberrations of normal development and involution (ANDI)] has been developed and described by the Cardiff breast clinic.

The most common symptoms reported by women are pain, a palpable mass or nipple discharge

Pain (Mastalgia or mastodynia) is the most common breast symptom and may be cyclical and noncyclical. Diffuse cyclical pain has no pathological correlate. Noncyclical pain is usually associated with a focal site in the breast. Causes include ruptured cysts or areas of prior injury or infections, but more often, no specific lesion can be identified. Although the great majority of painful masses are benign, about 10% of the breast cancers present with pain and all masses need to be investigated.

For reasons, namely the attitude of both doctors and patients, mastalgia continues to be ignored in the non-western population. This is true of India as well, with a few notable

exceptions.

Discrete palpable masses are the second most common breast symptom and must be distinguished from normal nodularity of the breast. These masses are more common in premenopausal women and become less frequent with age. However, the likelihood that a palpable mass is malignant increases with the age of the patient. For example, only 10% of breast masses in women under age 40 proved to be malignant compared to 60% of masses in women over age 50.

Nipple discharge is a less common presenting symptom but it is of concern when it is spontaneous and unilateral. A milky discharge (galactorrhea) is associated with increased production of prolactin (e.g., by a pituitary adenoma), hypothyroidism, or endocrine anovulatory syndromes. It can occur in patients taking oral contraceptive pills, tricyclic antidepressants, methyl dopa or phenothiazine. Milky discharge has not been associated with malignancy. Bloody or serous discharges are most commonly associated with benign lesions but, rarely can be due to malignancy. A normal bloody discharge can occur during pregnancy, possibly due to the rapid formation of new lobules. The risk of malignancy with discharge increases with age^[3].

Methodology

The study includes patient attending surgical out patient department and admitted to surgical wards with breast lump during the study period.

Data collection: By preparing a performa with relevant history, clinical examination and investigation.

Exclusion criteria: Patient who have not attained menarche, history of trauma, patient with malignant breast lump, patients who are not willing for surgery.

All the patients were studied and analysed in detail with regard to-

1. History.
2. Clinical examination.
3. FNAC.
4. Operative findings.
5. Histopathological findings.
6. Post-operative course.

Results

Out of 110 patients included in study maximum number of patients, that is 70 pts (63.63%) pts were between 20 to 29 ys age, 20 pts(18.18%) were belonging to age group 30-39 ys. 10 pts each were from 16 to 19 ys and 40 to 50 years. Mean age in our study was 27.35 years.

Table 1: Age wise distribution

Age Groups	No. of patients	Percentage
16 to 19	10	9.09%
20 to 29	70	63.63%
30 to 39	20	18.18%
40 to 50	10	9.09%

In present study benign breast diseases were more commonly observed in married females. Accounting for 69 patients (62.7%) whereas 41 patients (37.3%) were unmarried females.

Table 2: Marital Status

Marital status	No. of patients	Percentage
Married	69	62.7%

Unmarried	41	37.3%
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Most of patients presented in OPD with complaints of breast lump 66(60%) followed by patients presenting with lump and pain of 33(30%). Some patient show engorgement of breast 8(7.2%). Few Patients also presented with lump, pain and discharge 3(2.7%).

Table 3: Presentation of Patients

Chief complaint	Number of patients	Percentage
Lump	66	60%
Lump & pain	33	30%
Engorgement	8	7.2%
Lump, pain & Discharge	3	2.7%

Most of the patients presented with symptoms within 1 month duration-70(63.6%) while others presented within 1 to 3 months-20(18.18%). Remaining patients presented within 3 to 5 months of duration-2(1.81%) and rest presented beyond 5 months duration-8(7.27%).

Table 4: Duration of symptom

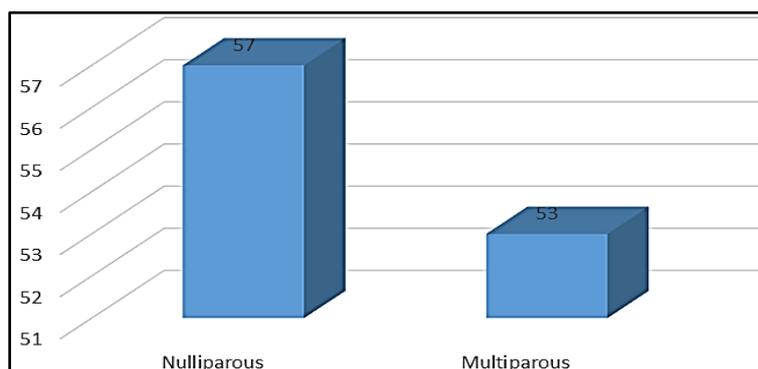
Duration	Number of patients	Percentage
<1month	70	63.6%
1 to 3months	20	18.18%
3 to 5months	2	1.81%
> 5 months	8	7.27%

Most of the patients had regular menstrual cycle accounting for 81 patients (73.63%) while rest 29 patients (26.36%) had irregular menstrual cycles.

Table 5: Menstrual history

Menstrual history	Number of patients	Percentage
Irregular	81	73.63
Regular	29	26.36

57 patients (51.81%) out of 110 were nulliparous while remaining 53 patients (48.18%) were parous.



Graph 1: Parity

Around 98 patients (89.09%) did not use oral contraceptives whereas 12 patients (10.90%) had used oral contraceptive pills.

Discussion

Oluwole SF *et al.*^[5], in his study 202 pts demonstrated that maximum incidence was in patients between 20-29 ys of age.

Onukak EE *et al.*^[6], in his study of 298 pts, demonstrated that maximum incidence was in pts between 20-29 ys of age.

Naveen N *et al.*^[7], in his study, found that maximum pts belong to age group 21-30 years and least pts were between 41-50 years of age.

In present study shows that Maximum number of patients (59.4%) were in the age group 20-29 years. Higher incidence in 3rd decade of life is probably due to increased diagnosis and symptoms during reproductive age group.

Thus results of age distribution of benign breast disease found in our study are comparable with other national and international studies.

Naveen N *et al.*^[7] in his study "A CLINICAL STUDY OF BENIGN BREAST DISEASE IN RURAL POPULATION" in year 2013, observed that maximum pts with benign breast disease were married (70%) Remaining 30% pts were unmarried.

Ajitha MG^[8] *et al.* studied 210 patients of benign breast disease in 2012. In this study 61% pts with benign breast disease were married. Remaining (39%) pts were unmarried.

In present study, out of 110 patients with benign breast disease, 62.7% patients were married while 37.3% were unmarried. Ours being a rural area, where females are shy to bring forward the complaint and are generally brought forward after marriage by the husband, and hence is more common seen in married females. Thus result of marital status in benign breast disease found in our study is comparable with other studies.

Ajitha MG *et al.*^[8] studied 210 pts of benign breast disease in 2012. In their study lump in breast was most common symptom seen in 56.4% of pts. 26.9% pts had pain along with lump, 8.2% pts complained breast lump, pain and nipple discharge. In their study breast engorgement was seen in 8.2% of patients.

Onukak^[6] studied 298 pts of benign breast disease in 1989. In his study lump in breast was most common symptom seen in 65.38% of pts. 28.0% pts had pain along with lump, 4.06% pts complained breast lump, pain and nipple discharge. In his study breast enlargement was seen in 8.01% of patients.

In present study, 60% pts presented with breast lump as sole symptom. 30% pts also complained of breast pain along with lump while 2.7% pts complained of breast lump, pain and nipple discharge. This is comparable with above mentioned studies.

Sreedevi B.V.^[9] in her study "BENIGN BREAST DISEASES IN NORTH CHENNAI

WOMEN POPULATION" demonstrated that 78.18% patient had irregular menstrual cycle while 26.63% patients had regular cycles.

Present study demonstrates 73.63% patients with benign breast disease had irregular menstrual cycle this is comparable with above mentioned study.

Hardy EE *et al.* (1990), in his study of 257 patients demonstrated that benign breast disease was more common in nulliparous women than compared to parous women.

Present study demonstrates that benign breast disease is more common in nulliparous females with 51.81% of females affected with this condition. This is comparable with above mentioned study.

Hardy EE *et al.*^[10], in his study of 257 patients demonstrated that females using OC pills for more than 2 years had decreased incidence of benign breast disease than those who do not use OC pills at all.

Present study demonstrates that benign breast disease is more common in females who do not use OC pills (89.09% of patients) which is comparable with above mentioned studies.

Conclusion

- 110 patients were analysed over a period of 18 months. On analysing the age incidence it was found that the commonest age of occurrence was between 20 to 30 years (63.3%). Average age was 29.5 years, this illustrates that benign breast disease usually affects adolescents and young adults.
- Patients presented with symptoms of lump, pain and discharge. Majority of the patients more than 50% presented with lump alone followed by pain and very few with discharge.

- More than 80% of the patients presented within the 6 months of the onset of the symptoms. This early presentation is may be due to the greater awareness of the disease and fear that breast lump could be malignant.

References

1. ChristobelM Saunders, Michael Baum. 'The Breast'-Bailey and Love's Short Practice of Surgery 23rd Edition, 754-761.
2. Hughes LE. 'World Progress in Surgery. Benign Breast Disorder. Introduction Fibrocystic Disease? Non Disease? Or ANDI? World J Surg., 1989.
3. SainsburgRC. The breast in; Russell RCG, Williams NS, BuisrodeCJK editors. Bailey and Love's Short Practice of Surgery 24th edition, 824-846.
4. Huges LE, ManselRE, Webster DJT. 'Abberetionof Normal Development and Involution' (ANDI). A New Perspective in Pathogenesis and Nomenclature of Benign Breast Disease. The Lancet, 1987, 1316-1319.
5. Oluwole SF. 'Analysis of BBD in Blacks' Am. J Surgery. 1982;137:786-789.
6. Oluwole SF. Free Man 'Analysis of Benign Breast Lesion in Blacks'-The American Journal of Surgery, 1979, 137
7. Nisha Nandal, Dr. Naveen Nandal, Ms. Neetu Jora. (2021). Perception of Online Learning Among College Students: A Systematic. International Journal of Modern Agriculture, 10(1), 1142 - 1149. Retrieved from <http://www.modern-journals.com/index.php/ijma/article/view/1377>
8. Onukak and Cederquist. 'BBD in Non-Western Population 'Part III-BBD in Northern Nigeria-WJS. 1989; 13:750-752.
9. Naveen N, Avijeet Mukherjee, Vikrant Mahajan. "A Clinical Study of Benign Breast Disease in Rural Population". Journal of Evolution of Medical and Dental Sciences. 2013 July;2(30):5499-5511.
10. Ajitha MB, Srinivasan N, Shivaswamy BS, Abhishek Vijayakumar. A Systematic Study on Fibroadenoma of the Breast. IJBAR, 2012, 03(12).
11. SreedeviBV. "Benign Breast Diseases in North Chennai Women Population". Journal of Evolution of Medical and Dental Sciences. 2014 Jan;3(03):754-757.
12. Haagensen CD. 'Cystosarcoma phyllodes in': Haagensen CD ed. Diseases of the Breast. Philadelphia: Saunders, 1986, 284-312.