

A Clinico Pathological Study of Benign Breast Lumps

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ABSTRACT

Breast diseases are one of the most common diseases in the females of any society. The objective of this study was to find out the pattern of benign breast lumps in females. Out of 400 females presented to surgical out patient clinic Nawaz Sharif Social Security Hospital Lahore between December 2009 to December 2010, 98 were diagnosed with breast lump/ lumps. We carried out FNAC on every female presented with breast lump to get correct histopathological diagnosis. Out of 98 patients, 52 females were diagnosed with benign breast diseases and these are included in our study. Out of these 52 females, 37 had fibro adenomas, 13 had fibrocystic disease and 2 had recurrent fibro adenomas.

Key words: Lump breast, benign, FNAC

INTRODUCTION

Benign breast lumps are the most common lesions accounting for more than 90% of the cases presented, related to breast¹. Fibro adenoma is a common cause of benign breast lumps in premenopausal women. Fibrocystic disease of breast is a histological term referring to large group of syndrome presenting as lump or lumpiness. Fibro adenomas are the most common cause of benign breast lumps. They usually present as solitary, firm, rubbery and non tender lumps. Follow-up studies have shown us that there is a relationship between benign breast disease and breast cancer. Risk of cancer varies according to the histological grading of benign breast disease^{2,3,4,5}. Therefore all the breast lumps are thoroughly investigated to rule out the malignancy. The aim of present study is to see the pattern of benign breast lumps in females presented to our tertiary care hospital. The study is observational, non interventional and prospective.

MATERIALS AND METHODS

A total of 98 females were seen with breast symptomatology over a period of one year from December 2008 to December 2009 i.e. lump, pain, lumpiness. Management protocol involved clinical examination followed by mammography in selected cases and FNAC in all patients. Out of these, 52 females having benign breast lumps with or without pain are included in our study and females with malignant lesions are excluded. Excisional biopsies were carried out as definite procedure. The record of the histopathological results was maintained. Other variables recorded were age, parity, marital status and family history of breast disease.

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RESULTS

Out of the 98 female patients of 15- 45 years of age 52 had benign breast disease. The commonest presentation was fibroadenoma 37 patients [71%] followed by fibrocystic disease 13 [25%] and 2 [4%] had recurrent fibro adenoma i.e. post surgical fibro adenomas on the same breast or opposite one. Table 1 elaborates it further. Some common factors found in the history of these patients are described in table 2. Out of these 52 breast lumps, 35 lumps were painless whereas only 17 were painful. Out of these 17 painful lumps, 11 were of fibrocystic disease and 6 were fibro adenomas. Majority of the lumps were in the right breast. 7 Patients with the fibrocystic disease develop symptoms within 6 months, 3 patients develop symptoms within 4 to 5 months where as 1 patient develop symptom within 3 months. 4 patients with fibro adenoma develop symptoms within 2 months whereas 2 patients develop symptoms within 1 month. In this study, the mean age for benign breast disease was 35 yrs with range of 15-45 yrs. Majority of the lumps were in the right breast i.e., 32. 41 out of 52 females were unmarried.

Figure 1:

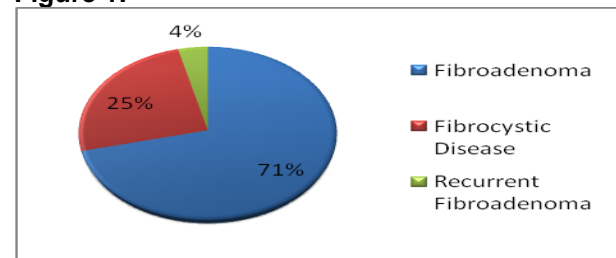


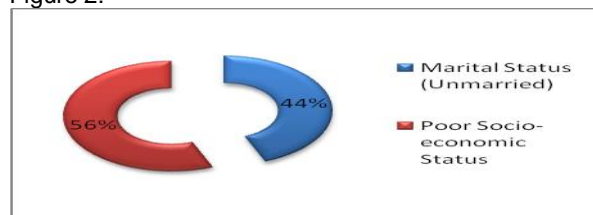
Table 1:

Type of Lumps	=n	%age
Fibro adenoma	37	71
Fibrocystic Disease	13	25
Recurrent Fibro adenoma	2	4

Table 2:

Common Factors	%age
Marital Status (Unmarried)	63
Poor Socio-economic Status	81

Figure 2:



DISCUSSION

Benign breast diseases are far more common than malignant breast diseases in our society. All these conditions usually present as breast lump, breast pain or nipple discharge etc. but due to lack of education and awareness, females ignore the lump. Fibro adenoma is the commonest benign breast lump in our society and patient wants to get it removed because of fear of malignancy or due to cosmetic reasons.

In this study, 52 patients who presented to us with benign breast disease were in range of 15-45 years. Out of 52 patients 11 were married with the age in the range of 30 to 45 yrs and with parity of 5 to 8 children. The mean age was 35 yrs. 41 out of 52 patients were unmarried with the age in the range of 15 to 22 years. Out of these 52 breast lumps, 35 lumps were painless whereas only 17 were painful.

Interestingly it is noticed that the prevalence of fibrocystic disease and fibro adenoma breast is quite variable in every society. According to our study the patients suffering from fibrocystic disease were 13[25%] female patients. This percentage is near to the study conducted by Chaudhry *et al.* from India 25.5 % [6]. Whereas this number is lower than other studies conducted as Jamal *et al.* from Saudi Arabia 36%⁷, 29.2% by Thekwaba from Nigeria⁸, 42% in Nigeria by Adesunkanmi⁹. Out of 52 female patients, 2 had recurrent fibro adenomas which accounts for 3.85% which is higher from Onuigbo who mentioned 1.32% cases of recurrent fibro adenomas¹⁰. Some of the lumps were painful and tender whereas others were painless. Out of 52 female patients, 41 were unmarried. This shows that benign breast diseases are more common in unmarried females. No specific dietary pattern was noted. Majority of the patients included in our study were belonging to lower socioeconomic status (working class).

The result of our study supports the existing evidence that in our society, fibro adenomas are the commonest benign breast disease followed by fibrocystic disease. This might be associated with certain environmental, regional, dietary or hormonal factors which needs further research and evaluation.

CONCLUSION

The result of this study showed that benign breast diseases in females of our society are fibro adenomas followed by fibrocystic diseases. The actual factors responsible for this change needs further research and study.

REFERENCES

1. Muritto Ortiz, Botello B, Benign Breast Disease Clinical, radiological and pathological correlation. Gynecology. Obstetrics. Mexican., 70: 2002, 613-618
2. Wang J., Costantino J.P, Bak M, Rytto N.F, Lower category being breast. Journal National Cancer Institute, 96: 2004, 616-620.
3. Schnitt, S.j, Benign Breast Disease and breast cancer risk, morphology and beyond. American journal of Surgical pathology.27: 2003, 836-841.
4. Hill D.A., Preston Martin S, Ross R.K and Bernstein L, Medical radiation, family history of cancer and Benign Breast Disease in relation to breast cancer risk in young women in U.S.A. Cancer causes control, 13: 2002,711- 718.
5. Webb, P.M., C. Byrne, S.J Schnitt, J.L. Cannolly, T. Jacobs, G. Peiro, W. Willet and G.A Colditz, Family history of breast cancer, age and benign breast disease. Int. J. Cancer, 100: 2002, 375- 378.
6. Chaudhuri M., Sen S and Sengupta J, Breast lump. A study of 10 years. Journal of Indian Medical Association, 93: 1995, 455- 7
7. Jamal A.A., Pattern of breast disease in a teaching hospital in Jeddah Saudi Arabia. Saudi Medical Journal, 22: 2001,110-113
8. Thekwaba F.N, Breast disease in Nigerian women, a study of 657 patients. Journal of Royal College of Surgeons of Edinburgh, 39: 1994, 280-283
9. Adesunkanmi A.R, Agabakwuru E.A, Benign Breast Disease at Wesley guild hospital Ilesha Nigeria. West Afr. J. Med., 20: 2001, 146-51
10. Onuigbo W., Breast fibro adenoma in teenage females. Turkish Journal Paediatrics, 45: 2003, 326
11. Kumar A., Vohra L.S, Bhargava K Investigation of Breast lump: An evaluation. MJAFI., 55: 1999, 299-302
12. Mehmood A., Ahmed M. and Jamal S, Role of cytological grading in the management of breast lump. JCPSP., 13: 2003, 150-152
13. Vaidyanathan L., Barnard K and Elnicki D.M, Benign breast disease, when to treat, when to reassure, when to refer. Clinical Journal of Medicine, 69: 2002, 425.
14. Houssami N., Cheung M.N and Dixon J.M , Fibro adenoma of the breast. Medical Journal of Australia, 174: 2001, 185- 188
15. Siddiqui K. and Rasool M.I. Pattern of breast diseases. Preliminary report of breast clinic. JCPSP., 11: 2001, 497- 500
16. Amshel C.E., Sibley E, Multiple unilateral fibro adenomas British Medical Journal, 7: 2001, 189-191
17. Uma Krishnaswamy. Profile of benign breast disease in urban India. Indian J Surg, 65: 2003, 178- 181
18. Donegan W.L., Spratt J.S and Saunders W.B, Editors cancer of the breast. Philadelphia. 4th edition, 1995. pp: 1- 15.

