



International Journal of Surgery Science

E-ISSN: 2616-3470

P-ISSN: 2616-3462

© Surgery Science

www.surgeryscience.com

2017; 1(1): 30-32

Received: 20-08-2017

Accepted: 21-09-2017

Shilpa Kumari

B. P. Koirala Institute of Health
Sciences, Dharan, Nepal

Ajay Kumar

Division of surgery, Aseem Health
Care and Trauma Centre,
Muzaffarpur, Bihar, India

Sarada Khadka

Department of Surgery, B. P.
Koirala Institute of Health
Sciences, Dharan, Nepal

Characteristics of surgically treated benign breast disease

Shilpa Kumari, Ajay Kumar and Sarada Khadka

Abstract

Purpose: To know the characteristics of benign breast diseases which were treated surgically.

Materials and Methods: This retrospective study included 58 patients with benign breast disease who were treated surgically from January 2015 to December 2016. Patients who did not require surgery were excluded. All the data from record section were collected in predesigned proforma by observation of the files and operation notes of patient.

Results: Majority of patients with benign breast disease, who were treated surgically, had fibro adenoma. The disease was more common in the age group 10-19 years with mean age 24.69 years. Lump was present in all the patients which was painless in more than half of the patients and the duration was less than 12 months in most of the cases. The most common site was upper outer quadrant and side was right.

Keywords: benign breast disease, lump, fibro adenoma

Introduction

Breast disease in female is a common presentation in surgical out-patient department. It can either be benign or malignant. Benign breast diseases are more common than malignant ones ^[1]. The scenario is same in Indo-Nepal border area ^[2].

Benign breast diseases can be congenital like amazia, polymazia, mastitis of infants and diffuse hypertrophy. Classification according to Aberrations of Normal Development and Involution (ANDI) includes cyclical nodularity and mastalgia, cysts, fibro adenoma, duct ectasia, periductal mastitis, phyllodes tumors and galactocoele. Other benign breast diseases include infections like tuberculosis or bacterial mastitis, hematoma and traumatic fat necrosis due to injuries of breast and Mondor's disease ^[3].

Patients usually present with complaint of either pain or lump in the breast or discharge from the nipple. Detailed history, clinical examination, imaging and FNAC or core-cut biopsy (if suspicious of malignancy) help to reach to a final diagnosis. This is known as triple assessment which include clinical, radiological and pathological evaluation. Many of the benign breast diseases can be managed medically while some are managed surgically.

This study has been done to know the demographic profile of patient and characteristics of the benign breast disease which were treated surgically in our hospital.

Methods and Materials

This retrospective study was done in Department of Surgery and Department of Pathology, BPKIHS, Dharan, Nepal. We included all patients who underwent surgery for benign breast disease from January 2015 to December 2016. 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 during January, 2015 to December, 2016. The files were retrieved from the record section at BPKIHS and histo-pathological examination reports were obtained from the department of pathology and relevant information were noted. The study was done after proper approval from Institutional Review and Research Committee.

Statistical analysis

The collected data were entered in MS Excel 2007 and then converted into Statistical Package for the Social Sciences (SPSS) software package for statistical analysis. For descriptive statistical percentage, proportion mean with standard deviation was calculated along with graphical and tabular presentation of the data.

Correspondence

Ajay Kumar

Division of Surgery, Aseem Health
Care and Trauma Centre,
Muzaffarpur, Bihar, India

Results

During the duration of study, a total of 58 patients were operated for benign breast disease in BPKIHS, Dharan. Medical files were retrieved from record section and data was collected and analyzed. Following are the tabular form of the different data.

Table 1: Distribution of age groups of patients

Characteristics	Categories	No. of patients	Percentage
Age group in years	10-19	23	39.7
	20-29	16	27.6
	30-39	14	24.1
	≥40	5	8.6
Mean age in years ±SD (Min-Max)		24.69±9.903(12-58)	

Table 2: Distribution of address of patients

Characteristics	Categories	No. of patients	Percentage
Address	Sunsari	35	60.3
	Morang	12	20.5
	Jhapa	9	15.4
	Supaul	1	1.7

Table 3: Distribution of patients presenting with pain

Characteristics	Categories	No. of patients	Percentage
Pain	Present	23	39.7
	Absent	35	60.3

Table 4: Distribution of duration of symptom

Characteristics	Categories	No. of patients	Percentage
Duration in years	<1	28	48.28
	1-2	16	27.59
	2-5	6	10.34
	>5	8	13.79
Median duration in months (IQR) (Min-Max)		12.00(3.75-21.00) (1-360)	

Table 5: Distribution of patients according to past treatment

Characteristics	Categories	No. of patients	Percentage
Past treatment	Yes	8	13.8
	No	50	86.2

Table 11: Distribution according to histo-pathological reports

Characteristics	Categories	No. of patients	Percentage
Histo-pathology	Fibroadenoma	50	86.2
	Fibrocystic disease	7	12.1
	Epidermoid cyst	1	1.7

Discussion

Out of 58 patients, maximum (23) were in the age group of 10-19 years, comprising 39.7%, followed by 16 patients in age group 20-29 years. Only 5 (8.6%) patients were more than 40 years. The mean age of the patients was 24.69±9.9 years (mean age±S. D.). Our youngest patient was of 12 years while eldest was of 58 years (Table 1). Abhijit MG *et al*, reported commonest age group as 20-40years, and mean age as 28.6 years. Y Narendra *et al*. mentioned the mean age of patients as 30 years. Maximum number of patients (60.3%) were from Sunsari, as the hospital is situated here (Table 2). In the prospective study by Newton P *et al*, most common presentation in women was either pain or lump, followed by skin and nipple

Table 6: Distribution of site of lump

Characteristics	Categories	No. of patients	Percentage
Upper outer quadrant	No	23	39.7
	Yes	35	60.3
Upper inner quadrant	No	52	89.7
	Yes	6	10.3
Lower outer quadrant	No	48	82.8
	Yes	10	17.2
Lower inner quadrant	No	51	87.9
	Yes	7	12.1
Nipple areolar complex	No	55	94.8
	Yes	3	5.2
Sub-areolar region	No	55	94.8
	Yes	3	5.2
Whole breast	No	57	98.3
	Yes	1	1.7
Supra-areolar region	No	57	98.3
	Yes	1	1.7
Infra-areolar region	No	57	98.3
	Yes	1	1.7

Table 7: Distribution of side of lump

Characteristics	Categories	No. of patients	Percentage
Side	Right	27	46.6
	Left	25	43.1
	Bilateral	6	10.3

Table 8: Distribution according to tenderness of lump

Characteristics	Categories	No. of patients	Percentage
Tender	Yes	6	10.3
	No	52	89.7

Table 9: Distribution according to consistency

Characteristics	Categories	No. of patients	Percentage
Consistency	Soft	8	13.8
	Firm	47	81.0
	Hard	13	5.2

Table 10: Distribution according to palpable axillary lymph node

Characteristics	Categories	No. of patients	Percentage
Axillary lymph node palpable	Yes	3	5.2
	No	55	94.8

changes and nipple discharge. In our study, amongst all patients, 23 i. e. 39.7% complained of pain in the breast while 35 i.e. 60.3% didn't have pain at the time of presentation (Table 3). Duration of symptoms was less than one year in 48.28% (28 patients), 16 patients (27.59%) had lump for less than 2 years but more than 1 year, 6 patients had duration 2 to 5 years while 8 patients had symptoms/lump of more than 5 years. Median duration in months was 12 months. Minimum and maximum duration were 1 month and 360 months respectively (Table 4). Fifty patients (86.2%) had no history of any past surgical intervention or medical treatment for any chronic disease (Table 5).

Location of lump in breast was not limited to single quadrant in

many patients. Most of the patients, 35 out of 58, had lump in upper outer quadrant while 10 patients had lower outer quadrant lump, which is in accordance to study done by Y Narendra *et al.* Rest of the patients had lump extending to more than one quadrant of her breast including nipple-areolar complex. One patient had lump involving almost whole breast (Table 6). Patients with lump in right breast were more in number (27) than those with lump in left breast (25). Six patients had bilateral lump (Table 7). This was in contrast to the finding of Y Narendra *et al.* in which the most common side was left. They reported bilateral presentation as the least common, which is similar to our study. Only 6 patients had tenderness while 52 patients i.e. 89.7% didn't have tenderness (Table 8). Consistency of 81% of lumps i.e. 47 was firm, 13.8% i.e. 8 were soft while 13 were hard in consistency (Table 9). Axillary lymph nodes were not palpable in 94.8% of patients (Table 10).

Fibro adenoma was found to be the most common histopathological findings in studies done by OB Karki *et al.*, Akshara Gupta *et al.*, G S Bhargava *et al.* and Abhijit MG *et al.* In our study also, histo-pathology reports of the 50 patients i.e. 86.2% showed fibroadenoma, 12.1% was fibrocystic disease while 1 (1.7%) was epidermoid cyst (Table 11). However, in the study by Sharma *et al.*, majority of patients were diagnosed with fibro adenosis.

Conclusion

This study delineated that majority of patients with benign breast disease, who were treated surgically, had fibro adenoma. The disease was more common in the age group 10-19 years with mean age 24.69 years. Lump was present in all the patients which was painless in more than half of the patients and the duration was less than 12 months in most of the cases. The most common site was upper outer quadrant and side was right.

References

1. Mansel R. Benign breast disease. *The Practitioner*. 1992; 236(1518):830.
2. Sayami P, Singh BM, Singh Y, Timila R, Shrestha U, Sayami G, Chaudhari JK. Retrospective analysis of breast cancer cases and surgical treatment in a period of ten years. *J Nepal Med Assoc*. 2001; 40:112-9.
3. Bailey Love's. *Short Practice of Surgery*, edited by Norman S *et al.*, The Breast, 2013; 53:803-808.
4. Santen RJ, Mansel R. Benign breast disorders. *New England Journal of Medicine*. 2005; 353(3):275-85.
5. Houssami N, Cheung MN, Dixon JM. Fibroadenoma of the breast. *The Medical journal of Australia*. 2001; 174(4):185-8.
6. Newton P, Hannay DR, Laver R. The presentation and management of female breast symptoms in general practice in Sheffield. *Family Practice*. 1999; 16(4):360-5.
7. Karki OB, Kunwar D, De A. Benign Breast Diseases: Profile at a Teaching Hospital. *American Journal of Public Health Research*. 2015; 3(4A):83-6.
8. Gupta A, Gupta AK, Goyal R, Sharma K. A study of clinical profile of benign breast diseases presenting at a tertiary care centre in central India. *Scholars Journal of Applied Medical Sciences (SJAMS)*. 2015; 3(2):695-700.
9. Bhargava GS, Gupta A, Grover A, Ded KS. Benign breast disorders: rural Punjab population study compared with urban population studies. *International Surgery Journal*. 2016; 2(4):629-33.
10. Sharma A, Bandari R, Gilbert D, Sharma AK. Benign and malignant breast disease presenting to Bhaktapur Cancer

Hospital.

11. Abhijit MG, Anantharaman D, Bhoopal S, Ramanujam R. Benign breast diseases: experience at a teaching hospital in rural India. *International Journal of Research in Medical Sciences*. 2017; 1(2):73-8.
12. Narendra Y, Patlolla S, Ahmad S, Omkar H. Clinical study of Benign breast diseases.