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BENIGN BREAST LUMP – PRESENTATION AND MANAGEMENT EXPERIENCE IN PMCH, DHANBAD

Surgery

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ABSTRACT

INTRODUCTION: Breast lump is a common pathology encountered by surgeons. Most of the breast lumps are benign. Proper investigations should be done to rule out malignancy as the cause. **MATERIAL AND METHODS:** Details of 60 patients of benign breast lump were observed and recorded in this study. **RESULTS AND CONCLUSION:** Benign breast lump is more common in young adults. Fibroadenoma (43.3%) is the most common cause. Other causes are Fibroadenosis, Breast cyst, Mastitis, Breast abscess, Antibioma, Duct ectasia, Phyllodes tumour and gynecomastia. Majority of these patients can be managed conservatively

KEYWORDS

Benign breast lump(BBL), Fibroadenoma, Fibroadenosis, Breast cyst, Phyllodes tumour

INTRODUCTION:

Breast lump is a detectable discrete mass that is distinct from surrounding breast tissue. Patients of benign breast lump may present with breast mass/enlarged breast, pain in breast, nipple discharge and cosmetic deformity. Common causes of benign breast lump are fibroadenoma, fibroadenosis, traumatic fat necrosis, breast infection, mammary duct ectasia and breast cysts.1,2 Intraductal papilloma and phyllodes tumor are usually benign, but may be malignant.3 Although majority of breast masses are benign, the discovery of a breast mass is often very distressing and every breast lump should be evaluated properly to exclude breast cancer.4,6 Breast lumps are best evaluated by using Triple assessment which includes- Clinical Evaluation, Imaging and cytological assessment.7 In this research we have studied the presentation and management of cases of benign breast lump in Patliputra medical college and hospital, Dhanbad.

MATERIAL AND METHODS:

This is a prospective observational study done in department of general surgery in Patliputra medical college and hospital, Dhanbad. Total 60 patients of Nonmalignant/benign breast lump coming to surgery OPD over a period of 1 year (January 2019 to December 2019) were included in this study. Exclusion Criteria: 1. Malignant breast lump 2. History of previous surgery Patients included in the study were explained about the study and written consent was taken from them for their participation in the study. Triple assessment was done in all cases to reach at a definitive diagnosis. Mammography and ultrasonography of breast and axilla were radiological investigation of choice. FNAC was used in all cases for cytological diagnosis. Details of each patient including treatment received by them was recorded. Statistical evaluation done using spss software.

RESULTS:

Sex distribution- In this study, out of 60 patients of benign breast lump 58 (96.7%) were female and 2 (3.3%) were male.

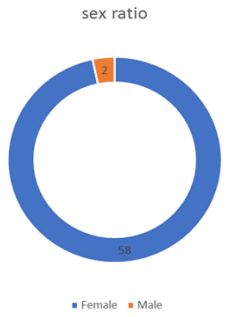

Chart: sex distribution of study population

Age distribution- Mean age of study population was 32.45 years. Maximum 23 (38.3%) patients were in 20-30 years age group, 17 (28.3%) patients were in 30-40 years age group, 9 (15%) patients were in 40-50 years age group, 6 (10%) patients were in <20 years age group and 5 (8.3%) patients were older than 50 years.

Table: 1 age distribution of study population

Age groups	Number of patients
<20 years	6 (10%)
20-30 years	23 (38.3%)
30-40 years	17 (28.3%)
40-50 years	9 (15%)
>50 years	5 (8.3%)

Presenting complain- Apart from breast lump in every patient, 24 (40%) patients also had pain in breast and 08 (13.3%) patients had associated nipple discharge

Table: 2 showing different presenting complains in study population

Presenting complain	Number of patients
Breast lump	60 (100%)
Pain	24 (40%)
Nipple discharge	08 (13.3%)

Final diagnosis: After triple assessment of cases final diagnosis was made. Maximum 26 (43.3%) cases were diagnosed as Fibroadenoma, 14 (23.3%) cases as Fibroadenosis, 07 (11.6%) cases as Cyst in breast, 06 (10%) cases as Mastitis and breast abscess, 03 (5%) cases as Antibioma, 01 (1.6%) case each of Duct ectasia and Phyllodes tumor and 02 (3.3%) cases were diagnosed as gynecomastia.

Table: 3 Final diagnosis after triple assessment

Final diagnosis	Number of patients
Fibroadenoma	26 (43.3%)
Fibroadenosis	14 (23.3%)
Breast cyst	07 (11.6%)
Mastitis and breast abscess	06 (10%)
Antibioma	03 (5%)
Duct ectasia	01 (1.6%)
Cystosarcoma Phyllodes	01 (1.6%)
Gynecomastia	02 (3.3%)

Treatment received by the patients: Out of 26 cases of fibroadenoma, 11 cases were treated conservatively and in rest 15 cases surgical excision was done. All 14 cases of fibroadenosis were treated conservatively. 5 cases of breast cyst were treated conservatively and 2 were excised. 2 cases of frank breast abscess were drained surgically while rest of mastitis cases were managed conservatively. All 3 cases of antibioma resolved with conservative treatment. 1 case of duct ectasia was treated with surgical excision. 1 case of phyllodes tumor was treated by wide local excision. Out of 2 cases of gynecomastia, 1 was treated surgically and 1 was treated conservatively.

Pathology	Surgical treatment	Medical/Conservative treatment	Total
Fibroadenoma	15	11	26
Fibroadenosis	0	14	14
Breast cyst	2	5	7
Mastitis and Breast abscess	2	4	6
Antibioma	0	3	3
Duct ectasia	1	0	1
Cystosarcoma phyllodes	1	0	1
Gynecomastia	1	1	2
	22	38	

DISCUSSION:

like most studies breast lump including benign breast lump is more common in female patients.1,2,3 Only 2 (3.3%) male patients of benign breast lump were encountered in this study, both were cases of gynecomastia. In this study Fibroadenoma was most common diagnosis in 43.3% cases. In study done by Talpur et al too Fibroadenoma was most common pathology but it was present in 30.66% patients.11 Young patients of fibroadenoma with low risk of malignancy were managed conservatively. In nonresponsive patients and those with suspicious diagnosis, excision biopsy was done. Similar approach of treatment for fibroadenoma is employed in study done by Foster ME et al.12 All patients of Fibroadenosis were managed conservatively in this study. Conservative management for fibroadenosis is also advocated by Allan P Corder et al in their study.13 Aspiration of breast cyst is simple and safe diagnostic as well as therapeutic modality. Excision should be done if (a) the aspirated fluid is bloody, (b) the mass does not entirely disappear, or (c) the mass recurs promptly.14 In this study 5 cases of breast cyst were managed with aspiration. In 2 cases blood mixed aspiration fluid was found and excision biopsy of the cyst was done. Breast infection in form of mastitis should be managed conservatively. Frank abscess requires aspiration or drainage.15 In this study 2 cases of breast abscess were managed by incision and drainage. 4 cases of mastitis and 3 cases of antibioma responded well to medicines and were managed conservatively. In study done by Kirithiga Ramalingam et al they opine that for duct ectasia and periductal mastitis surgery (microdochectomy and major mammary duct excision) is the only definitive treatment.17 In our study 1 case of duct ectasia was managed by microdochectomy. Phyllodes tumour is traditionally managed by surgical excision with wide tumour-free margins i.e.>10 mm.18 In this study also 1 case of benign phyllodes tumour was treated by wide local excision. 2 cases of gynecomastia were included in this study. In 1st patient of persistent pubertal gynecomastia who was taking medication for more than one year, subcutaneous mastectomy was done. 2nd patient of gynecomastia was managed conservatively. Bembo SA et al recommend treatment of gynecomastia is based on many factors like- causative pathology, patient preference, response to medical therapy, age of the patient and degree of gynecomastia.19, 20

CONCLUSION:

Benign breast lumps are more common in young females. Most common cause is fibroadenoma. Other causes of BBL in this study are- fibroadenosis, breast cyst, mastitis, breast abscess, antibioma, duct ectasia, phyllodes tumours and gynecomastia. A large proportion of such patients can be managed conservatively and surgical treatment is required in nonresponsive patient.

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