

A Study on Management of Analysis of Breast Pain and Nipple Discharge Without Lump And Correlation With Breast Cancer

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Abstract: Aim: TO PROSPECTIVELY VALIDATE AND EVALUATE FEMALE PATIENTS ATTENDING THE GENERAL SURGERY OUTPATIENT DEPARTMENT WITH BREAST PAIN WITHOUT LUMP AND CORRELATE THE INCIDENCE OF DETECTION RATES OF BREAST CANCER IN THESE PATIENTS IN THE DEPARTMENT OF GENERAL SURGERY AT Karur MEDICAL COLLEGE AND HOSPITAL.

Methods: The study was conducted on 100 Female patients undergoing breast pain without lump and correlate the incidence of detection rates of breast cancer in Department of Surgery referred from various surgical units either for confirmation of a clinical diagnosis or for undiagnosed breast cancer symptomatology undergoing evaluation. It is shown that Ultrasound Both breasts done in the study population reveals that benign features are more common than malignant features which accounts to 98% and 2% of the study population respectively. It is shown that Fine Needle Aspiration Cytology (FNAC), diagnosis of Aberrations of Normal development and Involution (ANDI), the least common diagnoses made are Carcinoma breast, Eczema and Galactocele whose frequency is 10% respectively.

Results: The age of the patient's age distribution of the presentation of breast related complaints by the patients in the study population. The most common age group presenting with breast related complaints is 31 – 40 years of age and the least common age group involved is > 40 years of age. Breast pain in the study population is present only in 38%, Breast pain is absent in 62% of the patients. Physical examination should include thorough examination of both breasts, bilateral axilla, bilateral supra-clavicular fossae and including other systemic evaluation such as respiratory system to rule out metastasis to the lungs. Women with an average risk of breast cancer should undergo regular screening mammography starting at age 45 years. The ACS does not recommend clinical breast examination for breast cancer screening among average-risk women at any age.

Conclusion: The incidence of benign breast diseases is more common in patients presenting to the surgical outpatient department with complaints of breast pain and nipple discharge without the presence of breast lump. The incidence of carcinoma breast is less common than benign breast diseases in the patients presenting to the surgical outpatient department without the presence of breast lump. The most common benign breast disease is found to be Aberrations of Normal development and involution (ANDI). Though the incidence of carcinoma breast in patients presenting with breast pain and breast discharge without the presence of breast lump is very minimum , the importance of further investigations such as Mammography , Ultrasound Both breasts and Fine Needle Aspiration Cytology should be emphasized in each of the patients to rule out the diagnosis of carcinoma breast. The management of benign breast disorders is more commonly a conservative line of approach by using various non invasive approaches such as medical management. The management of carcinoma breast is usually an invasive approach which includes a multi modality line of treatment.

Keywords : Modified Radical Mastectomy, Breast cancer, Chemotherapy, FNAC, Mammogram Carcinoma, Lumpectomy. Breast pain, Nipple discharge.

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I. Introduction :

Breast pain is a common and significantly distressing complaint noted frequently in majority of the patients visiting the general surgery out patient department. The initial thought of the patient in this setting doubts the occurrence of breast cancer even in a single instance of breast pain which can be highly distressing and can cause severe anxiety in the patient. Majority of the patients with a non suspicious breast lump , breast pain or discharge fears that these minor symptoms are the initial symptoms of breast carcinoma. The anxiety caused by these thoughts along with the misguidance of the unknown course of the disease , the threat of mutilation and the fear of death compounded by social and cultural norms among certain groups caused a

misconception of the complete nature of the disease which prevented the women from seeking early medical advice and intervention.

The misconceptions and misguidance should be revoked by the medical practitioner in order to fully relieve the patient from the symptoms of breast pain. Patients attending the general surgical outpatient department with complaints of breast pain should be evaluated with complete history, complete physical examination and routine radiological investigations to rule out underlying hidden malignancy.

The patients should be counseled properly about the extent of the disease, treatment options and further management after medical or surgical intervention. The patients are evaluated and correlation is done in the incidence of breast pain without lump with the incidence of breast cancer in these types of patients.

BACKGROUND AND PURPOSE OF THE STUDY:

The main purpose of the study was to analyze the predisposing factors, stage of presentation, regional prevalence of gastric *Helicobacter pylori* infection in patients undergoing upper gastrointestinal endoscopy.

II. Materials And Methods

Study Area :Government Medical College Hospital [KGMCH] , Karur.

Study population: *100 Patients undergoing breast pain without lump and correlate the incidence of detection rates of breast cancer in the Department of Surgery referred from various surgical units either for confirmation of a clinical diagnosis or for undiagnosed breast pain without lump and correlate the incidence of detection rates of breast cancer symptomatology undergoing evaluation. in KGMCH.*

INCLUSION CRITERIA:

1. Age group more than 15
2. Patients willing to give consent for the study
3. Patients with mastalgia
4. Patients complaining with Nipple discharge
5. Patients without breast lump
6. Patients willing for Follow-up

EXCLUSION CRITERIA:

1. Patients with breast lump
2. Patients with associated comorbidities such as diabetes, advanced malignancy, steroid intake, radiotherapy, hepatic and renal insufficiency.
3. Pregnant patients
4. Patients with Psychiatric illness
5. Patients previously diagnosed with breast diseases.

Study Period:

12 Months. From July 2019-June 2020

Sample Size:30. All patients eligible by inclusion and exclusion criteria are to be included in the study.

Study Design:

An observational study is to be conducted on patients admitted in KGMCH, Karur for the above study. Informed consent will be taken from each respondent.

Parameters to be studied:

1. Prevalence of Mammography.
2. Eczema and Galactocele whose frequency is 10% respectively
3. Fine Needle Aspiration Cytology (FNAC) done in the study population gives the most common diagnosis.
4. Breast disease and malignancy is a less common diagnosis without the presence of breast lump.
5. "Modified Radical" mastectomy for the management of advanced operable breast cancer.

Methodology:

A cross sectional study of female patients attending general surgery outpatient department with breast pain and nipple discharge without lump and correlate with breast cancer in department of general surgery at Coimbatore Medical College and Hospital. The most common age group presenting with breast related complaints is 31 – 40 years of age and the least common age group involved is > 40 years of age. frequency of breast pain in the study population is present only in 38% of the study population. Breast pain is absent in 62% of the patients. breast discharge is present in 78% of the study population and it is absent in 22% of the study

population. Breast discharge is more common in the study population. mammography done in the study population reveals benign findings which accounts to 98% of the study population and malignant findings were found in 1 of the patients of the study population which accounts to 2% of the study population. Hence , in this study most common diagnosis in breast related complaints assessed by the surgeon in the general surgery OPD is benign breast disease and malignancy is a less common diagnosis without the presence of breast lump. Fine Needle Aspiration Cytology (FNAC) done in the study population gives the most common diagnosis as Fibroadenosis which accounts to 32% of the population and the incidence of Invasive ductal carcinoma was found only in 1 of the patients of the study population which accounts to 2% of the study population.

III. Discussion :

The presentation of breast related complaints has seen an acute increase in frequency in the recent times due to the increase in population education and enlightenment of the incidence and complications of breast carcinoma and its management. Most patients presenting to the general surgery OPD with breast related complaints will have a benign diagnosis but there should be a keen watch out for symptoms and signs which indicate the presence of carcinoma breast which leads to a complete different course of management than the diagnosis of benign breast diseases which has a less minimal and less debilitating disease outcome rather than the predecessor.

In our study it is shown that the most common age of presentation of breast related complaints by the study population is 31 – 40 years of age and the least common age of presentation is > 40 years of age.

In our study the mean age of presentation of breast related complaints is 30 +/- 9.

In our study, the incidence of breast pain is present in 38% and in 62% of the study population breast pain is absent. This indicates that breast pain is most commonly absent in benign breast diseases.

In our study, the incidence of breast discharge is present in 39 patients which accounts to 78% of the study population and is absent in 11 patients which accounts to 22% of the study population. This indicates that breast discharge is more common present in benign breast diseases.

In our study , mammogram was done for the study population in which the presence of benign features were found in 49 patients which accounts to 98% of the study population and presence of malignant features were found in 1 patient which accounts to 2% of the study population. This indicates that benign breast diseases are more common in the study population who present to the general surgery OPD without the presence of breast lump and the incidence of malignancy in the study population who present to the general surgery OPD without the presence of breast lump is less common than the incidence of benign breast diseases.

In our study , ultrasound both breasts was done for the study population in which the presence of benign features were found in 49 patients which accounts to 98% of the study population and presence of malignant features were found in 1 patient which accounts to 2% of the study population.

In our study , Fine Needle aspiration cytology was done for the study population in which the most common diagnosis made was fibroadenosis which was found in 16 patients which accounts to 32% of the study population. Non specific inflammation was given as the second most common finding in the patients of the study population which indicates the presence of non specific mastalgia. The finding of invasive ductal carcinoma was found only in 1 patient which accounts to 2% of the study population and hence carcinoma breast was the least commonly diagnosed in patients presenting with breast related complaints without the presence of breast lump.

In our study, the most common final diagnosis made in the study population was Aberrations of Normal development and Involution (ANDI) which includes the cytological diagnoses of fibroadenosis , fibroadenoma and fibrocystic disease. The diagnosis of breast abscess was made in 7 patients which accounts to 14% of the study population and the diagnosis of Non specific mastalgia was made in 6 patients which accounts to 12% of the study population.

The diagnosis of Carcinoma breast was made only in 1 patient which accounts to 2% of the study population and hence it indicates that the incidence of Carcinoma breast is very less likely to be diagnosed in patients presenting with breast related complaints without the presence of breast lump. The diagnosis of Benign breast diseases is more common and has a very good prognosis with a simple line of conservative means of management.

Treatment

The patients should be counseled properly about the extent of the disease , treatment options and further management after medial or surgical intervention.

Treatment is by prescription of DANAZOL 200-300 mg daily. Reduced to 100 mg daily or on alternative day, given on days 14-28 of menstrual cycle, after pain relief. Responses are usually seen within 3 months. Weight gain, acne and hirsutism are side effects.

The various modalities used in the treatment of breast carcinoma are:

- *Surgery*
- *Radiotherapy*
- *Hormone Therapy*
- *Chemotherapy*
- Multi-modality approach is routinely adopted. Single approach is often ineffectual in the treatment of this disease.

SURGICAL MODALITIES OF TREATMENT :

- Total (Simple) Mastectomy
- Total Mastectomy with Axillary Clearance [MRM]
 - Patey's Operation
 - Scanlon's Operation
 - Auchincloss' MRM
- Radical Mastectomy of Halsted
- Conservative Breast Surgeries
 - Wide Local Excision [WLE]
 - Lumpectomy
 - Quadrantectomy
 - Toilet Mastectomy
 - Skin-Sparing/Keyhole Mastectomy [SSM]

RADIOTHERAPY :

- Indications :
 - Conservative Breast Surgery adjuvant [Breast]
 - Total Mastectomy [Axilla]
 - High-risk of relapse patients
 - Invasive Carcinoma
 - Extensive in-situ Carcinoma
 - Age < 35 years
 - Multifocal disease
 - Bone secondaries [Palliative]
 - Atrophic Schirrous Carcinoma [Curative]
 - Pre-Operatively (reduce tumour size and downstage)
 - >4 +ve Axillary LN, Pectoral fascia involvement, positive surgical margins, Extra-nodal spread.

HORMONE THERAPY :

- ❖ Medical
 - i. Oestrogen Receptor Antagonists – *Tamoxifen* 20 mg
 - ii. Progesterone receptor Antagonist
 - iii. Oral Aromatase Inhibitors – *Letrozole* 2.5 mg OD, *Anastrozole*, *Exemestane*; *Aminoglutethimide* [Medical Adrenalectomy]
 - iv. Androgens – *inj. Testosterone propionate* 100mg IM three times a week, *Fluoxymestrone* 30 mg daily
 - v. LHRH Agonists – *Goserelin* (Zoladex) [Medical Oophorectomy]
 - vi. Progestogens – *Medroxyprogesterone acetate* 400 mg
- ❖ Surgical
 - i. Ovarian Ablation by
 - a. Surgery (Bilateral Oophorectomy)
 - b. Radiation
 - ii. Adrenalectomy
 - iii. Pituitary ablation.

CHEMOTHERAPY :

- A. *Adjuvant Chemotherapy*
 - Administration of Cytotoxics after surgery
 - Eliminate clinically undetectable distant spread

B. Neoadjuvant Chemotherapy

- Administration of Cytotoxics in large operable tumours before surgery
- Reduce loco-regional tumour burden – downstage
- Amenable to surgical resection after 3 doses

C. Palliative Chemotherapy

- Advanced Ca Breast
- Metastatic Ca Breast.

IV. Conclusion :

The incidence of benign breast diseases is more common in patients presenting to the surgical outpatient department with complaints of breast pain and nipple discharge without the presence of breast lump. The incidence of carcinoma breast is less common than benign breast diseases in the patients presenting to the surgical outpatient department without the presence of breast lump. The most common benign breast disease is found to be Aberrations of Normal development and involution (ANDI). Though the incidence of carcinoma breast in patients presenting with breast pain and breast discharge without the presence of breast lump is very minimum , the importance of further investigations such as Mammography , Ultrasound Both breasts and Fine Needle Aspiration Cytology should be emphasized in each of the patients to rule out the diagnosis of carcinoma breast. The management of benign breast disorders is more commonly a conservative line of approach by using various non invasive approaches such as medical management. The management of carcinoma breast is usually an invasive approach which includes a multi modality line of treatment.

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