

## Original Research Article

### **FREQUENCY OF MALIGNANCIES IN SURGICAL SUBJECTS & SUBJECTS WITH MASS IN BREAST IN THE SURGICAL DEPARTMENT OF PUMHSW NAWABSHAH PAKISTAN.**

#### **ABSTRACT**

**Objective:** To conclude frequency for malignancies in subjects with mass in breast at the PUMHSW Nawabshah department of surgery Wards. **Design of study:** This is an Observational research. **Duration & location of study:** Current research was carried out in surgery at Nawabshah People's Medical College Hospital (SBA) from November 20, 2018 to November 20, 2020. **Methodology:** This research comprised of 200 subjects. A comprehensive history was taken from total subjects with special consideration for breast nodules & axillary lymph nodes & recorded proforma to evaluate the affected area was specifically inspected. A systematic review was also conducted to identify comorbidities. Total subjects received baseline & specific tests, especially radiological & histopathological reports. The selection criterion was that total female subjects over the age of 15 associated with mass in breast were included in this research. Exclusion criteria were subjects with breast abscesses & those who were diagnosed & treated for breast cancer with recurrent lesions. **Results:** the range of age started from 15-65 years, 39±4.11 years was mean age. lesion of Benign nature on biopsy were Fibroadenoma 22%, intraductal papilloma 9%, Phylloid Tumor Benign 6% & lactating adenoma 5%. Neoplastic nature was observed on biopsy invasive ductal carcinoma 19%, Invasive lobular carcinoma 11% & malignant phylloides tumor 9%. **Conclusion:** Study determined that frequency of breast malignancy in breast lumps was 58%.

**Keywords:** Breast Cancer, Benign lesion, Malignant lesion.

#### **INTRODUCTION**

Breast tumor is the local enlargement, swelling or bulk with inside the mammary tissue. It is one of the prime indicators of breast problems. A lump is probably a cyst, a benign tumor or a neoplasm<sup>1</sup>. Breast is the extreme not unusual place neoplasm amongst ladies, accounting for almost one in three cancers recognized amongst ladies with inside the United States & it's at the rank of the second one main reason of cancers leading to loss of life amongst women<sup>1,2</sup>. In the western globe breast cancers allocated for 27% of total women cancers & one out of fourteen ladies can assume to develop breast cancers of their existence time<sup>3,4</sup>. It is likewise the common woman cancers in Pakistan accounting for nearly 26.6%<sup>5,6,7</sup>. Increased prevalence of breast Ca isn't sudden consideration, in majority of countries. In the ladies with primary breast cancers risk elements, include decrease menarche age, overdue first pregnancy age, smaller number pregnancies, smaller or not any intervals of feeding of breast, & future menopause<sup>8</sup>. Additional hazard elements which increase the weight of breast cancers are growth in BMI, alcoholism, sedentariness, & HRT (hormone replacement therapy). The effect of hereditary on breast Ca cancers has additionally expanded.<sup>9,10,11</sup> Ladies' response to any real or suspected disorder of breast may also consist of worry of disfigurement, worry of lack of sexual beauty & worry of loss of life.<sup>9</sup> Cosmetic considerations, fake conceitedness & worry of infertility are the primary concerns.<sup>9,12</sup> However at instances because of expanded focus the affected person demand's

unique control of benign problems it is commonly documented that an early degree of the disorder manner while symptoms & symptoms of neoplasm aren't apparent clinically<sup>13,14,15-16</sup>. The common not unusual place presentation of breast neoplasm is a swelling or bulk,<sup>13-14</sup> different symptoms & sign consist of a widespread swelling of part of the mammary tissue, pores & cutaneous dimpling, nipple ache or renunciation, soreness or scaling of the areola or nipple & a release apart from milk, ulceration & symptoms of distant spread together with hepatic, bone & CNS<sup>7-8</sup>

However over 80% of mass in breast are tested as benign<sup>16</sup>, each breast lump should be tested & evaluated with the help of a health care professional.” This research is largely designed to evaluate the frequency of breast diseases as mass in breast in a surgical department & to discover the age associated frequency of neoplasm in those cases.

This study will provide a perception of suspicion of cancer to a health care professional while coping with mass in breast in girls of various ages in our population.

Early identification and prompt management will lower the morbidity & mortality. A variety of research had been undertaken on breast illnesses in Pakistan in addition to different components of the global. Yet, no research about the frequency of neoplastic mass in breast carried in our setup.

Objective of the study was to assess the frequency of neoplasm in sufferers offering with mass in breast in department of surgery at surgical PMCH Nawabshah.”

### **Operational Definitions**

**Breast Lump:** physical enlargement in mammary tissue deprived of the signs & symptoms of soreness.

**Breast Abscess:** swelling in mammary tissue with a signal of soreness.

**Recurrent Breast carcinoma:** recognized case of mammary tissue cancers got here in ward once more with the equal criticize.

**Treated Breast carcinoma:** recognized case of mammary tissue swelling has taken the treatment.

### **METHODOLOGY**

Current research performed at the Surgery department, Peoples Medical College hospital, from 23<sup>rd</sup> November 2015 to 22<sup>nd</sup> November 2016. This is a cross-sectional & Observational research comprised of a 100 subjects. Detailed History taken from total patients with distinctive favor to the breast lump & weight loss. Detailed Clinical exam of the ill subjects accomplished. Affected patients mainly tested for evaluation of axillary lymph nodes & recorded in proforma. Systemic assessment recorded additionally accomplished to look any co-morbidity. Total patients underwent for final analysis & unique investigations mainly radiological & histopathology document. Inclusion standards had been total woman sufferers age >15 12 months related to breast lump had been protected on this have a look at. Exclusion standards had been Subjects having breast abscess, Subjects recognized for breast cancers offering with recurrence of the lesion. Results had been organized with assist of tables. Data analyzed thru SPSS software program version 21.0.

## Data collection procedure

This study was completed after the permission of the ethical committee of the hospital & written knowledgeable consent received from the affected person. The information had been accumulated from the sufferers having a breast lump admitted in surgical units. Total sufferers had gone through for baseline investigations like x-ray chest, ultrasound stomach, CT Scan chest, abdomen to evaluate the right degree of disorder. The information given by patients recorded into recorded on proforma & results recorded & analyzed into tables.”

## Data analysis

After A series of information the analyses was performed with the help of using the use of the SPSS), V 21. Mean & SD had been considered for quantifiable variables corresponding age. Rate of recurrence & % had been calculated for qualitative variables corresponding Categorical variables were analyzed with the use of the Chi-squared test. A P-value <0.05 can be taken into consideration significant.

## RESULTS

In table 1 there was extensive difference of age fluctuating from a least of 15 - 65years, mean age was  $39 \pm 4.11$  years.

In table 2 current research prominent hazard reasons for Ca breast were fatty diet use in 59%, use of contraceptives in 29% patients, Positive family history in 22% cases.

In table 3 the proportions of breast swellings fluctuated from 02 cm to 13 centimeters, the different sizes are shown in table 3 with different features with and examination findings were mentioned in this table.

Different diagnostic methods for diagnosis of Ca breast were described in table 4, like FNAC

(Fine needle aspiration cytology), mammography & by biopsy (trucut, incisional, excisional).”

In table 5 different types of tumors like patients had Fibroadenoma 22%. intraductal papilloma 9% Benign Phylloid Tumor 6% & Lactating Adenoma 5% cases.

In table 6 & 7 common malignant disease found IDC (Invasive ductal carcinoma) 19%, ILC (Invasive lobular carcinoma) 11% , MP (Malignant phylloides) 9% & MC (Medullar carcinoma) 8%.

**Table 1.** Distribution of Age

| Age of subjects | Frequency | Percentage |
|-----------------|-----------|------------|
|-----------------|-----------|------------|

| <b>Years</b> | <b>(n=200)</b> | <b>(%)</b> |
|--------------|----------------|------------|
| 15-30 years  | 34             | 17%        |
| 31-45 years  | 100            | 50%        |
| 46-60 years  | 44             | 22%        |
| >60 years    | 22             | 11%        |

**Mean Age 40+3.12 years.**

**Table 2.** Breast Cancer Risk Factors

| <b>RISK FACTORS</b>              | <b>Frequency (n=200)</b> | <b>Percentage (%)</b> |
|----------------------------------|--------------------------|-----------------------|
| Age > 40 yrs                     | 52                       | 26%                   |
| Fatty Diet Use                   | 60                       | 30%                   |
| Breast Cancer Positive family Hx | 20                       | 10%                   |
| Menarche at Early age            | 16                       | 8%                    |
| Contraceptives pill Use          | 30                       | 15%                   |
| breast injury Hx                 | 10                       | 5%                    |
| Nulliparous                      | 12                       | 6%                    |

**Table 3.** Findings on Examination

| <b>LOCAL EXAMINATION</b>        | <b>Frequency</b> | <b>Percentage (%)</b> |
|---------------------------------|------------------|-----------------------|
| Nipple Discharge                | 10               | 5%                    |
| Discharge Irregularity          | 24               | 12%                   |
| Consistency Hard                | 38               | 19%                   |
| Consistency Firm to hard        | 24               | 12%                   |
| Size $\geq$ 2 cm                | 74               | 37%                   |
| tethering of Skin               | 20               | 10%                   |
| Peu'd orange appearance         | 20               | 10%                   |
| Defacement retraction of Nipple | 22               | 11%                   |
| Chest wall fixation             | 24               | 12%                   |

|                                |    |     |
|--------------------------------|----|-----|
| Palpable lymph nodes in Axilla | 24 | 12% |
|--------------------------------|----|-----|

**Table 4.** Procedure for Diagnostic

| <b>Diagnostic Procedure</b>                       | <b>No. of subjects (n=200)</b> | <b>Percentage (%)</b> |
|---|--------------------------------|-----------------------|
| Mammography                                       | 40                             | 20%                   |
| FINE NEEDLE ASPIRATION CYTOLOGY                   | 70                             | 35%                   |
| Biopsy (Tru- Cut, Incisional & Excisional Biopsy) | 90                             | 45%                   |

**Table 5.** Histopathology of Benign Lesion

| <b>Benign Lesion</b>  | <b>No. of subjects (n=84)</b> | <b>Percentage (%)42%</b> |
|-----------------------|-------------------------------|--------------------------|
| Fibroadenoma          | 44                            | 22%                      |
| Lactating Adenoma     | 10                            | 5%                       |
| Intraductal Papilloma | 18                            | 9%                       |
| Benign Phylloid Tumor | 12                            | 6%                       |

**Table 6.** Histopathology of Neoplastic Lesions

| <b>Neoplastic Lesion</b>    | <b>No. of subjects (n=116)</b> | <b>Percentage (%)58%</b> |
|-----------------------------|--------------------------------|--------------------------|
| Invasive ductal CA          | 38                             | 19%                      |
| Invasive lobular CA         | 22                             | 11%                      |
| Medullar CA                 | 16                             | 8%                       |
| Invasive papillary CA       | 10                             | 5%                       |
| Mucinous CA                 | 12                             | 6%                       |
| Neoplastic phylloides tumor | 18                             | 9%                       |

**Table 7.** Age Wise Neoplastic Lesion Stratification

| Neoplastic Lesion           | Age in years 116 |             |             |           | P Value |
|-----------------------------|------------------|-------------|-------------|-----------|---------|
|                             | 15-30 Years      | 31-45 Years | 46-60 years | >60 years |         |
| Invasive ductal CA          | 0                | 14          | 12          | 8         | 0.003   |
| Invasive lobular CA         | 2                | 10          | 10          | 0         | <0.001  |
| Medullar CA                 | 0                | 10          | 4           | 2         | 0.021   |
| Invasive papillary CA       | 0                | 6           | 2           | 2         | 0.001   |
| Mucinous CA                 | 2                | 6           | 8           | 0         | 0.003   |
| Neoplastic phylloides tumor | 0                | 10          | 6           | 2         | 0.004   |
| Total                       | 4                | 56          | 42          | 14        |         |

## DISCUSSION

Breast CA is the common neoplasm in ladies & consequently the cancers-associated dying globally, accounting for 23% (1.38 million) of total new cancers instances & 14% (458, 400) of total deaths because of cancers in 2008<sup>17</sup> Pakistan has one of the maximum occurrence costs in Asia. Unlike the West epidemiology, the disorder has a tendency to arise at a more youthful age, has a large tumor size, & indicates a higher frequency of metastases to local lymph nodes<sup>18</sup> At 50% of instances fit to 4th & fifth decades of lifecycle. The mean age turned into 39+4.eleven years. However within side Naseer Ahmed Shaikh<sup>19</sup> mentioned that number of cancers has been in 4th in 23.52% & fifth in 35.29% decades of lifecycle. The original pathogenesis & the target of improvement of breast cancers are nonetheless unclear. These elements consist of early age menarche, overdue age menopause & overdue age of full-time pregnancy. There are researches suggesting that the sooner full-time period of being pregnant will lower the vulnerability of mammary tissue to increased malignant deviations. Moreover, afterwards age of forty years danger of breast cancers expanded in Nulliparous even as it's frequency reduced in the full-time period pregnancies<sup>19</sup>. The position of fatty food as risk factor has been the situation of several epidemiological studies<sup>20</sup>, in particular the connection with nutritional fats. However, case-series & cohort research which have tested the connection among nutritional fats & breast cancers risk in people have given inconclusive effects<sup>21</sup>. Data from Pakistan approximately the feasible risk elements are limited. Although affiliation among breast cancers & distinctive danger elements e.g.

nulliparity, infertility, over age, early menarche, overdue menopause & relatives records were assessed but to our expertise no have to look at commented at nutritional fats because the feasible etiological elements of breast cancers in our population. In present study the risk of breast cancer have been fatty food plan in 59% cases observed with the aid of using age above forty years in 44% cases, use of contraceptives in 29% cases & Positive family history of breast Cancer in 22% cases.

Though study by Abeer Nisar<sup>22 23</sup> mentioned age above forty in 110(73.33%) instances fatty food plan in ninety four (62.67%) , Positive family history of breast cancers in 51 (34%) instances & records of breast injury in 23(15.33%) cases. 35 sufferers have been recognized with the diagnostic aid of using Fine Needle Aspiration Cytology, 19 with the mammography & ninety four sufferers with the using trucut biopsy. There are numerous researches which display that if the effects of medical investigation, mammography & Fine Needle Aspiration Cytology are total combined; the accuracy of prognosis reaches 100%. Based upon the idea of this triple take a look at the exact remedy of the affected person without following the percutaneous biopsy may be started<sup>24</sup>. A palpable breast lump is a not unusual presentation in affected person. Fibroadenoma turned into the maximum common histopathological prognosis 22% in our have a look at that is better than mentioned frequency in England (7.7%), & the USA (18.5%) 25.” of the new cases in Pakistan both targeted on neoplastic or benign breast sicknesses. In present research histopathology effects turned shown invasive ductal CA have been a not unusual type of neoplastic disorder, in 19% cases observed with the aid of using Invasive lobular CA, in 11% cases Neoplastic phylloides tumor in 9% cases & Medullary CA 8% cases. However study by Shaikh NA, mentioned that neoplastic lesions have been ranked 2nd in frequency (33%). Among them invasive ductal CA turned into typical 29.3 % (789). Others consist of invasive lobular CA 1.4 % (38), medullary CA 0.8% (21), papillary CA 0.6% (16), mucinous CA 0.5 % (14), & neoplastic phylloides tumor 0.4% (11).

## CONCLUSION

We conclude that frequency of breast neoplasm in mass in breast was 58%. Invasive ductal CA 19% found common neoplasm in breast lump & invasive lobular CA observed in 11% cases.

## Ethical Approval and Consent

This study was completed after the permission of the ethical committee of the hospital & written knowledgeable consent received from the affected person.

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