

# Clinical Profile of Breast Lesions - A Hospital based Study

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## ABSTRACT

**Introduction:** Ladies in creating nations endure both breast ailments and breast growth yet with constrained infection enlistment, the weight of these conditions and their administration are hard to characterize. So, the present study was planned to study the clinical profile of breast lesions.

**Material and methods:** The present study was conducted from December, 2008 to September, 2010 in department of Pathology, G.S.V.M. Medical College, Kanpur. The cases were collected from L.L.R. and J.K. Cancer Institute Hospitals. For the study fresh breast tissue specimens, operated on the same day, were taken. A total of 115 cases were studied including benign and malignant breast lesions, excluding margins and lymph nodes.

**Results:** In present study of 115 cases, 47 cases (40.9%) were of Benign Breast Lesion. 68 cases (59.1%) were of Malignant Breast Lesion. Out of 115 cases of all breast lesions, only 2 cases (1.7%) occurred in male patients, indicating breast malignancy is common in females and very rare in males. All the patients presented with complain of breast lumps. Next common symptoms were loss of appetite and loss of weight. Carcinoma breast was more common on left side of breast.

**Conclusion:** Breast lesions are more commonly seen in female patients. Also, despite all other symptoms, complaint of breast lumps was seen in all patients. In perspective of the rising rate of breast carcinoma and the common discussions in its administration, it is prescribed that they ought to ideally be overseen by surgical oncologists for development in the patient's result.

**Keywords:** Benign, Breast Carcinoma, Malignant

## INTRODUCTION

The World Cancer Report issued by the International Agency for Research on Cancer (IARC), discloses to us that growth rates are set to increment at a disturbing rate comprehensively.<sup>1,2</sup> Malignancy rates could increment by half to 15 million new cases in the year 2020. Worldwide breast growth is the most regular tumor in ladies and speaks to the second driving reason for disease passing among ladies (after lung malignancy).<sup>3,4</sup> Constrained sanitation and pervasive contaminations combined with maturing and westernization add to the twofold weight of irresistible and perpetual infections, for example, cancer.<sup>5</sup> Ladies in creating nations endure both breast ailments and breast growth yet with constrained infection enlistment, the weight of these conditions and their administration are hard to characterize.<sup>6</sup> So, the present hospital based study was planned to study the clinical profile of breast lesions.

## MATERIAL AND METHODS

The present study was conducted from December, 2008 to September, 2010 in department of Pathology, G.S.V.M. Medical College, Kanpur. The cases were collected from L.L.R. and J.K. Cancer Institute Hospitals. For the study fresh breast tissue specimens, operated on the same day, were taken. A total of 115 cases were studied including benign and malignant breast

lesions, excluding margins and lymph nodes.

In this study, specimen was obtained on the same day from patients undergoing mastectomies or lumpectomies for various benign and malignant breast lesions. The tissue was placed on a piece of guaze that has been first wetted with saline and then wrung out so that it is merely damp. The guaze was then folded over the specimens and enclosed in a glass vial with a rubber cork, for transportation to the department of pathology. The frozen sections of the specimens were prepared. After studying the histological slides of the specimens, the diagnosis were noted and analysed. Based on the malignant nature of the samples, all the cases were divided into two groups, Benign breast lesions and Malignant breast lesions. Also, the cases were divided into two groups based on sex of the subjects. From the history of the subjects, chief symptoms of the subjects were analysed and the frequency of subjects with various chief symptoms were grouped. The cases were also grouped on the basis of site of the lesions of the carcinoma breast (left sided or right sided).

## STATISTICAL ANALYSIS

The statistical analysis of the data was done using SPSS software for windows. Chi-square test and Student's t-test were used to check the significance of the data. P value less than 0.05 was defined as statistical significance of the data.

## RESULTS

A total of 115 cases were studied. Table 1 shows distribution of cases under study. In present study of 115 cases, 47 cases (40.9%) were of Benign Breast Lesion. 68 cases (59.1%) were of Malignant Breast Lesion. Table 2 shows distribution of cases according to sex. In our present study, out of 115 cases of all breast lesions, only 2 cases (1.7%) occurred in male patients, indicating breast malignancy is common in females and very rare in males. Table 3 shows distribution of cases according to symptom profile. We observed all the patients presented with complain of breast lumps (100%). Next common symptoms were loss of appetite (34.8%) and loss of weight (33%). Incidence of ulceration was seen in 5 cases (4.3%). Pain was present only in 8 cases (7%). Nipple discharge and pain was present in both benign and malignant lesions. Table 4 shows distribution of breast cancer cases according to site of lesions. We observed that carcinoma breast was more common on left side of breast (61.7%).

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Breast lesion	No. of cases	Percentage
Benign breast lesion	47	40.9
Malignant breast lesion	68	59.1
Total	115	100

**Table-1:** Distribution of cases under study

Sex	No. of cases	Percentage
Female	113	98.3
Male	02	1.7

**Table-2:** Distribution of Cases According to Sex

Symptoms	No. of cases	Percentage
Lump in breast	115	100
Pain	8	7
Nipple discharge	7	6
Ulceration	5	4.3
Weight loss	38	33
Loss of appetite	40	34.8

**Table-3:** Distribution of cases according to symptom profile

Site of Lesion	Total no. of cases	Percentage
Left sided	42	61.7
Right sided	26	38.3
Total	68	100

**Table-4:** Distribution of Breast Cancer cases according to site of lesions

## DISCUSSION

At present time, 75,000 new cases happen in Indian ladies consistently. This figure must be seen against the setting that the National Cancer Registry and the Hospital-based Tumor Registries scarcely test 3% of the aggregate populace. Administration of breast tumor is immunologically and histologically heterogeneous in character and requires multidisciplinary treatment. In the present study, we studied clinical profile of breast lesions. We observed that breast cancer is more commonly seen in female patients as compared to male patients. Also, malignant breast lesions were more prevalent in the study subjects in contrast to benign breast lesions. All the patients report to the clinician with chief complaint of breast lumps. Other symptoms seen were loss of appetite, loss of weight, ulceration; pain and nipple discharge. The results of our study were consistent with other studies conducted worldwide. Zouladeny H et al<sup>7</sup> conducted a study for portraying epidemiologic and clinical profiles of breast sicknesses in Niger. Therapeutic records were obtained for collection of statistic, conceptive, clinical, and treatment data. A procedure guide of patient route and obstructions to looking for therapeutic care was created subsequent to meeting 26 nearby experts who experience and additionally oversee breast sicknesses. They distinguished 245 breast malignancies and 122 other breast infections. Mean time of breast growth patients was 45.4 year and that of breast ailments was 31 years with 1/3 of diseases under age 44. Contamination related infections spoke to 24% of non-malignancies. Male breast pathologies spoke to 4.75% of ailments and 2.05% of growths. Just 37.1% of malignancies had histopathologic affirmation and 90% of tumor patients displayed at cutting edge stages and mastectomy was performed for 66%

of breast growths. Patient and framework obstructions to mind were normal in diagnosing and treating breast pathologies. Ladies in Niger have twofold weight of irresistible breast illnesses and developing breast disease. More youthful age and late analysis are regular components. Diminishing obstructions to access to mind, down-organizing of growth, execution of clinical rules for overseeing propelled cases are imperative requirements for decreasing breast cancer grimness and mortality in Niger. Acharya SC et al<sup>8</sup> assessed the clinical profile of patients giving breast growth in Nepal. For the examination, an aggregate of 114 subjects were incorporated. Point by point history, clinical examination and fundamental examinations performed. Histological elements including receptor status were recorded. Tumor Node Metastasis (TNM) organizing framework was according to American Joint Committee on Cancer (AJCC), fifth release. The occurrence was high among perimenopausal ladies age extending from 41 to 50. As to status, the greater part (64.0%) were Estrogen receptor (ER) and Progesterone receptor (PR) negative with 21.9 percent. Rate of Triple negative infection was 41.3%. The most widely recognized stage at introduction was arrange III. The Authors reasoned that greater part of patients were perimenopausal, giving locally advanced stage (Stage III and Stage II) and with normal tumor measure two to five cm and were hormonal receptor negative.<sup>7,8</sup>

Burson AM et al portrayed the clinical, pathologic, and epidemiologic qualities of breast growth patients in Tanzania. Information was preoccupied from the therapeutic records of all breast tumor patients going to Ocean Road Cancer Institute (ORCI) over a 2-year time span from July 2007 to June 2009. Tumor tissue paraffin squares were gathered for all patients with accessible tissues for the assurance of estrogen receptor (ER) and progesterone receptor (PR). Among the 488 patients, arrange was resolved for 356 patients, 90.7% of whom exhibited in LS. Of the 57 tumor tissues, 49.1% were ER-/PR-. Patients with ulceration (OR = 4.97; 95% CI = 1.07, 23.04; p = 0.04) and peau d'orange (OR = 6.78; 95% CI = 1.48, 31.17; p = 0.01) will probably display in LS as opposed to ES. Male breast growth represented 2.9% of all breast malignancies and provocative breast disease (IBC) involved 4.3–5.5% of cases in light of enrolled t4d conclusion or the criteria of IBC signs, if t4d was not detailed in the medicinal records. It was reasoned that most breast malignancy patients in Tanzania were determined at cutting edge malady stages to have about portion of the tumors being ER-/PR-. Sandhu D S et al completed investigation with a specific end goal to know the study of disease transmission and administration systems for breast tumor patients in their patient populace. The epidemiological information relating to demography and hazard components for carcinoma breast were broke down reflectively in patients admitted to a tertiary care doctor's facility of North India. Doctor's facility records of 304 patients conceded for over a time of five years (January 1998 to December 2002) were utilized for information investigation. Mean period of female breast malignancy patients was observed to be bring down contrasted with the western world, with a normal distinction of one decade. A greater part of the patients were from a provincial foundation and had a more drawn out length of side effects contrasted with urban patients. Irregularity in the breast was a prevailing side effect. Familial breast tumor was extraordinary. Left sided breast disease was marginally

prevalent. Screening by mammography and arranging strategies, for example, bone sweep, Computed Tomography (CT) filter, and Magnetic Resonance Imaging (MRI) were inadequately utilized. The most widely recognized histology was Intra-ductal carcinoma. They presumed that adjusted radical mastectomy was observed to be a sheltered agent method. Intra-ductal carcinoma was all the more ordinarily connected with positive lymph nodes contrasted with different histopathologies.<sup>9-11</sup>

## CONCLUSION

From the results of the present study, we concluded that breast lesions are more commonly seen in female patients. Also, despite all other symptoms, complaint of breast lumps was seen in all patients. In perspective of the rising rate of breast carcinoma and the common discussions in its administration, it is prescribed that they ought to ideally be overseen by surgical oncologists for development in the patient's result.

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