Research Article

ROLE OF TRIPLE ASSESMENT IN BENIGN BREAST DISEASES

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A R T I C L E   I N F O

A B S T R A C T

Breast disease are very commonly encountered ailment and breast lump remains global health issue breast self examination is useful for young female to seek a medical help at an early stage of the disease. To come to a definitive diagnosis, clinical judgment must be complemented with specialized investigation of all breast lesion and which is togetherly known as triple assessment.

A total 92 patients were included in the study. The study clearly shows triple assessment of breast lump to be highly sensitive and specific. The study concluded that breast lump is commoner in young age group which leads to cancer phobia and mental stress in young ladies although majority are benign.

INTRODUCTION

Breast diseases are very commonly encountered ailment and breast lump remains a global health issue[1].They are a common source of anxiety in young females due to fear of breast cancer Tumors of the breast are enigma by themselves and correct diagnosis is of utmost importance for well being of the affected female. The majority of palpable breast lumps are benign in younger age group though a few benign in younger age group though a few being malignant[2] and hence a delayed or missed breast cancer diagnosis severely affects the outcome.

Breast self Examination (BSE) is useful for young females to seek medical help at an early stage of the disease. Both benign and malignant diseases may affect the breast from as early as premenarcheal age group to many years post menopause. Almost 11% of new cases of breast cancer in US are found in women younger than 45 years of age and there is rising trend of breast related problems in our place too due to life style changes[3]. Even today thousands of women die annually from breast cancer due to delayed or faulty diagnosis in the early curable stage of the disease. Breast cancer screening does not reduce the risk of getting breast cancer but it decreases the risk of dying from it[4].

Boys in 1954 concluded that every lump in the breast should be regarded as as a possible carcinoma unless proved otherwise[5].

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Prior to histology, no surgeon in the world was certain that a localized lump in the breast was not carcinoma, however innocent it appeared to be.

The present need is to establish a systematized and well organized diagnostic tool to categorize they type of breast diseases and to differentiate between benign and malignant diseases as early as possible with no compromise in efficacy of diagnosis. The diagnostic tool should thus facilitate in proper planning staging and management of the disease sod that it can be well managed before it becomes deadly and at the same time should prevent over and at the same time should prevent over diagnosis or wrong diagnosis which could lead to bad psychological impact on the minds of young females.

To come to a definitive diagnosis, clinical judgment must be complemented with specialized investigation of all breast lesions and which is together known as triple assessment. Hence triple assessment comprises of

1. A thorough clinical examination of both breasts.
2. Radiological investigation of breast including Mammography, USG
3. Pathological investigation that included FNAC or Trucut Biopsy of the lesion.

MATERIALS AND METHODS

The present study was carried out n Department of Surgery, Patna Medical College & Hospital, Patna between September 2015 to August 2017.

All female patients between age of 20 and 40 years presenting in general surgery outdoor or were admitted as surgical inpatient with a breast lump were included in the study except

those with a known bleeding disorder or uncontrolled diabetes or those with hypersensitivity to 2% Lignocaine who were excluded.

Patients included in the study were subjected to triple assessment comprising of clinical, radiological and pathological evaluation in order to establish the diagnosis of breast diseases. Chief presenting complaint of either a lump in breast associated with or without pain and discharge from nipple including the duration and a detailed present, past and family history was taken into account. A complete general examination was followed by a thorough examination of both breasts. The breast lump was clinically assessed and characteristic of the lump in terms of location, size, surface/edge, consistency, mobility were assessed. Size was measured in the longest diameter.

In radiological assessment, USG scan of both breasts including axillary region with focus on lump was done and all patients were subjected to mammography and BIRADS scoring.

Pathological assessment was done with FNAC and trucut biopsy- Under aseptic precaution and a 22 gauge needle, a total of 2 to 4 cores were obtained from each lesion depending on its consistency.

Finally, all patients were subjected to appropriate surgical intervention and specimen was sent for histopathological examination for definitive and specimen was sent for histopathological examination for definitive diagnosis.

Date was collected in performa and statistical analysis was done using SPSS software version 20.

RESULT

A total of 93 patients were included in the study of which 32 patients were in the age group of 20 to 25 years, 24 in the age group of 25 to 30 years, 14 in the age group of 35 years and in the age group of 35 to 40 years.

Table 1 Comparison of incidence of breast lesion on clinical, USG, mammogram, FNAC, Tricot biopsy versus histo-pathological finding

Investigation	Result	histopathology	
		Benign	Malignant
Clinically			
• Benign	75	71	4
• Malignant	16	4	12
• Inconclusive	2	B2	0
USG			
• Benign	74	71	3
• Malignant	19	6	13
• Inconclusive	0	0	0
MAMMOGRAM			
• Benign (B1&B2)	69	69	0
• B3 (Probably benign)	8	8	0
• B4 (Suspicious)	4	0	4
• Malignant (B5&B6)	12	0	12
FNAC			
• Benign	74	73	1
• Malignant	14	0	14
• Inconclusive	5	4	1
Trucut Biopsy			
• Benign	76	76	0
• Malignant	15	0	15
• Inconclusive	2	1	1

DISCUSSION

In the present study, prospective analysis of triple assessment of 93 young female patients with breast lump presenting at PMCH was done and results were correlated with histo pathological examination results. The study clearly shows triple assessment of breast lump to be highly sensitive and specific. Of the 93 cases included in the study, 77 patients were found to have benign and 16 cases were found to have malignant pathology. Increased incidence of lump in younger females (20-30 years) is due to high incidence of fibroadenoma in younger age group and due to increased incidence of fibroadenosis in women. The youngest patient with a malignant lump was of 25 years age. Maximum no patients were of age group 20-25 years (29.03%). fibrodenoma was the most common benign limp and infiltrating ductal carcinoma was the most common malignant lump. 47.31 % patient had lump in upper outer quadrant followed by upper inner (13.9%), lower cutter (7.5%) and lower inner, central and multiple in rest of the cases. The observation in this study is in conformity with Sen Das Gupta (1982) Gange at al (1992) and others[6,7]. The overall diagnostic accuracy of clinical examination was found to be 88.17% whereas it was 75% for breast malignancy. This is in accordance with the study done by shabot (1982) and Gupta *et al* (1975)[6,8]. Unfortunately in 80% cases, size of lump was more than 2.5 cm which was largely due to lack of social awareness and illiteracy in our place or also may be due to social stigma or inhibition of females to talk about breast problems. In courses of histopathological examination, hormone receptor study done and 56% of malignancy were both ER and Pr positive.

CONCLUSION

Breast lump is becoming commoner in younger age group which leads to cancer phobia and mental stress in young ladies although majority are benign. Triple assessment of breast lump was found to be an effective tool for diagnosis of various breast conditions and to identify malignant breast lump at an early stage to plan best possible treatment accordingly.

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