



Benign Breast Disease and Long Term Outcome: A Cohort Study

¹Dr. Bilkees G., ²Dr. Ishfaq A., ³Dr. Usman Mir

^{1,2} Medical Officer, ³Resident Doctor

^{1,2}Department of Health and Family Welfare (DHSK, J&K, India),

³Govt. LD Hospital, Kashmir

Author for correspondence: Dr. Bilkees G

Submitted: 15-01-2022

Revised: 23-01-2022

Accepted: 25-01-2022

ABSTRACT

Background

Most clinical breast diseases in women are benign; however, there is lack of study of long term outcome of benign breast diseases.

Methods

We identified a retrospective cohort of 100 females out of 837 females with benign breast diseases who received the treatment in the general surgery department of Sheri Kashmir Institute of Medical Sciences, Soura in the year Jan 2009 to December 2010 from medical record section. In the year 2015 we traced them through their phone numbers and selected the cohort depending upon inclusion criteria. We obtained their breast disease events, detailed medical history, any recent breast events, and followed them for next five years.

Results

Out of the fifteen excised cases of fibro adenoma, five patients had recurrence in the same breast during first five years of diagnosis and three of them needed surgical excision. All inflammatory breast diseases went well. Among eight cases of breast cysts, six patients had recurrent breast cyst during first two years and five years and were successfully treated by USG guided aspiration. Among twenty cases of nipple discharge three of them developed breast cancer during 5th, 7th, and 9th year after initial diagnosis and underwent MRM. All cases of mastalgia went well after marriage and menopause. Among three patient of epithelial hyperplasia, one developed carcinoma which required surgical intervention.

Key Words: Benign breast disease, Long Term outcome, Cohort.

study, the most frequently seen benign lesions of the breast are inflammatory lesions, followed by fibrocystic diseases. Since limited studies have been carried out on benign breast diseases in Kashmir Valley that prompted us to study the said disease and its outcomes in the valley.

II. MATERIALS AND METHODS

We selected a retrospective cohort of 100 patients. Out of 837 patients of benign breast diseases who received treatment from general surgery department of SKIMS Soura during the year January 2009 to December 2010 in the year 2015, we selected 100 diagnoses cases of benign breast diseases depending on inclusion criteria. We traced them by their contact numbers. We obtained their breast diseases events, a detailed history, previous clinical records any recent breast event, personal history and followed them for next five years.

Inclusion Criteria

- Premenopausal age
- Ready for follow up
- Unmarried Females

Exclusion Criteria

- Previous breast malignancy
- Menopausal Females

A detailed history, type of disease age at diagnosis, surgical excision/breast biopsy, demographic characteristics, age at menarche, Participants also completed a family history questionnaire that captured their personal history of breast and other cancers.

III. RESULTS AND OBSERVATIONS

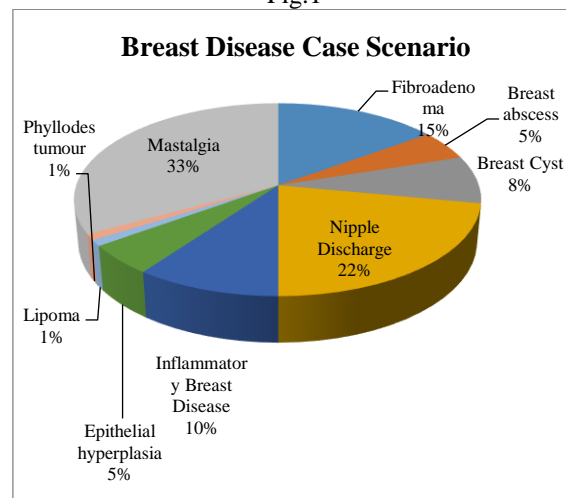
The following figure (Fig.1) shows the case distribution of benign breast diseases in the study group;

I. INTRODUCTION

The term "benign breast diseases" encompasses a heterogeneous group of lesions that may present a wide range of symptoms. In our



Fig.1



Among hundred cases, fifteen were histopathology proved fibroadenoma and three patients among them had recurrence of the diseases

in the same breast over a period of three years and two of them were managed conservatively and one needed another excision.

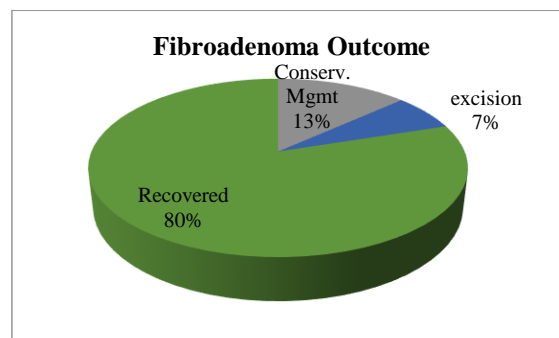


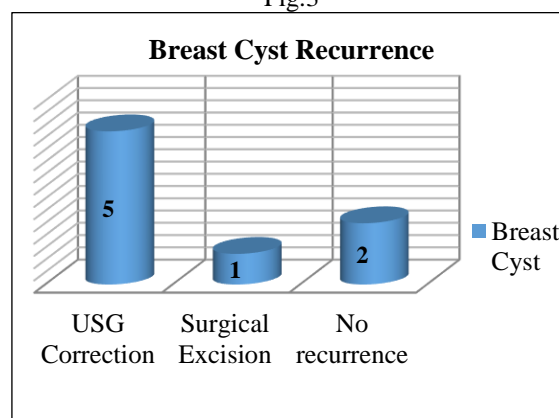
Fig. 2

Among five breast abscess cases no recurrence was found.

Among ten cases of inflammatory breast diseases, no untoward breast event was noticed in the following years.

Among eight cases of breast cyst, six cases had recurrence during the first year, five of which were further corrected by ultrasound guided aspiration and one needed surgical excision.

Fig.3





Among twenty-two cases of nipple discharge, one developed breast cancer after seven years of initial diagnosis.

All mastalgia cases went well. Around fifty percent (17) got well after child birth, whereas seven cases (20%) got better after menopause.

Out of five cases of epithelial hyperplasia, one patient developed breast cancer after eight years of initial diagnosis and successfully underwent MRM.

Two cases of lipoma and phyllodes tumor were doing better after surgical excision on follow up.

To sum up, it was observed that two percent of patients developed breast cancer and did well after proper treatment.

CONCLUSION

Although the risk of malignancy associated with benign breast diseases is low but it is not negligible. So close follow up and appropriate treatment protocol should be followed. More cohort studies with huge sample size need to be undertaken to look for their association with breast cancers.

Our message is that breast care among females who received treatment for benign breast diseases should be more than the normal population.

REFERENCES

- [1]. Caleffi M, Filho DD, Borghetti K et al. Cryoablation of benign breast tumours: evolution of technique and technology. *Breast* 2004;13:397–407.
- [2]. Kelsey JL, Gammon MD. Epidemiology of breast cancer. *Epidemiol Rev* 1990;12:228–240.
- [3]. Cole P, Mark Elwood J, Kaplan SD. Incidence rates and risk factors of benign breast neoplasms. *Am J Epidemiol* 1978;108:112–120.
- [4]. Hutchinson WB, Thomas DB, Hamlin WB et al. Risk of breast cancer in women with benign breast lesion. *J Natl Cancer Inst* 1980;65:13–20.
- [5]. Fitzgibbons PL, Henson DE, Hutter RV. Benign breast changes and the risk for subsequent breast cancer: an update of the 1985 consensus statement. Cancer Committee of the College of American Pathologists. *Arch Pathol Lab Med* 1998;122:1053–1055.
- [6]. Sarnelli R, Squartini F. Fibrocystic condition and “at risk” lesions in asymptomatic breasts: a morphologic study of postmenopausal women. *Clin Exp Obstet Gynecol* 1991;18:271–279.
- [7]. Bartow SA, Pathak DR, Black WC et al. Prevalence of benign, atypical, and malignant breast lesions in populations at different risk for breast cancer. A forensic autopsy study. *Cancer* 1987;60:2751–2760.
- [8]. Cook MG, Rohan TE. The patho-epidemiology of benign proliferative epithelial disorders of the female breast. *J Pathol* 1985;146:1–15.
- [9]. Connolly JL, Schnitt SJ. Benign breast disease: resolved and unresolved issues. *Cancer* 1993;71:1187–1189.