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ATYPICAL PRESENTATION OF CARCINOMA BREAST

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ABSTRACT

Aim of study: To determine the atypical presentation of carcinoma breast. **Study design:** Prospective observational study. **Place and duration:** Two years study from July 2013 to June 2015 was conducted at Liaquat University of Medical and Health Sciences Jamshoro at Surgical Unit 1 Ward 5 Jamshoro. **Methodology:** The prospective 0bservational study was carried out in surgical unit 1 ward 5 at Liaquat University of Medical and Health Sciences Jamshoro. The study comprises 50 patients; all patients were admitted from out-patient department (OPD) No 4 and breast clinic. The patients were evaluated fully after history, clinical examinations and specific investigations. Ultra sound of breast, Mammography, Computed Tomography , Magnetic Resonance Imaging, Histopathology Fine Needle Aspiration Cytology (FNAC) or True Cut Biopsy of Breast, Tumor markers, X- Ray Chest and Bone Scan for diagnosis and prognosis purpose. **Results:** .In this study 50 patients of carcinoma of breast. The maximum numbers of patients were in age groups of 30 to70 years, 33 patients were in age groups of 55 to 70 year, 9 patients were in age groups of 45 to 54 years and 8 patients were in age groups of 30 to 44 year. 41 Patients were presented with breast lump, 3 patients were presented with pricking sensation, 3 patients presented with bloody discharge, 2 patients presented with nipple destruction and 1 patient with bone fracture. 27 patients were admitted with stage 1, 13 patients were admitted with stage 11, 5 patients were admitted with stage 111 and 5 patients were admitted with stage 1V. 29 Patients were diagnosed duct cell carcinoma, 11 patients were diagnosed lobular cell carcinoma, 5 patients were diagnosed phyllodes tumor, 3patientss were diagnosed tubular cell carcinoma and 2 patients were diagnosed Paget's type of disease. **Conclusion:** Patients of carcinoma of breast can present with different way either lump over breast tissue, pin point nodule with pricking sensation, bloody discharge, nipple or areola destruction and bone fracture. Surgeon facing problems in those patients present with atypical way.

Keywords: Carcinoma Breast A typical Presentation.

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INTRODUCTION

Carcinoma breast is a common cancer all over the word. It affects about one out of every ten women in western countries. Breast cancer is responsible for 20% of all cancer deaths in females at USA. It is the second cause of death after lung cancer .Breast malignancy commonly occurs in post menopausal women but can occur young age groups breast cancer seen in nulliparous women who have history of contraceptive pills.[1] .Breast cancer also seen those females who have strong family history positive. [2.] Patients of breast cancer can present different way common way lump over breast tissue[3], Bloody discharge from nipple ,deviation of nipple ,destruction of nipple or aerola ,pin point nodule with pricking sensation over site of breast ,dermatitis of breast ,peau d' orange with enlargement of axillary lymph node . Breast cancer associated with ovarian tumor, bone pain, bone fracture .weight loss, anemia and anorexia[4.]. Breast pathology diagnosed by triple assessment, detailed history, clinical examinations, imaging and biopsy[5]. Patients give history of diseases related to family, breast feeding, and number of pregnancy and history of contraceptive pills. Clinical examination of normal as well abnormal breast[6]. Imaging with ultra sound of breast, memo gram then send biopsy to confirm the diagnose of disease and type of tumors [.7] If confirm the diagnoses of breast cancer then stage the disease by history of bone pain, bone fracture then clinical examination of breast, lymph node of axilla, secondary's in liver and ascites. Best investigations of diagnosis and prognosis purpose are[8] ultra sound of breast and abdomen for solid, cystic lesions, asites[9], mammogram of breast for calcification[10], x- ray chest for lung metastasis, computerized tomography for diagnosis and stage the disease, magnetic resonance imaging for soft tissue involvement[11], tumor marker (CA15.3) for prognosis and bone scan for bone metastasis[12]. Management depends on stage the disease, type of tumor, size of tumor, and nodal status[13]. Surgical treatment either breast conservative surgery i-e wide local excision, lumpectomy, breast scarifying surgery simple mastectomy with axillary sampling and clearance[14] modified radical mastectomy, radical mastectomy, new adjuvant or adjuvant chemotherapy[15.] (Cyclosporine, Methotrexate, fluorouracil (5-fu), Anthracycline). Radiotherapy, gene therapy, hormone therapy (Tamoxifen), immune therapy (Monoclonal antibodies)[16]. If estrogen receptor (ER) and progesterone receptor (PR) positive treatment of choice is a hormone therapy, if (ER, PR) negative then chemotherapy [17.]

PATIENTS & METHODS

The Prospective observational study carried out at surgical unit 1 ward 5 at Liaquat University of Medical and Health Sciences Jamshoro from July 2013 to June 2015.

The study comprises 50 patients; all were admitted from out- patient department (OPD) No. 4 and breast clinic. The patients were evaluated fully after history, clinical examinations and specific investigations. Ultra sound of breast and abdomen, Mammography, Computed Tomography, Magnetic Resonance Imaging, Histopathology Fine Needle Aspiration Cytology (FNAC), True Cut Biopsy of Breast , Tumor Marker CA 15.3, X Ray Chest and Bone Scan for diagnosis and prognosis purpose. Evaluated patients were evaluated fully after history, clinical examinations and specific investigations were recorded on a Performa designed for the study.

Statistical package for social sciences (SPSS) version 10 was used for statistical analysis of the data.

RESULTS

This was a hospital based case series study of 50 patients. The maximum numbers of patients were in age groups of 30 to70 year, 8 patients were in age groups of 30 to 44 years, 9 patients were in age groups of 45 to 54 and 33 patients were in age groups of 55 to 70 years. (Table I).

In this study 41 patients were presented with breast lump,3 patients were presented with pricking sensation, 3 patients were presented with bloody discharge, 2 patients were presented with nipple destruction and 1 patients with bone fracture.
Table II

In this Study 27 patients were admitted with stage 1, 13 patients were admitted with stage 11, 5 patients were admitted with stage 111 and 5 patients were admitted with stage 1V.
(Table III).

In this study 29 patients were diagnosed duct cell carcinoma, 11 patients were diagnosed lobular cell carcinoma, 5 patients were diagnosed phyllodes tumor, 3 patients were diagnosed tubular cell carcinoma and

TABLE 1
AGE DISTRIBUTIONCTION OF PATIENTS

AGE	NO OF PATIENTS	PERSENTAGE
30 t0 44 year	8	(16%)
45 to 54 year	9	(18%)
55 t0 70 year	33	(66%)

TABLE 2
CLINICAL PRESENTATION OF PATIENTS

NO OF PATIENTS	CLINICAL PRESENTATION
41	Breast Lump
3	Pricking sensation
3	Bloody discharge
2	Nipple destruction
1	Bone fracture

TABLE 3
STAGE OF DISEASE

NO OF PATIENTS	STAGE	PERSENTAGE
27	1	52%
13	11	26%
5	111	10%
5	1v	10%

TABLE 4
TYPE OF TUMOR

NO OF PATIENTS	PERSENTAGE %	TYPE
29	58%	Duct cell carcinoma
11	22%	Lobular cell carcinoma
5	1o%	Phyloids tumor
3	6%	Tubuler cell carcinoma
2	4%	Pagets disease

2 patients were diagnosed Paget's type of disease. (Table IV)

DISCUSSION

Carcinoma of breast is a common cancer in female patients it can occurs in males. Second most common leading cause of death after lung cancer. Breast cancer can present with different way, fracture of bone, ascites in abdomen, kraken berg tumor of ovaries, haemoptysis ,change in voice, .retraction of nipple, discharge of nipple, peau d' orange, mobile or fix lump in breast with or without axillary lymphadenopathy, pin prick sensation of breast. A tumor of lung, thyroid, kidney and prostate gives a mimic picture of meta static bone fracture due to carcinoma of breast. Whatever age of patients present with breast lump is necessary do triple assessment. Patients diagnosed with help of history, clinical examinations, imaging by ultrasound, mammogram and biopsy. Ultra sound detected solid, cystic lesion, architecture of breast and. ascites in abdomen, mammography for calcification and density of breast, biopsy for histopathology of the breast lesion. Other investigations x-ray chest for secondaries in lungs , computed tomography for staging ,magnetic resonance tomography for soft tissue involvement, bone scan for

bone metastasis, liver function test for secondary's in the liver , tumor marker (CA 15 .3) for prognosis. Surgical options are breast conservative surgery, local excision and lumpectomy, breast scarifying surgery simple mastectomy, modified radical mastectomy or radical mastectomy with implant. Chemotherapy (Cyclosporine, Methotrexate, fluorouracil (5-fu) and Anthracycline). Radiotherapy, hormone therapy (Tamoxifen), gene therapy and immune therapy (Monoclonal antibodies). Boese C et al. In his study 855% positive ER 10 % for HER2 and 2% for PR[18]. Other patients present with spinal pain and motor deficits. Onen M et al. In his study breast cancer metastasis intradural[19]. Zaman M et al.in his study 81% patients presented with lump, 10 patients presented with fun gating growth, foul smelling discharge, weight loss, 3% patients present with vertebral involvement, 9% patients come with stage 1 and 91 % patients with stage 111[20] . In this study 50 patients of carcinoma breast were presented different way .The maximum numbers of patients were in age groups of 30 to 70 years, 33 patients were in age groups of 55 t0 70 year, 9 patients were in age groups of 45 to 54 years, 8 patients were in age groups of 30 to 44 year, 41 patients were presented with breast lump, 3 patients were presented with pricking sensation, 3 patients were presented with bloody discharge, 2 patients were presented with nipple destruction and 1 patients with bone fracture, 27 patients were admitted with stage 1, 13 patients were admitted with stage 11, 5 patients were admitted with stage 111, 5 patients were admitted with stage 1V, 29 Patients were diagnosed duct cell carcinoma, 11 patients were diagnosed lobular cell carcinoma, 5 patients were diagnosed phyllodes tumor, 3 patients were diagnosed tubular cell carcinoma and 2 patients were diagnosed Paget's type of disease..

CONCLUSION

Carcinoma of breast is a common disease all over the word. Patients present with breast lump, so easy to diagnose and stage the disease, but it can present atypical way, it is difficult to diagnose and stage the disease in which mortality and morbidity rate will be increased and patients economically and psychologically disturbed. Aim of in this study is early diagnose and treat the patients and avoid local and systemic complications,

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Authors contribution:
* Write up, correction, collection data ** Data interpretation and data analysis. *** Review the manuscript and data analysis **** Review and approval of manuscript. ***** Concept and Writing the manuscript ****** Biblography

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