

# Role of Obstetrician and Gynecologist in Management of Breast Lump

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**OBJECTIVE** – A retrospective study of last seven years was undertaken to determine the types of breast lumps as seen by an obstetrician and gynecologist and to determine the high risk factors for diagnosing malignant breast lump. **METHOD** – The diagnostic triad of clinical examination, FNAC and mammography was used to help detect a malignant mass. **RESULTS** – Out of 212 cases, 172 were of benign breast lump and 40 of malignant breast lump. Age and family history were the most important risk factors. Other risk factors were nulliparity, first child after 30 years of age and postmenopausal age. Fibroadenoma was the most common benign tumor usually occurring at a younger age. Of the 40 cases of malignant breast lump, only 15% were detected early. **CONCLUSION** – All obstetricians and gynecologists should participate in the breast cancer screening and help detect this malignancy in its early stage.

**Key words :** breast lump, cancer

## Introduction

Obstetricians and gynecologists are the primary physicians to a woman. The breast is an organ of reproduction, and complete breast examination is part of the obstetric and gynecologic examination. It is important to bear in mind that most patients who present with a breast complaint do not have a malignancy, but, once a patient presents with a problem, regardless of her age, a physician must treat the complaint seriously and pursue all available methods to make a proper diagnosis<sup>1</sup>. In India breast cancer is the second common malignancy after cervical cancer and is detected in 20 per 1,00,000 women. The incidence is increasing in most countries at the rate of one to two per cent annually and soon nearly one million women will develop this disease every year throughout the world<sup>2</sup>. Hence, the obstetrician and gynecologist should be fully educated in the diagnosis and treatment of diseases of the breast and should participate in screening programs and preventive strategies for breast cancer.

## Aim

The main aim of the study was to determine the most common types of breast lumps presenting to an obstetrician and gynecologist and to decide which breast lumps are more likely to be malignant.

## Method

This is a retrospective study of seven years of cases from October 1994 to October 2001. All cases of breast lumps

which presented first to the obstetrician and gynecologist were studied to determine their clinical features and final histopathological diagnosis.

## Results

Two hundred and thirty seven cases of breast lump were seen between October 1994 to October 2001. Of these, in 25, histopathological diagnosis was already done and hence they were excluded from the study. Of the remaining 212 cases, 172 were benign and 40 malignant.

68.6% (118/172) patients with benign lump were less than 25 years of age while 85% (34/40) with malignant disease were more than 40 years of age. 32/40 and 52/172 patients from the malignant and benign group respectively were married. (Table I). Thirty percent in the malignant group were nulliparous and 40% had not breast fed their child. 60/172 in benign group were nulliparous and 74/172 had not breast fed as most of them were unmarried and less than 25 years of age. While 70% patients in the malignant group were postmenopausal, only 5.8% patients in the benign group were postmenopausal. Family history of malignancy was positive in 27.5% patients in the malignant group and in 14% in the benign group.

Lump in breast was the most common presenting symptom in both groups. (Table II). Pain was associated complaint in 16/40 malignant cases and 124/172 benign cases. Nipple discharge was the presenting complaint in 20/212 cases of which six were diagnosed to be malignant and 14 benign. Fibroadenoma was the most common benign lump viz 84.3% (134/172). Giant fibroadenoma, intraductal papilloma, nipple adenoma, chronic abscess, lipoma, galactocele, tuberculosis and antiabioma were the other benign lumps. (Table III). Out of the 40 malignant cases, only 6 or 15% cases were

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detected early. Rest of the patients had advanced malignancy with two having spinal metastasis, four

having secondaries in the liver, one having had cerebral metastasis and one having malignant pleural effusion.

**Table - I: Clinical Features of Patients with Breast Lump**

Clinical Features	Malignant	Benign
Age		
18-25	118	
26-40	6	43
41-65	34	11
Marital Status		
Unmarried	8	52
Married	32	120
Parity		
Nulliparity	12	60
First Child after 30 years of age	8	28
Breast Feeding		
Breast feeding of less than 10 months	16	74
More than 10 months of breast feeding	24	98
Family History		
Breast Cancer	4	6
Any other cancer	7	18
Hormone Replacement Therapy	1	2

**Table - II: Presenting complaints in patients with Breast Lump**

Presenting Complaint	Malignant	Benign
Lump in breast	22	148
Pain	16	124
Irregular Size	2	8
Low grade fever	12	4
Nipple discharge	6	14
Dry cough	4	2
Severe backache	2	Nil

**Table - III: Final Histopathological Diagnosis of the Breast Lump**

Histopathology / Staging	No.
Benign	
Fibroadenoma	145
Gaint fibroadenoma	2
Intraductal papilloma	5
Nipple adenoma	2
Chronic abscess	4
Lipoma	2
Galactocele	3
Tuberculous mastitis	3
Antibioma	6
Malignant (Adenocarcinoma)	
I	6
II	2
III	24
IV	8

## Discussion

The two strongest risk factors for breast cancer are age and family history of breast cancer. The other risk factors like late age at first childbirth, nulliparity, diet, obesity, breast feeding, alcohol and hormones account for only 20-29 per cent of breast cancers<sup>3</sup>.

Breast cancer increases in frequency with increasing age. One in nine women aged 85 will develop breast cancer as against one in fifty aged 50 years<sup>3</sup>. In the present study 34/40 (85%) patients with malignant disease were more than 40 years old. Thus women between 40-65 years of age will benefit maximally from screening.

Five to ten per cent of breast cancers are inherited and affect multiple members in many generations. The relative risk is 1.5 to 2 with first degree relative and increases to 4 to 6 with two first degree relatives<sup>4</sup>. In the present study the family history of breast cancer was more in the malignant group (27.5%) as compared to the benign group (12.8%); this difference was not statistically significant.

Thirty percent in the malignant group were nulliparous and 20% had their first child after 30 years of age. Nulliparity and late age at first childbirth, both increase the life time incidence of breast cancer<sup>5</sup>. The risk of cancer in women who had their first child after 30 years of age is twice that in women who had delivered before 20 years of age.

Lactation offers a weak to moderate protective effect only for premenopausal breast cancer but there was no reduction in the risk of breast cancer in postmenopausal women who had lactated<sup>6</sup>. In the present study, 40% patients had breastfed their children for more than 10 months in every pregnancy.

Seventy percent patients in the malignant group were postmenopausal indicating a higher incidence of malignant disease in the postmenopausal women. The number of patients on hormone replacement therapy were too less to draw any conclusions.

Lump in the breast and pain were the most common presenting symptoms in both the groups. Evaluation of a breast lump was done by the diagnostic triad of physical examination, imaging and tissue sampling by FNAC or core biopsy<sup>7</sup>. Mammography was done because it not only gives an impression of the palpable lump, but it also helps in the evaluation of the remaining breast tissue for presence of nonpalpable lesions<sup>8</sup>. Mammography is not done in younger women because of low incidence of carcinoma in them and the technical difficulties in evaluating their dense breast tissues<sup>7</sup>.

Nipple discharges commonly associated with a malignant lesion are usually clear or watery, yellow or serous, pink or serosanguineous and bloody or

sanguineous. In the present study, nipple discharge was the presenting complaint in 9.4% of the patients of which six were diagnosed to have malignant lump while 14 had a benign lump.

Fibroadenomas were the most common benign tumors (84.3%). Clinically they are painless, well circumscribed, freely mobile with a rounded, lobulated or discoid configuration<sup>9</sup>. In Indian literature the reported incidence varies from 40 to 87% of breast biopsies<sup>10</sup>. The other benign tumors were Giant fibroadenoma, intraductal papilloma, nipple adenoma, chronic abscess, lipoma, galactocele, tuberculosis and anti-biomas.

The prototypical common adenocarcinoma of the breast presents in a women as a solitary, painless, nontender, immobile, firm to hard and ill defined mass. There may be indrawing of nipple. In the present study, out of the 40 malignant cases, only 15% were detected early. Late diagnosis increases the mortality. Hence it becomes mandatory for an obstetrician and gynecologist to understand and participate actively in the breast cancer screening.

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