Original Research Article

Clinical profile of carcinoma breast patients in working women population in a metro city

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ABSTRACT

Background: In India, breast cancer is the second most common malignancy among women next to carcinoma of cervix. Since it present as a painless lump patient often neglect and present to hospital late. With increasing prominence and greater visibility in country specific health profiles around the world, breast cancer and its prevention detection and treatment will continue to emerge as a major priority and challenge for health system. As carcinoma of breast is a quite common clinical problem encountered in clinical practice, this study was an attempt to study clinical presentation modes of management of the disease.
Methods: 50 patients who were admitted with a diagnosis of carcinoma breast were studied though history taking, clinical examination, relevant investigations depending on the stage of the disease. After completion, the results were analysed using Microsoft excel software and are compared with other studies.
Results: Majority of patients belonging to age group 41-50 years (42%) with lump as major complaint at the time of presentation (78%). Disease in most patients was on upper outer quadrant (78%). Majority of patients belong to stage II (84%) of the disease clinically.
Conclusions: The simple and effective methods of detecting the disease early like self-breast examination, clinical breast examination, ultrasonography, mammography, fine needle aspiration cytology should be made aware among the people for early detection and effective treatment of the disease.

Keywords: Carcinoma breast, Self-breast examination, Fine needle aspiration cytology

INTRODUCTION

The cancer of breast with its uncertain cause has captured the attention of physicians throughout the ages. It is one of the most common carcinoma occurring in female and it is a devastating illness both physical and mentally. In India, breast cancer is the second most common malignancy among women next to carcinoma cervix.[1] Since it most commonly present as a painless lump patient often neglect and present to hospital late. With increasing prominence and greater visibility in country specific health profiles around the world, breast cancer and its prevention detection and treatment will continue to emerge as a major priority and challenge for health system.[2] In the past 60 years the principles of surgical management of breast cancer have undergone an enormous change. With the suggestion that the behaviour of a breast cancer is often the expression of systemic disease present at the time of diagnosis, surgical management of the local disease has become more conservative.[3] As carcinoma of breast is a quite common clinical problem encountered in clinical practice, this study was an attempt to study clinical presentation in working women population in an Indian metro city.

METHODS

A cross sectional observational study was conducted to evaluate the clinical presentation and clinical stage at the time of presentation in patients admitted in the

department of general surgery who are clinically diagnosed breast carcinoma with positive FNAC4 for malignancy at ESIC-MH and PGIMSR Rajajinagar, Bangalore over a period of 18 months from January 2016 to June 2017. All clinically diagnosed carcinoma breast cases confirmed by fine needle aspiration cytology (FNAC), with minimum of 50 cases are included. All the relevant details of the patient collected in structured proforma. Findings of all thorough clinical examination entered into the proforma.

Inclusion criteria

Female patients aged between 20 to 80 yrs and all patients with palpable breast lumps and FNAC positive reports for carcinoma were included.

Exclusion criteria

Patients with benign breast diseases and male patients diagnosed with carcinoma breast were excluded.

Descriptive statistics comprising mean, average, proportion and percentage are used. Data entered on Microsoft excel software for analysis.

RESULTS

Majority of patients belong to age group 41-50 years. Youngest patient is 30 years and oldest was 71 years. Average age of patients affected was 49.34 years (Table 1).

Lump in the breast was the main complaint, next common was lump with pain. A significant number of patients also presented with complaints of lump with nipple and skin changes (Figure 1).

Table 1: Age distribution.

Age (in years)	Number of patients	Percentage
30-40	10	20
41-50	21	42
51-60	12	24
61-70	6	12
71-80	1	2
Total	50	100

Table 2: Stage at the time of presentation.

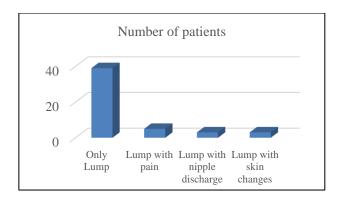| Stage of the disease	Number of patients	Percentage
I	0	0
IIA	11	22
IIB	31	62
IIIA	2	4
IIIB	3	6
IV	3	6

Figure 1: Presenting complaints.

In present study 42 (84%) of 50 patients belong to stage II disease, 5 (10%) patients belong to stage III disease, 3(6%) patients belong to stage IV disease. There were no patients belonging to stage I disease (Table 2).

Majority of tumours were seen in upper outer quadrant accounting for 78% of cases. Though in majority of patients tumour had extension to more than one quadrant, the quadrant which has majority of the tumour was taken into consideration (Figure 2).
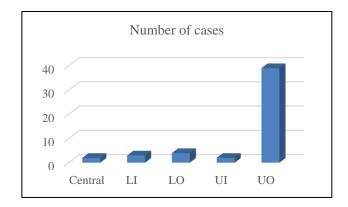

Figure 2: Site of tumour.

DISCUSSION

The results obtained from the study were compared with the similar studies available in literature and as no hypothesis were formed or tested, this study involved no control group, 50 cases admitted to surgical ward with proven carcinoma breast were studied in detail.

In the present series majority of patients belong to age group between 41-50 years the average age of patients affected was 49.34 years which is in concordance with age of 45.8 years quoted by Haque et al.[5] The age group 41-50 years consists of 42% of cases which is higher compared to study conducted by Gang et al and Sen and Guptha.[6,7,9]

In the present study lump in the breast was the presenting complaint in majority of patients i.e. 78% of cases, also patients presented with lump with pain in 10% of cases,

lump with nipple changes in 6% of cases, lump with skin changes in 6% of cases. Gang et al had 74% painless lumps, 13.89% painful breast lumps, 5.78% nipple changes and 6.48% skin changes.[6] Yorkshire series had 84% painless lumps, 5% with pain, 21% with nipple changes with no skin changes.[8] In our study upper outer quadrant was the most commonly involved site accounting for 78% of cases, in Gang et al series upper outer quadrant accounts for 48% of cases, Marshal and Higginobotham showed similar range of results.[6,9] In the present study no case belonged to stage I, majority of patients belonged to stage II followed by stage III and stage IV respectively. In case series of Gang et al majority of cases were in stage III and also they had distribution of cases among other stages also.[6]

CONCLUSION

This study conducted in tertiary care hospital in Bengaluru, presenting series of 50 cases of carcinoma breast. The presentation is decade earlier than western series with an increase in incidence among age group 41-50 years. Most of the patients presented with lump in breast located in upper outer quadrant. The patients in our hospital presents earlier due to awareness and education among working population about the disease.

Even though there has been significant improve in the management of the disease, the increasing trend of breast conservation therapy in the earlier stages of the disease is not yet practiced everywhere and is made available to the patients in earlier stages of the disease. In advanced cases neo-adjuvant chemotherapy followed by surgery yield better results.

The simple and effective methods of detecting the disease is early like self-breast examination, clinical breast examination, FNAC should be made aware among the people for early detection and effective treatment of the disease.

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