

Clinical profile of patients with fibroadenoma of breast

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Abstract

Background: Fibroadenomas of breast are the commonest benign breast conditions. It is an attempt to study this common condition.

Methods: Fifty cases with histologically diagnosed cases of fibroadenoma were included in the study and were compared with previous data from literature.

Results: In this study, age ranges from 16 to 50 years. Maximum number of patients (70.00%) belonged to third decade. Minimum cases were present (10.00%) in fifth decade. There were 12.00% patients in second decade. Most of the females were young adults of third and second decade respectively. It was painless in 96.00% of cases. On palpation they were firm in 90.00% and hard in 10.00% patients. Hence maximum patient had mobile (100%), well localized (100%), painless (96.00%) and firm (90.00%) fibroadenomas.

Conclusions: Fibroadenoma are common in third decade, urban female population. Fibroadenoma are usually unilateral, pericanalicular histological variant.

Keywords: Fibroadenoma, Age, Pain

Introduction

Fibroadenoma “fibro” means the stromal tissue, “adenoma” means the glandular structural in epithelial tissue and “oma” simply means tumor.¹ So, of all the lump and bumps that we find in the breast, fibroadenoma is one of the most common.² Its peak age in Caucasian woman is in their twenties. Among African, American, Hispanic and other women of color,^{3,4} it can actually start in the later part of the teen years. The fibroadenomas arise out of what is called the terminal ductal lobular units, and the same place interesting that breast cancer arises; it probably arises because of a lot of unopposed estrogen. So, when you think about the development of young woman there is a lot of unopposed estrogen as breasts are growing; things of this sort are happening, and so that unopposed estrogen is a cause of the factor. They usually present as simple, movable, painless, smooth, well defined lumps. They can be present in one breast or both the breasts. They can be single or multiple also. Majority of the time they remain stable in size; fibroadenoma does not really increase or decrease. However a few may reduce over time, once the hormonal influence wears off. So, this is important in such a case,

diagnosis in a young girl is obviously by the help of ultrasonography.^{5,6} There is a new method that has recently come out into medical practice which is vacuum assisted fibroadenomas resection. This is done by specialized equipment known as VAC machine.

Microanatomy of breast reveals two type of tissue Component. They are epithelial and Stromal Components. In fully developed non-lactating female breast, the epithelial component comprises less than 10% of total volume. But this epithelial component is more significant pathologically since majority of lesion arises from this portion of breast tumors of the female breast are more common and clinically significant. These conditions are rare in Men.^{7,8}

Benign breast disorders are classified as congenital disorders, Injury Related inflammatory and infective condition, aberration of normal differentiation and involution, duct ecstasies, and congenital breast conditions such as inverted nipple, Tietze's disease which is also known as costochondritis, sebaceous cyst and others skin condition. Aberration of normal differentiation and involution of breast consist of cystic nodularity and mastalgia, cysts and fibroadenoma.⁹

Material and methods

Type of study: Descriptive observational study

Inclusion criteria

- Female patients presenting with breast lump.
- Age more than 12 years
- Histologically confirmed fibroadenoma of breast patients.

Exclusion criteria

- Male Patients.
- Age less than 12 years.
- Non-admitted Patients.
- Histologically confirmed Non fibroadenoma patients

All the Patients included in this study were subjected to fine needles aspiration cytology for confirmation and differentiation of diagnosis

Results

Mean age	22.06±6.39 yrs	
Unilateral : Bilateral	84 : 16	
Quadrant wise distribution	Upper	82.00%
	Lower	8.00%
	Central	10.00%
Mobile breast lump	100.00%	
Painless lump	96.00%	
Well localized	100.00%	
Firm lump	90.00%	
Hard lump	10.00%	

In this study, age ranges from 16 to 50 years. Maximum number of patients (70.00%) belonged to third decade. Minimum cases were present (10.00%) in fifth decade. There were 12.00% patients in second decade. Most of the females were young adults of third and second decade respectively. It was painless in 96.00% of cases. On palpation they were firm in 90.00% and hard in 10.00% patients. Hence maximum patient had mobile (100%), well localized (100%), painless (96.00%) and firm (90.00%) fibroadenomas.

Discussion

In present study all patients had well defined, mobile breast lump. All the patient had painless fibroadenoma except one patient who complained of occasional pain in breast lump. Maximum patient had firm breast lump except 8 cases, which had hard breast lump. There was no associated lymphadenopathy, skin change and discharge. Fibro are fibroadenomas are also known as mouse in the breast because they are freely mobile. They are well encapsulated hence well localized. They are nonvascular. Fibroadenomas are painless and firm

structures. Rarely associated with skin changes when fibroadenoma is giant. Fibroadenomas being benign are not associated with lymphadenopathy.¹⁰

Conclusions

Fibroadenoma are common in third decade, urban female population. Fibroadenoma are usually unilateral, pericanalicular histological variant.

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