

# Survey of Breast Diseases in Women in Amritsar

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## ABSTRACT

Breast diseases are one of the most common ailments among females and carcinoma breast remains one of the most dreaded human diseases. Because of the wide variation in the spectrum of breast diseases this study was done to know the trends in Amritsar district of Punjab State of India. In this study 2500 females from urban and rural population of Amritsar were screened for breast diseases and various risk factors studied. A total of 639 cases of breast diseases including both benign and malignant diseases were reported with disease prevalence more among urban population. Prevalence of fibrocystic disease was the maximum among benign breast diseases followed by that of fibroadenoma. Carcinoma breast was reported among 15.2% cases. Benign breast diseases are more common than malignancy among the urban population. Our study also served the aim of early detection of breast cancer and its treatment.

**Keywords:** Breast diseases, risk factors, carcinoma breast.

## INTRODUCTION

Breast diseases are one of the most common ailments among women. Education and urbanization of the population has aroused more awareness regarding the disorders of the breast. The high frequency and disease variety of the breast has prompted many workers to embark on numerous and exhaustive studies.

Considering the importance of breast disorders among females, the present study was undertaken to determine the prevalence and different clinico-pathological aspects of various breast diseases in Amritsar region.

### **Aims and objectives:**

Survey of the females in Amritsar was done to detect the benign or malignant nature of breast diseases. Breast cancer was detected early and its awareness was established in the population.

## MATERIALS AND METHODS

The present study was to screen 2500 women in Amritsar in urban and rural areas. Physical examination of both breasts, drainage areas, and systemic examination for associated illnesses if any was done. The women were subjected to relevant tests, FNAC, mammography, and excision biopsy as indicated.

## OBSERVATIONS AND RESULTS

During the study period a total of 2500 women of all age groups were surveyed in both urban and rural regions of Amritsar. Women with breast lumps were subjected to mammography or FNAC wherever indicated. Females with previous breast disease were also considered.

Prevalence of fibrocystic disease was maximum (39.6%) among the benign

breast diseases followed by that of fibroadenoma (26.9%), and inflammatory diseases formed 16.4% of cases. Carcinoma of the breast was reported in 15.2% cases.

There were 2 cases of cystosarcoma phylloides, 1 case of accessory breast and 1 case of juvenile hypertrophy of breast. (Table-1).

**TABLE-1 Percentage of Breast Diseases**

TYPE OF LESION	NO. OF CASES	PERCENTAGE
Proliferative non neoplastic cystic disease of breast (fibrocystic disease)	253	39.6
Nonproliferative benign tumours (fibroadenoma)	172	26.9
Inflammatory diseases		
Acute mastitis and breast abscess	83	13.0
Chronic mastitis	15	2.3
Nipple and areola diseases	7	1.1
Carcinoma breast	97	15.2
Others (indeterminate pathology)	12	1.9
TOTAL	639	100.0

**TABLE-2 Urban/Rural Distribution of Breast Diseases**

Breast diseases	No. Of cases		Percentage	
	Urban	Rural	Urban	Rural
BENIGN	293	249	54.1	45.9
MALIGNANT	57	40	58.8	41.2

**TABLE-3 Age-Wise Distribution of Benign Breast Diseases**

Age in years	No. Of cases	Percentage
11-20	54	9.9
21-30	218	40.3
31-40	139	25.6
41-50	91	16.8
>50	40	7.4
TOTAL	542	100.0

**TABLE-4 Age-Wise Distribution of Breast Carcinoma**

Age in years	No. Of cases	Percentage
11-20	-	-
21-30	6	6.2
31-40	22	22.6
41-50	28	28.9
51-60	27	28.2
>60	14	14.1
TOTAL	97	100.0

**TABLE-5 Distribution of Cases According To Risk Factors**

Risk factor	No. Of cases	Percentage
Nulliparity	5	5.2
OCP use	8	8.2
Obesity	30	30.9
Family history	6	6.2
Non-vegetarian diet	25	25.8
Radiation exposure	-	-
Early menarche/late menopause	13	13.4

Prevalence of both benign as well as malignant disease was more among urban population. (Table-2). Maximum number of women in the 21-30 age group had benign breast disease and the incidence sharply declined after the fifth decade of life. Whereas, carcinoma breast was common in the age group of 41-50 years. (Table-3,4).

As risk factors for breast cancer overlap, many patients had more than one risk factor. Family history was positive in

6.2% of cases, 5.2% were nulliparous, 8.2% cases had history of oral contraceptive use.

Anemia was present in 10% cases, cervicitis in 8%, backache in 5%, hypertension in 4%, chronic cholecystitis in 3%, diabetes in 2%, and ischaemic heart disease present in 2% of cases.

## DISCUSSION

The main objective was to become conversant with the percentage of various types of breast disorders including both benign and malignant, to know the age distribution, urban/rural prevalence, and to study various risk factors for breast cancer. Cystic disease of the breast has the lead (39.6%) followed by fibroadenoma (26.9%), inflammatory diseases (16%), and carcinoma breast (15.2%). Similar findings were reported by Baptist SJ et al. [1] Whereas Haque A et al and Gupta JC et al reported fibroadenoma to be more common than fibrocystic disease. [2,3] Similar reports were given by a study done in Saudi Arabia. [4] The most common age group involved was 21-30 years for benign breast diseases. Average age of 33.6 years was reported for fibrocystic disease of breast.

Among lactational and puerperal group inflammatory diseases were more common. Breast abscesses formed 13% of cases in our survey. Haque A et al and Gupta JC et al reported comparatively lower incidence of this group of 4% and 1.37%. [2,3]

Carcinoma breast was reported to be 15.2%. The prevalence among rural

population (41%) was lower as compared to the urban population (59%). Haque et al reported 48% cases of carcinoma breast. [2] Another recent statistical data reported by Jemal A et al showed 33% cases of carcinoma. [5] Maximum cases were reported in the age group 41-50 years.

Another important finding was the more common involvement of left breast and upper outer quadrant (48.1%). It was followed by that of subareolar region (23%). Many patients had more than one risk factor. Family history was positive in 7.5% cases. Similar risk factors have been quoted by Pujol P et al, Grodstein et al, and Claus EB et al. [6-8]

### CONCLUSION

To conclude the prevalence of both benign and malignant breast diseases is more among urban population. Our survey attempted to study the spectrum of breast diseases among females in Amritsar region. It also served the aim of early breast cancer detection and treatment, so the mortality associated with breast cancer can be reduced.

### REFERENCES

1. Baptist SJ, Thomas JA, Kothare SN. Lesions of breast. J Ind Med Assoc, 1973; 61: 128-31.
2. Haque A, Tyagi SA, Khan MH, Gavlant YNS. Breast lesion a clinico-pathological study of 200 cases of lump breast. Ind Jour Surg. 1980; 42: 419.
3. Gupta JS, Munjal S, Raman A, Panda PK. Breast lump in Jabalpur area. Ind. Jour. Sur.1983; 45: 268-73.
4. Samir S, Abdul R, Fazal MS. The Spectrum of Breast Diseases in Saudi Arabian Females: A 26 years pathological survey at Daharan Health Centre. Int Academy of Pathology. 1994; 30: 41-42.
5. Jemal A, Murray T, Samuels A et al. Cancer statistics 2003. CA Cancer J Clin 53:5.
6. Pujol P, Galtier DF, Bringer J. Obesity and breast cancer risk. Humbe Prod 1997; 12:116.
7. Grodstein F, Stampfer MJ, Colditz GA et al. Post-menopausal hormone therapy and mortality. N Engl J Med 1997; 336:1769.
8. Claus EB, Risch M, Thompson WD. Autosomal dominant inheritance of early breast cancer: implication of risk prediction in cancer 1994; 73: 643.

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