

APPRAISAL OF THE MOST COMMON PRESENTING COMPLAINT & THE RISK FACTORS OF CA BREAST IN IRAQI FEMALES DURING THE EMBARGO

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Abstract

Objectives: Breast cancer is the most common site-specific cancer in women and is the leading cause of death from cancer in females at 40-50 years of age. This is a retrospective study of 100 cases of carcinoma of the breast diagnosed by histopathology were analyzed to detect the most common presenting complaint & the risk factors of Ca Breast in Iraqi female patients during the Embargo.

Methods: The medical records of 100 patients with Ca breast that were diagnosed by histopathology were reviewed. The study was conducted in Al-Kadhimiya Teaching Hospital and involved patients who were admitted to this hospital during the period (January 1992-December 2001).

Results: The age of our patients range from 25-75 years, with a maximum age group distribution (48%) at 35-44 years. 64 patients with Ca breast presented with painless breast lump, 14 patients presented with painful lump and 10 patients presented with nipple discharge (bloody discharge).

71 patients with Ca breast are premenopausal & 29 of these (40.8%) have history of regular menstrual cycle while 42 of these (59.2%) have history of irregular

menstrual cycle. There are 45 multifarious patients that breast fed their children, while another 47 multiparous patients that did not breast feed their children. Thyroidectomy was found to be submitted to 23 patients with Ca breast due to goiter prior to developing Ca breast. There are 33 patients got history of preexisting benign breast condition, while 14% of our patients have positive family history of Ca breast.

The upper lateral quadrant of the breast is the common site of involvement with Ca breast (72%).

Conclusion: Breast cancer is the most common tumor of females with a general tends towards an increase in younger age group. It is really important for any female who indeed care about her general health to start self examination for her breast as early as possible starting at 18 years of age on certain time intervals, particularly when she feels any symptoms (like the presence of breast lump, pain, nipple discharge...etc.) must hurry to seek medical consultation.

Key words: Ca breast, presentation, embargo.

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Introduction

The breast or mammary gland is the distinguishing feature of the class mammalian¹. The breast has always been a symbol of womanhood and ultimate fertility². The breast is a modified sweat gland covered by skin and subcutaneous tissue³. The breast occupies a space within an envelop of superficial fascia⁴. The adult female breast has two components, these are: the epithelial elements responsible for milk formation and transport (namely the acini and ducts), and the supporting tissues, muscles, fascia and fat⁴.

The epithelial elements consist of twenty or more lobes. Each lobe drains into mammary duct which lie behind the areola, each of which ends separately at the nipple. The lobe consists of

lobules, the number of which is variable. Each lobule is a collection of (10-100) acini grouped around and converging on a collection of ducts⁴. The lobules occupy the more peripheral part of the breast.

From puberty to death the breast is subjected to constant physical and physiological alterations that are related to menses, pregnancy, lactation and menopause⁴.

Patients & Methods

This is a retrospective study including 100 patients with Ca breast that diagnosed by histopathology, at Al-Kadhimiya Teaching Hospital, from January 1992 through December 2001. The medical records were reviewed and data were analyzed to detect the following: The most common presenting symptom and the age of presentation, pre-existing benign breast conditions, menstrual history, marital status,

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parity and breast feeding, previous thyroidectomy due to goiter and its relationship with Ca breast, obesity in post menopausal female and its effect, the most common site (or quadrant) of the breast involved and family history of Ca breast.

Results

The age of our patients range from 25-75 years, with a maximum age group distribution (48%) at 35-44 years, as shown in table 1. The most common presenting symptom was painless lump in the breast (64%), while 14% presented with painful lump, another 10% with bloody discharge from the nipple, 4% with nipple retraction and 3% with skin ulceration (Table 2). 71 patients were premenopause, 29 of them (40.8%) had a history of regular menstrual cycle while 42 (59.2%) had irregular menstrual cycle (Table 3). The other 29 patients were post menopause, 4 of them (13.8%) had a history of post menopausal bleeding and 25 (86.2%) with no such a history (Table 4). In addition, 18 of the postmenopausal patients were obese (62.1%), while the other 11 patients (37.9%) were non-obese. Regarding breast feeding, 45 patients were multiparous and breast fed their children, 47 patients were multiparous but did not breast fed their children, 4 patients were nulliparous and 4 patients were single (Table 5). 23 patients with Ca breast had submitted to thyroidectomy due to goiter prior to developing Ca breast. There were 33 patients got history of pre-existing benign breast condition. Regarding the site of the breast involved by carcinoma, 72 patients presented with upper lateral quadrant involvement, 9 patients presented with lower lateral quadrant involvement, 8 patients with central quadrant involvement, 7 with upper medial quadrant involvement and 4 patients with lower medial quadrant involvement as shown in table 6. 14 patients had positive family history Ca breast (Table 7).

Table (1): Age group and Ca breast

Age group	No .	%
25-34	1	1%
35-44	48	48%
45-54	22	22%
55-64	19	19%
65-74	10	10%
Total	100	100%

Table 2: Presenting complaint of Ca breast

Complaint	No.	%
Painless lump	64	64%
Painful lump	14	14%
Bloody nipple discharge	10	10%
Nipple retraction	9	9%
Skin ulceration	3	3%
Total	100	100%

Table 3: Menstrual history in premenopausal patients with Ca breast

Menstrual history	No.	%
Regular menstrual cycle	29	29%
Irregular menstrual cycle	42	42%
Total	71	71%

Table 4: Post menopausal bleeding in patients with Ca breast

Postmenopausal bleeding	No.	%
Positive	4	13.8%
Negative	25	86.2%
Total	29	100%

Table 5: Marriage, parity, breast feeding and Ca breast

Patient group	No.	%
Married,multiparous,breast feeder	45	45%
Married, nulliparous	4	4%
Single	4	4%
Married,multiparous, not breast feeder	47	47%
Total	100	100%

Table 6: Site of involvement of Ca breast

Site	No.	%
1-Upper lateral quadrant	72	72%
2-Lower lateral quadrant	9	9%
3-Upper medial quadrant	7	7%
4-Lower medial quadrant	4	4%
5-Central quadrant	8	8%
Total	100	100%

Table 7: Family history of Ca breast

Family history	No.	%
Positive	14	14%
Negative	86	86%
Total	100	100%

Discussion

The impact of breast disease in western societies assumes greater importance as cancer of this organ continues to increase exponentially¹. In Iraq, breast cancer had remained the most common tumor of female with a general tend towards an increase in younger age group⁵. Breast cancer forms 24.5%, 23.9%, and 27.2% of total cases of cancer in Iraqi females in 1992, 1993, and 1994 respectively⁵. Breast cancer is the most common site-specific cancer in women and is the leading cause of death from cancer in females at 40-44 years of age^{1,10,11}. Experiences shown that it has not occurred before mature development of the breast, rarely before 20s and

usually before the age of 30s with maximum age distribution between 40-45 years⁶.

Ca breast accounts for 27-32% of all female cancer and is responsible for 19% of cancer related death in women⁷. The incidence of new cases has been steadily increased since mid 1940s, were the incidence was 1 in 11 and at 1992 it was 1 in 9¹. Despite the steady increase in incidence, the overall mortality almost remained static, because of detection of Ca breast at an early stage^{8,9}.

In our study the age of patients ranges from 25-74 years with a maximum distribution (48%) at (35-44) years age group. This coincide with other studies done in Saudi Arabia, which showed that 53% of Ca breast occurred at (31-50) years age group^{10,11}.

The most common presenting symptom was painless lump in the breast (64%) which coincides with other studies¹¹.

71 patients with Ca breast were premenopausal, 29 of them(40.8%) had history of regular menstruation, while 42 of them(69.2%) had history of irregular menstruation, thus more estrogen exposure occur with irregular menstruation and this was associated with more incidence of Ca breast¹. The remaining 29 patients (29%) were postmenopausal and 4 of them (13.8%) got history of postmenopausal bleeding, while 25 of them (86.2%) got no such history.

45 patients with Ca breast were multiparous and breast fed their children, which concluded that breast feeding protection is not considered valid any more and this coincide with other studies¹.

There were 23 patients of Ca breast submitted to thyroidectomy due to goiter, and this agreed with presence of estrogen receptors in the thyroid tissue and therefore goiter was more common in patients with positive estrogen receptors⁶. For this reason, patients with estrogen receptors who developed goiter are in a great risk of developing breast cancer¹.

18 of the post menopausal patients with Ca breast (62.1%) were obese, this confirm the effect of estrogen that resulted from peripheral conversion of androgen to estrogen E1 then to estradiol E2 in the fatty tissue of obese patients during post menopausal period¹.

There were only 14 patients with positive family history of Ca breast, and this low percentage with the fact that all patients developed their

complaint after the year 1991 (after Um-Al-Maarik or 2nd Gulf war) might give us a clue about the hazards of irradiation exposure that Iraqi people had suffered and still suffering in all fields of medicine as well as surgery.

Conclusion

Breast cancer is the most common tumor of females with a general tend towards an increase in younger age group. It is really important for any female who indeed care about her general health to start self examination for her breast as early as possible starting at 18 years of age on certain time intervals, particularly when she feels any symptoms (like the presence of breast lump, pain, nipple discharge...etc.) must hurry to seek medical consultation.

For those females with high risk factors or positive family history and those above 35 years old should stick to a regular annual check up by clinical and ultrasound examinations for early detection of any lump or malignant disease of the breast before its spread, beside the mandatory examination with mammography at 50 years of age.

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