

FIBROADENOMA OF THE BREAST

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Abstract: Fibroadenoma (fibroma) of the breast is a benign tumor formed from connective tissue. The neoplasm with a diameter of 15-40 millimeters has a spherical shape and high density. In the early stages, the disease can be asymptomatic — in rare cases, girls experience moderate pain before menstruation. In the process of diagnosis, the gynecologist can refer the patient to an ultrasound examination of the breast and mammography. A biopsy of the neoplasm is performed to exclude from the number of possible diagnoses of malignant pathologies of the mammary glands. Treatment of fibroids is carried out mainly surgically.

Keywords: mammary glands, neoplasm, mammography.

Healthy breasts are an indicator of women's health in general. Unfortunately, various formations of the mammary glands are a frequent finding during ultrasound and X-ray examinations. Often, patients themselves find any formations in their glands during self-examinations. But many patients postpone a visit to a mammologist, underestimating the risks.

What only some women do not do when they find themselves with formations in the mammary gland in order to hide it. Sometimes, instead of visiting a doctor, they go to a tattoo parlor and get a nipple piercing so that the education is not so noticeable and does not catch the eye of a young man. And this is a real case from the clinical practice of our gynecologist. Fibroadenoma is a benign breast tumor that consists of glandular tissue with a predominance of a fibrous component (unlike adenoma). Along with cysts, this is one of the most common breast formations. Fibroadenoma occurs more often in women aged 20-40 years. There is no exact answer to this question. Most likely, this is a multifactorial disease. Genetic predisposition, elevated estrogen levels, hormonal disorders, a history of abortions, late first childbirth, obesity, sedentary lifestyle, etc. play a role here. During self-examination, a rounded formation of a dense elastic consistency is palpated in the mammary gland, not soldered to the skin and surrounding tissues, sizes from 0.5-1.5 cm. In most cases, there is a single fibroadenoma, however, there may be multiple formations in both mammary glands. Fibroadenomas are most often located outside the areolar zone (surrounding the nipple), in the upper outer quadrant of the breast, but can also occur in any part of the gland.

Treatment of breast fibroadenoma is only surgical, since conservative treatment is ineffective, the decision on the need and scope of the operation is made by a mammologist. Surgical intervention can be either a sectoral truncation of the breast (elimination of the tumor together with a fragment of breast tissue, removal of a separate

glandular lobule), or enucleation — the so-called laparoscopic “peeling” of the seal. An alternative therapeutic and diagnostic method is mammotomy biopsy. The essence of the method is to make a small incision on the skin above the fibroadenoma, through which a probe is inserted under ultrasound control, and then a fibro adenomatous node is removed using vacuum.

The operation is performed under local anesthesia. The patient recovers very quickly, and the scar is almost invisible. Fibroadenoma of the breast is a benign tumor of glandular origin with a predominance of connective tissue stroma. It is most often diagnosed in women younger than 35 years. Mainly the formation is single, dense, elastic consistency, is not connected with the surrounding tissue and is mobile.

Fibroadenoma of the mammary gland is a benign formation of a glandular nature with a predominance of connective tissue. Women of reproductive age are usually susceptible to it. As a rule, this is a single dense formation, but in 1 out of 10 cases it can be multiple and affect both mammary glands. Fibroadenoma is not characterized by pain and inflammatory processes. It has practically no risks of degeneration into a malignant formation, but it is important to get the help of a mammologist in a timely manner to prevent possible complications.

Breast fibroids remain the most common benign pathology detected by gynecologists and oncologists when examining patients of various age groups. Up to 70% of cases of fibro adenomatosis are detected in girls under 30 years of age. With the onset of pregnancy, the fibroadenoma of the breast can significantly increase in size. For this reason, doctors recommend that patients of reproductive age undergo treatment before conceiving a child.

Doctors distinguish two types of tumors — mature and immature. Mature neoplasms are characterized by slow growth, high density and moderate elasticity. Fibroids of this type occur in women 20-40 years old. Immature tumors tend to rapidly increase in size. The focus of the pathological process has significant elasticity, when palpating the neoplasm, patients do not experience painful sensations. Immature fibroids are detected in girls who are at puberty. Often, tumors of this type disappear after the patient has a regular menstrual cycle. In 65% of cases, fibroadenomas form in breast tissues as a single neoplasm with a size of 25 to 40 millimeters. Multiple fibroids can affect both breasts of the patient.

The symptoms of breast fibroadenoma are nonspecific — in 55-60% of cases, the course of pathology is not accompanied by clinical manifestations. Often tumors are detected by patients on their own (with a finger examination of the breast). Neoplasms of small size do not cause discomfort to girls. Multiple fibroids are detected during ultrasound or mammography. Pain in the tumor area may occur in girls of reproductive age before the onset of menstrual bleeding. Our equipment allows us to determine changes in the mammary gland from fractions of a millimeter, we diagnose fibroadenomas at the initial stages without any problems and prescribe effective treatment. Depending on the density of the structure of the mammary glands and the age of the patients, we use breast

mammography and / or ultrasound diagnostics, with the obligatory use of the elastography mode, which gives an in-depth study of the structure of education. To do this, we conduct an examination for the presence of hormonal disorders in the patient, the presence of metabolic changes, take into account the history of the disease and the anamnesis of life. Therefore, in these cases, the most experienced endocrinologist of our Kiev center is actively involved in the treatment process. Even if there is a question of surgery, in order to prevent the possibility of relapse, we strongly recommend that you be examined for the presence of concomitant diseases, especially those that provoke the appearance of changes in the breast. Of particular importance in this situation is the competent work of an endocrinologist to normalize hormonal changes and metabolic disorders.

In choosing the tactics of fibroadenoma treatment, the degree of responsibility of each individual patient to her health is of great importance! Will she be able to adhere to the recommendations? Will our patient carelessly treat the need for observation by a mammologist during treatment and will she be able to come for regular examination with constant ultrasound or mammographic monitoring of the condition of the mammary glands? Or, the patient is inclined to frivolously "hide" from the diagnosis, and then appear on a visit to a mammologist with an already advanced form of fibroadenoma. In cases requiring cellular confirmation of the diagnosis of fibroadenoma, in accordance with international research protocols, we perform a biopsy (puncture fine needle biopsy, trepan biopsy) of the mammary glands. When the presence of fibroadenoma formation is confirmed, we select effective and sparing treatment tactics for the body and psyche. If there is an opportunity to cure the pathology without surgery, it will be found. On palpation, the fibroma rolls freely inside the breast. The diameter of the formation rarely exceeds 45-50 millimeters. The tumor does not damage glandular or fatty tissues and is not prone to invasion of adjacent organs. We take into account all factors, even these purely psychological ones, because our main vocation is really to help and cure. And with a woman's careful attitude to herself, when there is confidence that she will follow the prescriptions of our doctors, we actively use conservative methods of treatment – treatment without surgery. And if there is no way to avoid surgery, if the risks of recurrence are so great, if the fibroadenoma is started and the time of "gentle" methods is missed, we perform fibroadenoma removal at the highest technical level, taking into account the peculiarities of the structure and shape of the breast.

We definitely apply the plastic stage of the operation so that the breast does not lose its beauty. We recommend, if necessary, simultaneously with the removal of the pathology of the breast, to take advantage of the possibility of simultaneous plastic surgery. We have extensive experience and excellent results in breast plastic surgery: plastic breast shape correction, breast size change, areola size and shape change, breast nipple size.

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