Presentation of Breast Diseases in Warri, Nigeria

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ABSTRACT

Introduction: The pattern of breast disease presentation in Warri is not known. Knowing the pattern of presentation will enable planning for adequate scarce resource utilization.

Patients and methods:

A prospective descriptive study was done in Central Hospital, Warri. A pro-forma was designed, including the bio data, presentation, investigation and treatment of all patients presenting to the breast clinic in the hospital between January 2008 and January 2009. Data entered into Microsoft Excel spreadsheet and analyzed.

Results: A total of 142 patients, all females, presented to the clinic. Age range was 16-82years with a median of 29 and mean of 33.37 years. The three main complaints were breast lump 111(78.17%), breast pain 24(16.90%) and nipple discharge 7(4.93%). Fibroadenoma 46(41.44%) are the most common histological diagnosis. 18.02% of the breast lumps were malignant.

Conclusion: Breast lump is the most common complaint in our breast clinic of which 18% of the breast lumps were malignant.

Keywords: Breast symptoms, breast lump, breast cancer, Warri, Nigeria

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INTRODUCTION

Twenty-five percent of women will present to the clinic with breast symptoms during their lifetime[1]. Most of the symptoms are easily recognizable: palpable lumps, pain and discharge. While majority of breast symptoms are benign[2], the main concern of the patient is whether she has breast cancer[3].

Breast cancer is the second leading cancer in females worldwide and the leading cause of cancer related female deaths[4]. In Nigeria, breast cancer is now the commonest cancer in females with majority still presenting with late disease

with subsequent high mortality rate[5]. Screening for breast cancer leading to early diagnosis and early treatment can reduce the mortality and morbidity of the disease. While the developed countries have developed efficient screening programs for breast cancer[6], Nigeria is yet to develop one.

In order to develop effective screening programs, the burden of the disease has to be known. This study was carried out to evaluate the pattern of breast diseases presenting in a breast clinic in Warri. It is compared with other reports from within and outside the country.

PATIENTS AND METHODS

The study was carried out in the Breast clinic of the Central Hospital Warri, Nigeria. Warri is a major oil city in Delta State, Nigeria with over one million inhabitants. The breast clinic is run once a week and receives patients from within and outside the city.

This was a prospective descriptive study. All patients who presented to the clinic between January 2008 and January 2009 were recruited into the study. A structured proforma was designed including patient's biodata, history, physical findings, investigation, treatment and follow up. Patient's data were entered into the printed proforma. These data were collected and entered into Microsoft excel 2007[R] spreadsheet. The data were analyzed using percentages, figures and tables

Ethical approval was obtained from the ethical committee of Central Hospital Warri for the conduct of this study.

RESULTS

A total of 142 new patients, all females, attended the breast clinic in the duration of the study. Age range of the patients was 16 to 82 years with a median of 29 years and mean age of 33.37 years (fig 1). The main presenting symptoms are shown in table 1. 27 patients presented with both pain and lump, and 3 patients presented with breast lump and breast ulcer. The side involved is shown in table 2.

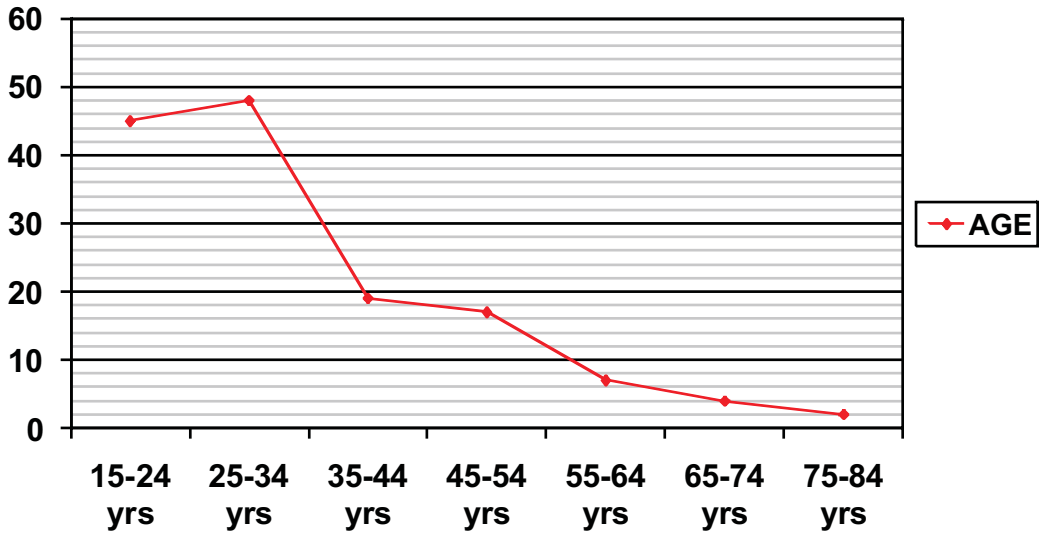

Figure 1 – Age frequency

The duration of symptoms ranged from 4 days to 12 years. 88 (61.69%) patients presented 3 months or more after first noticing the symptoms. 39 (27.47%) presented 1 year or more after onset of symptoms.

One hundred and eleven patients had palpable breast lumps, the breast lumps ranged from 0.5cm to 20cm in size, median size was 3cm and mean size was 3.61cm. 9 cases presented with multiple lumps and 8 were bilateral. The upper outer quadrant was the most common location (40%). This was followed by lower outer quadrant 21.7%, upper inner quadrant 11.3%, lower inner quadrant 10.4%, the periareolar region 9.6% while the whole breast was involved in 7% of cases.

Table 1 – Presenting symptoms

SYMPTOM	NUMBER	PERCENTAGE
Breast Lump	111	78.17
Breast Pain	24	16.90
Nipple discharge	7	4.93
Total	142	100

Table 2 – Laterality of symptoms

SYMPTOMS	RIGHT SIDE	LEFT SIDE	BILATERAL	TOTAL
Lump	54(48.7%)	49(44.1%)	8(7.2%)	111
Pain	4(17%)	5(21%)	15(62%)	24
Nipple discharge	4(57%)	1(14%)	2(29%)	7
Total	62(43.7%)	55(38.7%)	25(17.6%)	142

Breast pain was more commonly bilateral 15(62%) and cyclical 14 (58.33%). Breast ultrasound scans done for them were normal. Nipple discharge was more common in the right side 4(57%), 6(85.71%) cases of nipple discharge had milky discharge with elevated prolactin levels, and one had bloody discharge and histology of microdochectomy specimen showed intraductal papilloma.

The three commonest histological diagnoses of the breast lumps were fibroadenoma (41.44%), fibroadenosis (20.72%) and carcinoma 20 (18.02%) (table 3).

Table 3 – Diagnosis of breast lumps

DIAGNOSIS	NUMBER	PERCENTAGE
Fibroadenoma	46	41.44
Fibroadenosis	23	20.72
Carcinoma	20	18.02
Breast abscess	12	10.81
Tubular adenoma	5	4.51
Galactocoele	3	2.70
TB mastitis	1	0.90
Fibrous tumour	1	0.90
Total	111	100

DISCUSSION

The commonest complaint presenting in our breast clinic over the period of study was breast lump. This is different from what has been reported earlier from some parts of the country and neighboring Ghana that breast pain is the commonest presenting symptom[7,8]. This may be due to the fact that our breast clinic primarily receives referrals from other clinics and it had been reported that most general practitioners are more likely to refer breast lump than breast pain[9].

The study shows that there was significant delay in presentation of breast symptoms to the clinic, this supports other reports[8,10]. This delay resulted in the large size of the breast lumps seen in the study. Delay in presentation has been attributed to feeling that the symptom was not serious, that the symptom will go away and fear of cancer diagnosis[11].

It has been documented that mastalgia is commonly cyclical and bilateral[12] and this is supported by our study. Mammography and breast ultrasound are useful in the evaluation of mastalgia[13] but breast ultrasound done in our series for mastalgia was largely normal. Mammogram was not routinely done for patients presenting with mastalgia in our clinic largely due to cost of the investigation.

The incidence of nipple discharge in our study was 4.93% which is similar to previous report[13]. The incidence of associated breast cancer with nipple discharge has been reported to be 10% but is considerably lower than that if there is no clinical or radiological evidence of breast cancer[14]. Microdochectomy has been recommended for treatment of single duct discharge [15]. This was offered to our patient with bloody discharge with resolution of symptom.

In our study, benign breast masses were commonest followed by carcinoma. Breast abscess came a distant third. This finding is at

variance with reports from other centers where inflammatory breast lesion is the second most common lesion[8,16]. This is most likely due to the pattern of referral to our breast clinic. General practitioners are likely to manage breast abscess and refer masses that would require histological diagnosis.

CONCLUSION

Our study has shown that benign breast diseases are common in our patients with carcinoma of the breast accounting for less than 20% of breast masses. Our patients present late to clinic and we recommend widespread health education on early reporting of any breast symptom and breast self examination to detect these symptoms early.

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