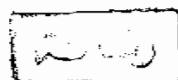


Detection and Management of Benign Breast Lesions

Thesis

*Submitted in Partial Fulfillment for
The Master Degree
In
General Surgery*



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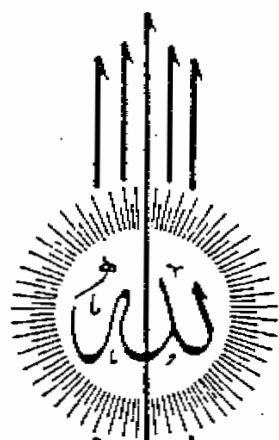
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﴿اقرأ وربك الأكرم﴾ الذي علم بالقلم *

علم الإنسان ما لم يعلم ﴿

صدق الله العظيم [العلق ٣ : ٥]



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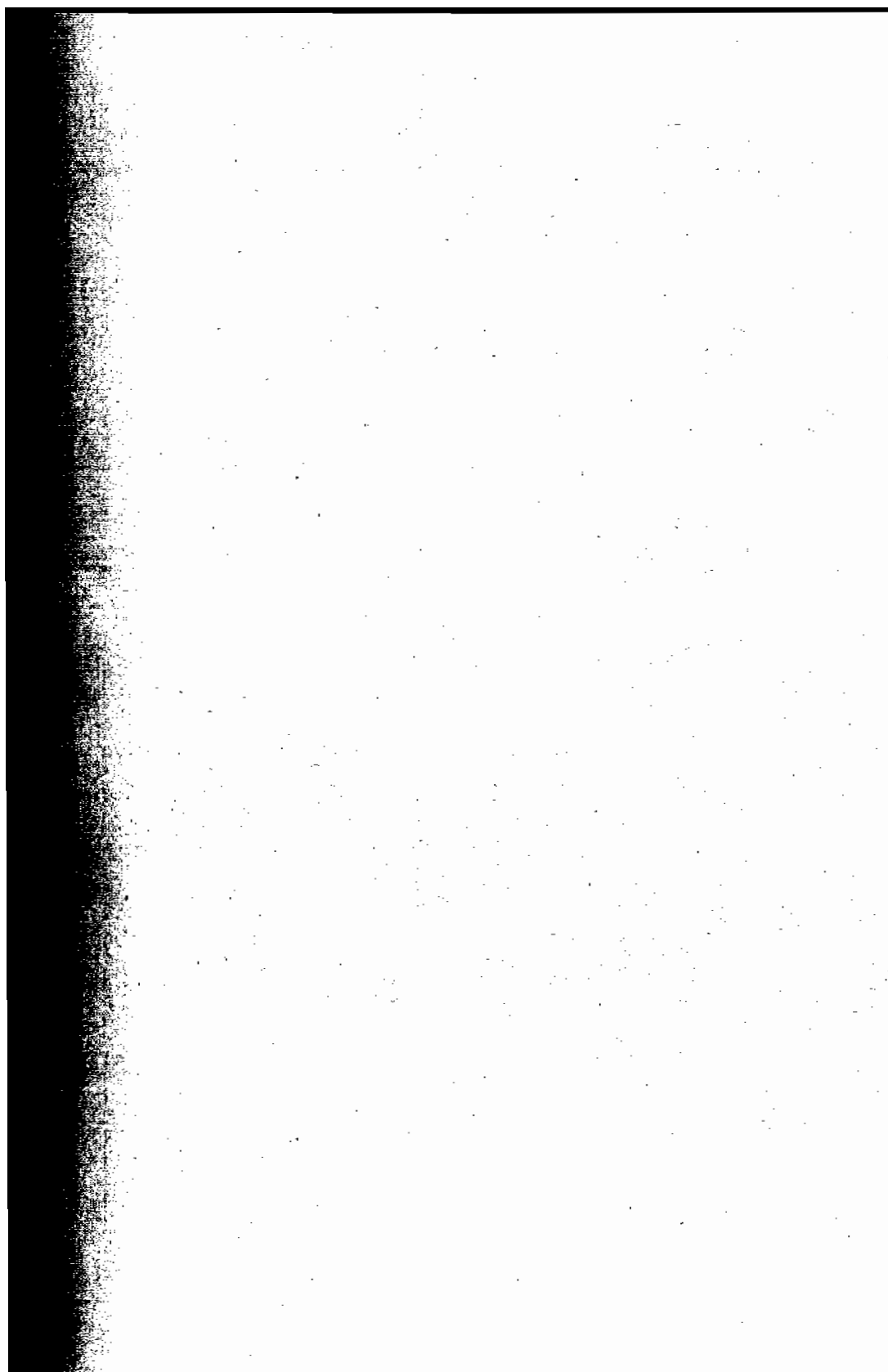


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Introduction and Aim of the Work



Introduction

Benign breast lesions are much more common than malignant ones. About eighty percent of open biopsies yield benign result (*O'Brien, 1992*).

The nomenclature of benign breast disease is very confusing, this is due to the use of different terms to describe a mixture of physiological and disease process according to a variety of clinical, pathological and etiological aspects. To sort out this confusion a new system has been developed and described by the Cardiff breast clinic. It is known by the acronym ANDI standing for aberration of normal development and involution (*Mann & Russell, 1992*).

The relationship between benign breast lesions and subsequent breast carcinoma has been the subject of great controversy. Many studies has been done and it is only recently employing careful histopathological review that a degree of clarity has been achieved. The most significant risk of malignancy up to fourfolds occurs with patients whose biopsies show atypical hyperplasia and

this is doubled to eight fold if there is also a family history of breast cancer (*Macswen, 1992*).

Fine needle aspiration of the breast provides an added dimension to the clinical management of palpable breast masses (*Casey et al., 1992*).

Recent development of mammographic stereotactic localization devices has created considerable interest in the feasibility of fine-needle aspiration biopsy of non palpable breast lesions (*Phil Evan et al., 1989*).

The use of specialized sonographic equipment has allowed improved diagnostic accuracy for breast lesions. This diagnostic method is free of hazards and can be carried out repeatedly (*O'Higgins, 1991*).

The most important clinical use of breast ultrasound continues to be the differentiation of cystic from solid masses with an accuracy rate of 96-100%, for exceeding the accuracy of mammography or physical examination (*Basset et al., 1987*).

Thermography like other investigation can not be used alone for accurate diagnosis of breast mass. There is

no single magic tool which solve the puzzle of diagnostic accuracy of breast lump up till now. We are looking forward for more controlled studies to prove the efficacy of thermography in the field of breast surgery (*Anous et al.*, 1992).

Operations for benign breast disease fall into two broad groups those necessary to allow a definitive tissue diagnosis to be made and those necessary to control inflammatory conditions of the breast (*Hughes*, 1986).

Aim of the Work :

The aim of this work is detection and management of benign breast lesions.

This study was done on 25 cases presented to us in El-Demerdash Surgical Outpatient Clinic, complaining of breast symptoms and investigations revealed that their lesion are benign.