CODEN [USA]: IAJPBB ISSN: 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES

http://doi.org/10.5281/zenodo.1974490

Available online at: http://www.iajps.com *Research Article*

EFFICACY OF MICRODOCHECTOMY AND PREVALENCE OF MALIGNANCY AFTER MICRODOCHECTOMY

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Abstract:

Objective: *To determine and investigate the incidence of malignancy after microdochectomy in nipple secretion and to investigate the safety of performing a myodectomy in the discharge of single-duct from nipple.*

Study Design: *A case series.*

Place and duration: *In the Surgical Unit II of Services Hospital Lahore for two year duration from March 2016 to March 2018.*

Results: *A total of 65 patients underwent microdochectomy. The nipple discharge appearance was stained with color in 30 patients, blood in 20 patients and serosa in 15 patients. All patients except one carcinoma were followed-up in the outpatient clinic for six weeks and more follow-up was discharged. None of the patients included in the study returned with spontaneous nipple discharge symptoms. In a patient with carcinoma, it was followed three years after a modified radical mastectomy without evidence of recurrent malignancy.*

Conclusion: *All patients with permanent discharges should be treated by microdochectomy of mammographic findings regardless of whether colored or single-channel lactifero stained with blood. microdochectomy remains an effective and safe procedure for breast discharge.*

key Words: *Duct ectasia, Microdochectomy, Nipple discharge, Carcinoma.*

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Please cite this article in press Leenah Ghazi et al., ***Efficacy Of Microdochectomy And Prevalence Of Malignancy After Microdochectomy.,*** *Indo Am. J. P. Sci, 2018; 05(12).*

INTRODUCTION:

The secretion of isolated nipple is a worrying and surgical problem. Microdochectomy is the traditional management for patients from a single lactiferous duct persistent discharge. The pathological relationship with breast excretion and breast cancer is approximately 10 to 20%, but the clinical or radiological evidence can be significantly lower in patients without significant breast cancer. Other diseases, such as intraductal papilloma, ectesia duct, breast abscesses and pituitary adenomas can occur as a variety of breast excretion. For the clinician, diagnostic challenge is to evaluate nipple discharge. combination of diagnostic tests including breast ultrasound that can help in mammography and physician planning and accurate management of the underlying breast disease; microdochectomy is the preferred procedure for breast discharge.

METHODOLOGY:

This case series was held in the Surgical Unit II of Services Hospital Lahore for two year duration from March 2016 to March 2018. In a period of two years, 65 patients were done with microdochectomy for the single duct discharge. All patients had blood, serous or colored discharge from a duct. The mean age was 44.07 (range 28 to 60). Preoperative ultrasonography was performed in postmenopausal women younger than 35 years of age and mammography in premenopausal women. No patients underwent a ductoscopy and ductography. All operations were done in general anesthesia. A lacrimal probe was inserted and gently passed through the perimeter of the channel as far as possible. The lacrimal probe direction was used as a guide to make a circumareolar incision. Theduct was then removed and a small area of tissue approached the skin after hemostasis.

RESULTS:

A total of 65 patients undergoing microdochectomy. In 30 patients (58.47%), 15 patients (23.07%) had serosa and 20 patients (18.46%) had blood staining.

Table I. Appearance nipple discharge on clinical examination (n=65)

Appearance of discharge	No.	%
Colorectal discharge	30	46.15
Blood stained	20	30.76
Serious discharge	15	23.07

Sixty-five women were included in the study, and 30 (46.15%) had mammograms, which was normal in all patients. Ultrasonography was done in 35% (53.84%) of the patients, most of which shows ductal, dilatation. In this small series, these analysis supposed that the most common pathology is papilloma detection after microdochectomy for single lumen nipple discharge in all age groups.

Table II. Histological diagnosis of 65 patients underwent microdochectomy (n=65)

Histology	No.	%
Intraductal Papilloam		
Single	40	61.53
Multiple	4	6.15
Duct ectasia	20	30.76
Invasive ductal carcinoma	1	1.53

All cases were discharged after six weeks of follow-up except for a patient with carcinoma. None of the patients included in this study were followed up with spontaneous nipple discharge recurrence symptoms.
A solitary patient with a diagnosis of carcinoma underwent a modified radical mastectomy and was followed up for three years, without evidence of recurrent malignancy.

DISCUSSION:

Nipple discharge is a common presentation in any breast clinic. Different schools of thought advocate different management lines in patients with pathological discharge. Target ultrasound was recently discovered and found to be useful for identifying intraductal papilloma; However, in this series, ultrasound is useful for identifying ductal dilatation. Duktoscopy is one of the recent advances in breast excretion in research related to a single duct of ductal fibers, although many studies have been carried out in Asia. Shenetal5 recommends ductoscopy as a safe alternative from Ductography based on a positive predictive value of 83% for the detection of optical fiber and ductoscopy. Ductoscopy was not performed in this study because of lack of equipment. Mammography is another controversial study in the investigation of nipple discharge from time to time. In this series, mammography did not detect any abnormality in a patient with invasive carcinoma. A discussion on the importance of intraductive papillomas as precancerous lesions has identified a similar defect in many other series6 mammograms, although in a study at Nottingham had a good rate of mammography in situ (DCIS) showing a rise in ductal carcinoma and suggested there is a policy of pezón.9 waiting to manage the flow. Most authors believe that single papilloma percanceroso may be malignant in more than one papilloma. In this study, 40 patients had solitary intraductal papilloma and 4 patients had multiple intraduction papillomas. Normal mammography may exclude surgery in patients without a single-channel and palpable lesion. Our experience does not support such a policy. One patient (1.53%) had invasive ductal carcinoma by normal mammography. Most of our patients (98.47%) had benign lesions, and those with color discharge had no malignancy. Only one patient (1.53%) had invasive ductal carcinoma presenting with bloody nipple discharge.

CONCLUSION:

All patients with permanent secretion and blood stain from a single lactiferous duct should be treated with microdochectomy irrespective of mammographic findings. Microdochectomy remains a safe and effective method for breast discharge.

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