CODEN (USA): IAJPBB ISSN: 2349-7750

INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES

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

DEMOGRAPHICAL AND CLINICAL PROFILE OF PATIENTS WITH BREAST CANCER AT TERTIARY CARE HOSPITAL

[1]Dr. Agha Taj Muhammad, [1]Dr. Rasool Bux Behan, [2]Dr. Mairaj Muhammad, [3]Dr. Sadaf Iqbal, [4]Dr. Hamid Nawaz Ali Memon

[1]Liaquat University of Medical and Health Sciences (LUMHS) Jamshoro Sindh Pakistan
[2]Muhammad Medical College Mirpurkhas Sindh Pakistan
[3]Baqai Medical University Karachi Sindh Pakistan
[4]Zulekha Hospital Dubai United Arab Emirates

Received: 10 March 2017 **Accepted:** 20 March 2017 **Published:** 28 March 2017

Abstract:

OBJECTIVE: *To determine the demographical and clinical profile of patients with breast cancer at tertiary care hospital*

PATIENTS AND METHODS: *During one year study period total fifty patients with primary breast cancer presented in different surgical and oncology wards of a tertiary care hospital Pakistan were enrolled for this cross sectional study. The patient demographic and clinicopathological characteristics and biochemical markers were investigated. Biochemical markers, including blood complete picture, mammography, FNAC and excisional biopsy followed by histopathology were done. Patients were monitored and were treated accordingly whereas the frequency / percentages (%) and means ±SD computed for study variables.*

RESULTS: *During six month study period total fifty patients having breast cancer were explored and study. The mean ± SD for age (yrs) of population was 39.74±5.65. Regarding presentation isolated breast lump 35 (70%), isolated nipple discharge 05 (10%) and fungating / ulcerative growth 10 (20%), the site as upper outer 20 (40%), upper inner 10 (20%), lower outer 05 (10%), lower inner 05 (10%) and central 10 (20%), the surgical intervention modified radical mastectomy 40 (80%), simple mastectomy 03 (6.0%) and completion modified radical mastectomy 07 (14%) respectively.*

CONCLUSION: *Modified radical mastectomy was found to be a safe operative procedure while the mammography is a good screening tool.*

KEYWORDS: *Breast, Cancer, and Malignancy*

Corresponding Author:
***Dr. Agha Taj Muhammad**,
Email: zulfikar229@hotmail.com

QR code

Please cite this article in press as Agha Taj Muhammad et al, ***Demographical And Clinical Profile Of Patients With Breast Cancer At Tertiary Care Hospital****, Indo Am. J. Pharm. Sci, 2017; 4(03).*

INTRODUCTION:

Worldwide breast cancer is the most frequent cancer in women and represents the second leading cause of cancer death among women [1]. The information on the epidemiology of breast cancer in Pakistan is very limited, except for a few reports and literature. [2] Management of breast cancer is immunologically and histologically heterogeneous in character and requires multidisciplinary treatment. Despite all the advances, the management of breast cancer is still a controversial. [3, 4]This obviously is the reason why it continues to be the focus of intense basic and clinical research [5]. Hence, this cross sectional study was carried out to know the demographical, clinical presentation, risk factors, and management strategies for breast cancer patients at tertiary care hospital. The present study gives the knowledge of the segment profile of patient age with breast cancer and its various presentations at hospital settings.

PATIENTS AND METHODS:

During one-year study period total fifty patients with primary breast cancer presented in different surgical and oncology wards of a tertiary care hospital Pakistan were enrolled for this cross-sectional study while the breast cancer patients already treated by mastectomy were placed in exclusion criteria. A detailed analysis of patients was done according to a pre-designed proforma. The patient demographic and clinicopathological characteristics and biochemical markers were investigated. Biochemical markers, including blood complete picture, mammography, FNAC and excisional biopsy followed by histopathology were done. Patients were monitored and were treated accordingly. Overall surgical intervention along with correlation of the clinical assessment and histopathological examination was carried out in each case while the data was analyzed in SPSS to manipulate the frequencies and percentages.

RESULTS:

During six-month study period total fifty patients having breast cancer were explored and study. The mean ± SD for age (yrs) of population was 39.74±5.65. The demographical and clinical profile of study population is presented in Table 1.

TABLE 1: THE DEMOGRAPHICAL AND CLINICAL PROFILE OF STUDY POPULATION

Parameter	Frequency (N=50)	Percentage (%)
AGE (yrs)		
11-19	07	14
20-29	09	18
30-39	12	24
40-49	14	28
50-59	05	10
60+	03	6.0
PRESENTATION		
Isolated breast lump	35	70
Isolated nipple discharge	05	10
Fungating / ulcerative growth	10	20
SITE		
Upper outer	20	40
Upper inner	10	20
Lower outer	05	10
Lower inner	05	10
Central	10	20
SURGICAL INTERVENTION		
Modified radical mastectomy	40	80
Simple mastectomy	03	6.0
Completion modified radical mastectomy	07	14

DISCUSSION:

The aim of this cross-sectional study was to determine the epidemiology of breast cancer at a tertiary care hospital Jamshoro. Lump in the breast was the chief presenting complaint in a majority of the patients (70%) as reported in previous studies. [6, 7] In advanced western nations, diagnosis of breast cancer has undergone a dramatic evolution and subsequent to the widespread availability of mammographic screening programs. The incidence of breast carcinoma was more on the left side in the upper outer quadrant corroborating with former observations. [8, 9] For the diagnosis of breast carcinoma, FNAC was done in most of the cases as it is useful diagnostic tool because it is rapid and cost effective while the mammography is an important tool for breast carcinoma screening between 50 and 70 years when the breast tissue content decreases and fat content increases [10]. Neoadjuvant chemotherapy was observed to be given by oncologist and literature suggestive that anthracycline-based chemotherapy is more effective in terms of relapse-free. Modified radical mastectomy was found to be safe operative procedures while the breast conservative surgery, although considered the gold standard in early breast cancer. Correlation of duration of symptoms and stage of breast carcinoma indicating that patients with a rural background are more likely to present in advance stages of the disease as compared to their urban population.

CONCLUSION:

Modified radical mastectomy was found to be a safe operative procedure while the mammography is a good screening tool. Thus there is a need for developing other cost effective screening methods for breast cancer in addition to breast examination as masses / lump for early detection.

REFERENCES:

1. Shah R, Rosso K, Nathanson SD. Pathogenesis, prevention, diagnosis and treatment of breast cancer. World J Clin Oncol.2014;5(3):283-298.
2. Khokher S, Qureshi MU, Riaz M, Akhtar N, Saleem A. Clinicopathologic profile of breast cancer patients in Pakistan: ten years data of a local cancer hospital. Asian Pac J Cancer Prev. 2012;13(2):693-698.
3. Sharma GN, Dave R, Sanadya J, Sharma P, Sharma KK. Various types and management of breast cancer: an overview. J Adv Pharm Technol Res. 2010;1(2):109-126.
4. Vijaykumar DK, Arun S, Abraham AG, Hopman W, Robinson AG, Booth CM. Breast Cancer Care in South India: Is Practice Concordant With National Guidelines?. J Glob Oncol. 2019;5:1-7.
5. Gupta A, Shridhar K, Dhillon PK. A review of breast cancer awareness among women in India: Cancer literate or awareness deficit?. Eur J Cancer. 2015;51(14):2058-2066.
6. Manoharan N, Nair O, Shukla NK, Rath GK. Descriptive Epidemiology of Female Breast Cancer in Delhi, India. Asian Pac J Cancer Prev. 2017;18(4):1015-1018.
7. Raina V, Bhutani M, Bedi R, Sharma A, Deo SV, Shukla NK, et al. Clinical features and prognostic factors of early breast cancer at a major cancer center in North India. Indian J Cancer.2005;42:36-41
8. Hussain MA, Ali S, Tyagi SP, Reza H. Incidence of cancer breast at Aligarh. J Indian Med Assoc. 1994;92:296-7.
9. Perkins CI, Hotes J, Kohler BA, Howe HL. Association between breast cancer laterality and tumor location, United States, 1994-1998. Cancer Causes Control.2004;15:637-45
10. Seely JM, Alhassan T. Screening for breast cancer in 2018-what should we be doing today?. Curr Oncol.2018;25(Suppl 1):S115-S124.