

**Original article:**

## **Study of management of cases of Breast carcinoma: Observational study**

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### **Abstract:**

**Introduction:** Surgery is considered primary treatment for early-stage breast cancer; many patients are cured with surgery alone. The goals of breast cancer surgery include complete resection of the primary tumor with negative margins to reduce the risk of local recurrences and pathologic staging of the tumor and axillary lymph nodes (ALNs) to provide necessary prognostic information.

**Material and methods:** The present observational study was conducted in Department of surgery for one year duration. The sample size was included 40 patients with breast carcinoma admitted in our Department.

All these patients were admitted with all age groups. Patients with other associated complications were excluded from present study. The patients were clinical diagnosed followed by investigations.

**Results:** In our present study , out of 40 patients , Mean age of patients was 46.32 years. Most of patients were given multiple therapy .

**Conclusion:** Advances in surgery continue to decrease morbidity through use of sentinel lymph node biopsy and oncoplastic surgery. Adjuvant radiotherapy for many women can now be given over shorter periods, with similar efficacy and side effects.

### **Introduction:**

Surgery is considered primary treatment for early-stage breast cancer; many patients are cured with surgery alone. The goals of breast cancer surgery include complete resection of the primary tumor with negative margins to reduce the risk of local recurrences and pathologic staging of the tumor and axillary lymph nodes (ALNs) to provide necessary prognostic information.<sup>1</sup>

Adjuvant treatment of breast cancer is designed to treat micrometastatic disease (ie, breast cancer cells that have escaped the breast and regional lymph nodes but which have not yet had an established identifiable metastasis). Adjuvant treatment for breast cancer involves radiation therapy and systemic therapy (including a variety of chemotherapeutic, hormonal and biologic agents)<sup>2</sup>

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Table 1) Management of breast carcinoma

S.NO.	Management mode	Number of patients (n=40)
1	Surgical	32
2	Adjuvant therapy	18
3	Medication	8
4	Hormonal therapy	13

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**Discussion:**

Most types of breast cancer are easy to diagnose by microscopic analysis of a sample—or biopsy—of the affected area of the breast. Also, there are types of breast cancer that require specialized lab exams.

The two most commonly used screening methods, physical examination of the breasts by a healthcare provider and mammography, can offer an approximate likelihood that a lump is cancer, and may also detect some other lesions, such as a simple cyst.<sup>3,4</sup>

Surgery involves the physical removal of the tumor, typically along with some of the surrounding tissue. One or more lymph nodes may be biopsied during the surgery; increasingly the lymph node sampling is performed by a sentinel lymph node biopsy.

Standard surgeries include:

- Mastectomy: Removal of the whole breast.
- Quadrantectomy: Removal of one-quarter of the breast.
- Lumpectomy: Removal of a small part of the breast.

Once the tumor has been removed, if the person desires, breast reconstruction surgery, a type of plastic surgery, may then be performed to improve the aesthetic appearance of the treated site. Alternatively, women use breast prostheses to simulate a breast under clothing, or choose a flat chest. Nipple prosthesis can be used at any time following the mastectomy.<sup>3</sup>

Medications used after and in addition to surgery are called adjuvant therapy. Chemotherapy or other types of therapy prior to surgery are called neoadjuvant therapy. Aspirin may reduce mortality from breast cancer when used

with other treatments. Radiotherapy is given after surgery to the region of the tumor bed and regional lymph nodes, to destroy microscopic tumor cells that may have escaped surgery. It may also have a beneficial effect on tumor microenvironment.

**Conclusion:**

Advances in surgery continue to decrease morbidity through use of sentinel lymph node biopsy and oncoplastic surgery. Adjuvant radiotherapy for many women can now be given over shorter periods, with similar efficacy and side effects.

**References:**

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