

Original article:

Breast carcinoma cases management at tertiary care hospital

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Abstract:

Introduction: The diagnosis and management of breast cancer are undergoing a paradigm shift from a one-size-fits-all approach to an era of personalized medicine.

Material and methods: The present work was carried out in our Department of surgery, in last six months. This was retrospective study collected information from 50 patients either from interview as well as previous records. All the patients admitted in last one year were included in study except the patients that were not take regular follow up – were excluded from present study.

Results: In our present Mean age was 44.72 years . Maximum patients were in range 40 to 50 years. This was noted more in women associated with history of addictions . Majority women were not aware about diseases and severity . 94% women in our study were found lack of exercise.

Conclusion: From present study, we may conclude that was noted more in women associated with history of addictions. Majority women were not aware about diseases and severity. 94% women in our study were found lack of exercise.

Keywords: Breast carcinoma , addiction .

Introduction:

The diagnosis and management of breast cancer are undergoing a paradigm shift from a one-size-fits-all approach to an era of personalized medicine. Women from less developed regions (883 000 cases) have slightly more number of cases compared to more developed (794 000) regions.(1) In India, although age adjusted incidence rate of breast cancer is lower (25.8 per 100 000) than United Kingdom (95 per 100 000) but mortality is at par (12.7 vs 17.1 per 100 000) with United Kingdom.(2) There is a significant increase in the incidence and cancer-associated morbidity and mortality in Indian subcontinent as described in global and Indian studies. (3 , 4) Earlier cervical cancer was most common cancer in Indian woman but now the incidence of breast cancer has surpassed cervical cancer and is leading cause of cancer death, although cervical cancer still remains most common in rural India.(5)

Material and methods:

The present research work was carried out in our Department of surgery, in last six months. It was retrospective study collected information from 50 patients either from interview as well as previous records. All the patients admitted in last one year were included in study except the patients that were not take regular follow up – were excluded from present study.

The samples were collected using randomized sample survey. All data was tabulated in Excel sheet and analyzed.

Results:

Table 1) Age wise patient's distribution (N = 50)

Age (Years)	Number of patients	Percentage
< 20	0	0
20 -40	3	3
40 - 50	42	42
>50	5	5

In our present Mean age was 44.72 years . Maximum patients were in range 40 to 50 years.

Table 2) Demographic data analysis

Variable	Number of patients	Percentage
Marital status		
1. < 30 years	20	20
2. > 30 years	30	30
Addictions		
Tobacco	3	3
Mishri	7	7
None	40	40
Urban	17	17
Rural	33	33
Parity		
Mono	12	12
Multi	38	38
Obesity	31	31
Non obese	19	19
Exercise	3	3
No exercise	47	47
Literate	32	32
Illiterate	18	18

This was noted more in women associated with history of addictions . Majority women were not aware about diseases and severity . 94% women in our study were found lack of exercise.

Discussion:

Breast cancer is not a single disease. Specific biological processes and distinct genetic pathways are associated with prognosis and sensitivity to chemotherapy and targeted agents in different subtypes of breast cancers. In our present Mean age was 44.72 years . Maximum patients were in range 40 to 50 years. This was noted more in women associated with history of addictions . Majority women were not aware about diseases and severity . 94% women in our study were found lack of exercise. Breast cancer is the major cause of morbidity and mortality among females ranking number one among females in Indian metropolitan cities like Delhi, Kolkatta, Pune and Thi'puram, Bangalore and Mumbai and in Northeast, whereas in rural areas such as Barshi it still hold a second position. [6]

Epidemiology of breast cancer across different PBCRs in India shows increasing trends for incidence and mortality mainly due to rapid urbanization, industrialization, population growth and ageing affecting almost all parts of India. [7] Factors as marital status, location (urban/rural), BMI, breast feeding, waist to hip ratio, low parity, obesity, alcohol consumption, tobacco chewing, smoking, lack of exercise, diet, environmental factors were major risk factors in India leading to increasing incidence cancer; however, the reason for high incidence of breast cancer in younger women are not well known. Delayed disease presentation due to illiteracy, lack of awareness, financial constrains in some regions of India leads to late diagnosis, which in turn increases mortality rate. [8]

Conclusion:

From present study, we may conclude that was noted more in women associated with history of addictions. Majority women were not aware about diseases and severity. 94% women in our study were found lack of exercise.

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