



To the Question of a Mastitis-Like Form of Breast Cancer

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Received: 📅 November 29, 2019

Published: 📅 December 05, 2019

Abstract

The author considers the current problem of modern medicine associated with the increase of all forms of breast cancer, including the mastitis-like. It is of important social importance, as it requires increased cancer alertness not only of the population, but also of health workers who are engaged not in the field of oncology, but in other medical activities. Because of little awareness of this form of cancer, they may take it as acute mastitis and make a severe diagnostic error. The author has repeatedly been convinced of this during 60 years of medical activity and tries to focus on this problem of modern esculapus.

The aim of the study: to sharpen the attention of doctors on the need to comply with cancer alertness in the treatment of acute mastitis, as mastitis-like breast cancer proceeds with a similar symptoms and can be allowed a severe diagnostic error.

Keywords: Breast; mastitis-like cancer; diagnosis

Introduction

Breast cancer is ranked 1st in the structure of women's cancer. Every year more than 1 million people register in the world. New cases of RMJ, which is 1-2% of the total number of the disease [1]. When the tumor is located in the thickness of the parenchyma gland, the diagnosis is usually established by its external examination and palpation. Symptoms of RMJ include the appearance of wrinkles on her skin, local swelling, seal ingestion, umbilication, nipple pulling, and when palpation reveal a dense bumpy tumor and enlarged regional lymph nodes. To confirm the diagnosis, mammograms and cytological examination of the tumor point are usually performed [2]. In recent years, blood has been studied for this purpose to detect circulating tumor cells [3-5]. The search for new markers that allow the most complete and early to detect the development of the tumor process in breast tissue is one of the pressing tasks of modern oncology [6]. In rare forms of RMH, and these include mastitis-like cancer; clinical symptoms can be confused, which can lead to unjustified surgery with severe consequences. This is more often observed when the patient is primarily observed not by an oncologist, but by a doctor of another medical specialty who does not have proper cancer alertness. This was repeatedly made public while working in various cancer facilities.

Material and Methods

During 15 years of work as an oncologist, first in the Kzyl-Ordinsky regional dispensary, then in the Krasnodar kryonko dispensary, and then in the Kiev n/i and Radio radiological and Oncology Institute had to observe mastitis-like breast cancer. Seven observations were especially remembered, in which surgeons in the clinics in the residence of the RMJ were mistaken for a gneutitis and performed its "autopsy". Dissection of the cancerous tumor tissue with the drainage of the wound, ended with its rapid metastasis and local growth, and one patient developed even a birth-like form of cancer of this gland. The age of the patients was between 41 and 50 years. These observations made us think about the cause of such terrible diagnostic errors of RMH, which were made by surgeons of clinics, and convinced of the need for thoughtful cancer alertness in the presence of a patient of some form of breast pathology. In further professional activities, these observations allowed me to prevent similar mistakes of surgeons 2ECHO BSMP Krasnodar, which at different times appealed to two women with suspicion of having acute mastitis. One of them was a hospital employee and the other was a relative of one of the surgeons. The presence of these women's genius mastitis did not cause any doubt in colleagues and they decided to operate on them, applying for permission to me.

During the examination, the patients clearly identified all 5 signs of acute inflammation and not a single symptom of RMJ. The only embarrassment was that they were not maternity, and the duration of the disease was about 2-3 weeks. It was decided to first do a cytological study of the point of the gland, and then open the gnoy. And this turned out to be the right decision, as cancer cells were found in the paragraph. The women underwent emergency radical mastectomy, and after the stitches were removed, the treatment was continued in the oncology dispensary.

Result

All the patients who had breast cancers in the clinics died within 1 year from metastases. Both women, who first performed radical mastectomy, and then underwent chemotherapy in the oncology dispensary, remain able to work. The duration of the observation is about 10 years.

Discussion


The mastitis-like forms of RMJ are erased and atypical, which can lead to a diagnostic error, i.e. the cancer is mistaken for acute mastitis and produces a dissection of tumor tissue. This is accompanied by its rapid metastasis and local growth. Very quickly the disease is fatal. To avoid this error in diagnosis and treatment, it is necessary to observe due on-caution and carry out surgical activity only after the exclusion of RMJ.

Conclusion

Currently, well-developed ways of early diagnosis of RMJ, including the mastitis-like form of it. For this reason, any breast pathology must necessarily be evaluated by oncologists to exclude RAM. Behind the imaginary simplicity of surgical tactics hide the terrible consequences after the trauma of the tumor. To avoid errors, you need to observe cancer alertness.

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DOI: [10.32474/SCSOAJ.2019.03.000173](https://doi.org/10.32474/SCSOAJ.2019.03.000173)



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