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Breast is a modified sweat gland which secretes milk and is a significant accessory sex organ of female reproductive system. It rests on the pectoralis muscle from which it is separated by a fascia. It is one of the most important organs as harbouring a large variety of complex structures and exposed to endocrinal disturbances. In females it has greater volume as compared to males and showing variation in size at menarche, during pregnancy & lactation and at menopause. The greater volume, complex structures and endocrinal disturbances predisposed to large number of pathological lesions in this organ.

In males the breast is a rudimentary structure and is relatively insensitive to endocrinal influences and apparently resistant to neoplastic growth.

According to study of Ellis et al (1984) over 1000 females in surgical out patient department, has reported that about 30% of the women were considered to have no breast disease, almost 40% were diagnosed as having fibrocystic changes, slightly more than 10% had biopsy proven breast carcinoma & about 7% had benign tumours mainly fibro-adenoma. Remaining 13% comprising miscellaneous benign lesions.
Non-neoplastic conditions of breast are more common than cancer breast, and are of diverse origin, about 10-15% of women experiences discomfort in their breast at the time of menstruation (Anderson, 1996).

Most of the diseases of breast present as palpable masses which may be painful or painless, with or without nipple discharge. The painful conditions of the breast includes the inflammatory lesions. Amongst these conditions the most important is non-specific acute mastitis, virtually confined to the lactating period, other conditions are chronic mastitis, chronic cystic mastitis, plasma cell mastitis, tubercular mastitis, chronic non-specific granulomatous mastitis, fat necrosis and galactocele.

Other non-neoplastic conditions are mammary duct ectasia, periductal mastitis, fibrocystic changes, ductal hyperplasia, sclerosing adenosis, lobular hyperplasia, hamartomas & gynaecomastia in male breast (Anderson, 1996).

The breast tumors present varied histomorphological picture and plethora of terms have been used to depict them to an extent that comparison of data from different laboratories has become difficult. Many classification of breast tumour has been published earlier on the basis of their nature, behaviour, morphology but they ran into difficulty due to being unrelated to the cell of origin and histological appearance, was revised and a revised W.H.O.Classification of breast tumours which includes features of the Tumour-like
lesions was published in 1982, to overcome morphological & histological difficulties. This provides a recommended nomenclature, definition and code numbers for both tumours and tumour-like lesions. It aims at promoting uniformity, in recording and reporting diagnosis on histological basis (Azzopardi et al, 1982).

Neoplastic tumours of breast of epithelial origin are divided into benign and malignant tumours on the histological basis (Azzopardi et al, 1982). In general, the biological behaviour and clinical manifestation of malignancies of different parts of the body are variable. In advanced communities with increased life expectancy, low fecundity & short duration of breast feeding, incidence of breast carcinoma is increased and it is the second most common cancer in females all over the world and one of the leading cause of death from cancer of females forty to forty-four years of age. Breast cancer accounts for 32% to 35% of all female cancer & approximately 1,81,000 invasive breast cancers were diagnosed in United States in 1992, 46,300 women will die because of the tumour. In the 1970s the probability of a woman in the United States developing breast cancer was estimated at 1 in 13, in 1980 it was 1 in 11, in 1992 the frequency is 1 in 9 (Kirby et al, 1994). Carcinoma breast is a site-specific cancer, most commonly involved upper outer quadrant of breast approximately 60%.
In our country too, the incidence of cancer breast is second only to that of cancer cervix and accounts for 18% of all female cancer (National Cancer Registry Annual Report, 1985). Breast cancer incidence exceeds the cervical cancer according to the National Cancer Registry, Bombay, data (Jussawala & Deshpande, 1970). Its incidence definitely exceeds cervical cancer in western countries (Paymaster and Gangadharan, 1972). Its age adjusted annual incidence rate (A.A.R.) have been reported to vary between 15 to 25 per 1,00,000 women per year and risk of developing cancer for Indian females 1 in 15 (Bull. ICMR, 1992).

In India, facts regarding breast cancer were reported at Tata Memorial Centre by Jussawala (1970, 1981), Paymaster & Gangadharan (1972), Jussawala & Jain (1977) and Chandra (1979). Their significant findings includes -

1. Crude incidence rate at 70.1/1,00,000 population.

2. Amongst all cancers of female reproductive organs observed in Tata Memorial Centre (1941 to 1965) cancer breast constitute 29.8%.

3. Amongst all cancers occurring in women 18% were of breast and 39% of cervix.

4. Wide variation among religious communities of Western India was observed in Parsis (Zoroastrians) and Sindhis who were found to have higher incidence, followed in descending order, by Christian, Muslims and Hindu women.
5. Breast cancer accounts for about 8% of cancer in India. Paul & Jen Gupta (1980) reported the minimal annual incidence of cancer breast in Calcutta at 12.88/1,00,000 women population. National Cancer Registry (1984) has reported 22-25/1,00,000 women to suffer from breast cancer. Incidence is very low in Eskimo's women, who breast fed their babies upto 3 years.

In Uttar Pradesh, the incidence of breast cancer were reported to be 7.79% (Cancer Profile of India, 1983). Due to paucity of literature, it is difficult to comment upon the number of new cases being added every year in India, especially in Bundelkhand region of Uttar Pradesh, however, the incidence of breast cancer in U.P. is low as compared to incidence of breast cancer all over India.

The incidence of male breast cancer is <1% of all breast cancer occurs in women. The incidence appears to be highest among North Americans and the British, in whom it constitutes 0.4 to 1.5% of all male cancers. Gynaecomastia precedes one-fifth of these malignancy (Kirby et al, 1994).

The present study has been planned with the following aims and objectives:

1. To study various diseases of breast retrospectively from 1982 to 1996.

2. To analyse the diseases of breast in relation to age & sex.
3. To study the pathological profile of different diseases of breast in accordance with the W.H.O. Classification 1968 and 1982.

The literature testifies to the rarity of such kind of study ever conducted in this part of the country, specially in Bundelkhand region of Uttar Pradesh.