

in benign breast diseases. *Klin Wochenschr* 1981; 59: 403-407.

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## Material and Methods

History and physical examination was done on all symptomatic patients — in both the first and the second five year periods of the study.

In the first five year period 1981-85 all the suspicious breast lumps were excised. Treatment was decided on the basis of histopathology of the excised tissue.

In the second five year period of 1986-90. F.N.A.C. and mammography were done on all the patients with suspicious breast lumps and treatment was done on the basis of these two investigations.

## Results

1. Out of a total of 3295 F.N.A.C. 2800 (85%) were benign and 495 (15%) were malignant.
2. The analysis of 4160 mammograms is summarized in Table 1.

**Table # 1**  
**Analysis of Mammograms**

Mammographic Findings	Number & Percentage
Benign	2829 (68%)
Malignant	832 (20%)
Suspicious	166 (4%)
Normal	333 (8%)
TOTAL	4160 (100%)

3. In the first five year period of 1981-85 the overall surgical excision rate of breast lumps was 86%. This was reduced to 45% in the second five year period of 1986-90.
4. In the second five year period, 85% of breast cysts got treated with aspiration, only 15% required excision biopsy.

## Discussion

The results show, F.N.A.C. and Mammography are extremely beneficial in the breast diseases management. Decrease in the surgical excision rate of breast lumps not only spares the patients of unnecessary surgery but also reduces the hospitalization and treatment cost to the government hospitals.

Fear of cancer is paralyzing and results in extreme anxiety and psychological trauma. Patients with benign disease can be accurately and quickly diagnosed using F.N.A.C. and mammography, thus relieving them from their fears and anxiety.

Moreover, patients with benign lumps can be admitted as Day-Care patients for operation and patients with malignancy can have one stage planned surgery with improved results<sup>3</sup>.

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## IMPACT OF NEW DIAGNOSTIC MODALITIES ON BREAST DISEASES MANAGEMENT - KARACHI EXPERIENCE

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### Abstract

A retrospective study was conducted on patients attending "Breast Diseases Diagnostic Centre" at Dow Medical College and Civil Hospital, Karachi in two different time periods. In the first five years — 1981 to 1985 Mammography was not available and Fine Needle Aspiration Cytology (F.N.A.C) was used infrequently. In the second period of five years — 1986 to 1990 both these diagnostic modalities were used on all symptomatic patients. Total of 3295 F.N.A.C. and 4160 Mammograms were done. The results indicate that both these diagnostic modalities are extremely beneficial in the management of breast diseases.

*Key Words:* Breast disease, Mammography, F.N.A.C.

### Introduction

The success in the treatment of breast diseases relies upon the correct and timely diagnosis of its pathology. F.N.A.C. and Mammography are two new modalities which have become available to the clinician for this purpose<sup>1,2</sup>.

F.N.A.C. is a very simple procedure and can be easily performed in the out-patient clinic. It is a safe, economical and painless technique which saves times and has a reliable accuracy of 92-94% in experienced hands<sup>1</sup>.

F.N.A.C. does not require any fancy apparatus — only a disposable 10 ml syringe, a skin cleanser, absolute alcohol and glass slides are

required.

Breast is held in one hand and the needle is introduced in the lump or suspected area. While maintaining a negative pressure tip of the needle is directed in various directions to collect multiple samples. Slides are made like a blood film and fixed in absolute alcohol for Pap Staining<sup>4</sup>.

Mammography is a relatively new diagnostic modality in our country. It is the soft tissue radiography of the breast to visualize its internal architecture<sup>2</sup>. It requires a special mammographic equipment, a special intensifying screen and a fast X-Ray film to reduce the amount of radiation. Breast Compression is applied and two views taken (1) Oblique and (2) Craniocaudal<sup>2</sup>.

Mammography has many benefits:

1. The maximum benefit of mammography is to detect preclinical, pre-palpable cancer. Treatment at this stage will prolong the patients survival to 90% for 10 years<sup>1</sup>.
2. Pre-operative differentiation of benign from malignant lumps is possible in many cases. This reduces unnecessary diagnostic biopsies and certain breast diseases can be treated conservatively<sup>5</sup>.
3. Carcoma can be a multicentric disease in the same breast and without mammography one may miss an early carcinoma and do only lumpectomy for the palpable lump<sup>2</sup>.
4. After mastectomy, the contra-lateral breast has increased risk of carcinoma and needs a yearly followup with mammography<sup>1,2</sup>.

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