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Review Article

Breast Cancer: Frequency and Results of Treatment at Department of Ignace Deen's General Surgery, University Hospital Center (CHU-IGNACE DEEN)

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Abstract

Introduction : *The objective of our study was to present the results of breast cancer management in the General Surgery Department of Ignace Deen University Hospital Center (CHU-Ignace Deen).*

Methodology: *This was a 12-month retrospective and descriptive study conducted from January 1 to December 31, 2024, at Ignace Deen Hospital University Hospital Center (CHU-Ignace Deen).*

Results: *From 1,560 hospitalized patient records, we identified 14 cases of breast cancer (0.9%). The 40-59 age group was the most represented (64.3%). The mean age of the patients was 48 years. All were women. 14.3% of patients had a family history of colorectal cancer. The main symptoms were breast pain (92.9%) and breast lumps (57.1%). Risk factors were alcohol, late menopause, and smoking. Mammography was performed in 100% of cases; lung metastases were present in 57.1% of cases. Infiltrating ductal carcinoma was present in 57.1% of cases. Mastectomy with axillary dissection was performed in 92.9% of cases. The postoperative course was favorable (71%). We recorded 4 deaths within the first 3 months after surgery.*

Conclusion: *Breast cancer was rare in the department. Breast pain and nodules were the main signs observed. Total mastectomy with axillary dissection was the primary treatment.*

Introduction

Breast cancer is the leading cancer worldwide, accounting for more than 11.7% of all cancers [1]. Its overall incidence is estimated at 23% of female cancers and 10.9% of all cancers [2].

It is very common in industrialized countries and five times higher than in developing countries (Asia, Africa). Hormonal, familial, and genetic factors, dietary factors, metastases, consultation delay, and tumor size are risk and poor prognosis factors [3].

1Breast cancer is a pathology for which diagnostic methods are now well developed. Despite these significant advances, 70% of cases diagnosed in sub-Saharan Africa are diagnosed at an advanced stage [4].

Neoadjuvant chemotherapy plays an important role in this treatment. Surgical treatments are less aggressive on the lymphatic system, thus reducing the risk of lymphedema [5].

The local recurrence rate after conservative treatment is between 4 and 8% at five years [6]. It is currently the second leading cause of death in adults in developing countries. It is responsible for 70% of annual deaths worldwide [7,8].

Methodology

This was a 12-month retrospective descriptive study, lasting one year, from January 1 to December 31, 2024, conducted in the General Surgery Department of the Ignace Deen National Hospital.

This study included all the records of patients hospitalized and treated for breast cancer with histological evidence.

Our variables were both quantitative and qualitative.

Results

We collected 14 records from a total of 1,560 hospitalized patients. The average age of the patients was 48 years.

It is noteworthy that all patients were women, 57% of them came from the interior of the country, most had a family history of cancer, and 50% were pauciparous (7 cases, 50%). Traditional treatment with breast poultices was observed in 11 patients.

Patients presented for breast pain in 13 cases (92.9%), the presence of nodules in 8 cases (57.1%), and skin changes in 7 cases (50%).

The mean time to consultation was 7.07 ± 4.15 months, with a range of 1 to 13 months. Alcohol was the dominant risk factor (4 cases, 28.6%), followed by smoking and late menopause (3 cases, 21.4%), combined contraceptive use (2

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Figure 1. *Before mastectomy*

Figure 2. *After surgical mastectomy*

cases, 14.3%), and early menarche and late first pregnancy (1 case, 7.1%). Self-examination and systematic examination were the circumstances of discovery. The upper outer quadrant was the dominant site.

Six patients underwent a thoracoabdominal-pelvic CT scan. Infiltrating ductal carcinoma was present in 10 cases (71.4%), with the lungs being the most common secondary site (8 cases, 57.1%); neoadjuvant chemotherapy was used in 6 patients (42.9%). Mastectomy and lymphadenectomy were performed in 13 patients, or 92.9%. After surgery, the outcome was favorable in 10 cases (71%), and the survival rate was 3 months in 13 cases (92.3%). Two patients died after six months. Metastases, comorbidities, tobacco and alcohol consumption, as well as late consultation were factors contributing to a poor prognosis. The average length of hospitalization was 10 days, with a range of 3 to 20 days.

Discussion

Breast cancer is less common in our department due to the existence of other services or facilities specialized in its treatment. It was more common in older patients, as this pathology is the prerogative of those in their fifties. More than half of our patients came from the interior of the country; this could be explained by the lack of awareness of the disease among the population and the absence of specialized facilities in regional cities. The most common family history of cancer was colorectal cancer. The application of poultices was noted in most patients; this traditional product often accelerates the tumor process towards malignancy. The reasons for consultation were dominated by breast pain and breast nodules, with the majority of our patients presenting at an advanced stage of the disease. The most common risk factors were alcohol, late menopause, and smoking. In our study, breast self-examination was the main cause of breast cancer discovery. Fouhi et al. [9] reported in 2020 in Morocco a predominance of self-examination, mastodynia, and breast discharge as discovery circumstances.

In our series, both breasts were equally affected. Ranaivomanana et al. in Madagascar in 2021 reported in their study that the left breast was most affected. [10]

Depending on the location, the cancer predominated in the upper-outer quadrant, this quadrant being the main site of predilection for breast cancer [11]. The presence of breast signs in this quadrant should first suggest breast cancer. For diagnosis, a mammogram was performed in all our patients,100%. In our series, 57.15% of our patients developed pulmonary metastases. In our study, the histological type was primarily invasive ductal carcinoma.

Depending on the treatment, our patients underwent mastectomy combined with lymph node dissection, followed by chemotherapy in some.

The postoperative course was uneventful in the majority of cases.

Conclusion

Breast cancer is relatively rare in our department. The main symptoms observed were breast pain and nodules. Patients presented late. Total mastectomy with axillary lymph node dissection was the primary treatment, sometimes combined with chemotherapy.

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