

BREAST DISEASES IN ADOLESCENT GIRLS: IGIMS HOSPITAL EXPERIENCEDipali Prasad¹, Kalpana Singh², Sangeeta Pankaj³, Manoj Kumar⁴, Vijayanand Choudhary⁵**HOW TO CITE THIS ARTICLE:**

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ABSTRACT: INTRODUCTION: Breast disorder in the adolescent girls is fortunately an uncommon presentation with most lesions turning out to be benign. **METHOD:** The study population consisted of 152 adolescent girls in RB OPD of IGIMS, Patna from Oct, 2010 to March, 2013 of which 48 adolescent girls presented with breast problems. **OBSERVATION:** The Clinical and Sonographic evaluation confirmed the diagnosis of benign tumor (41.66%), Fibrocystic changes of breast (37.50%), Developmental disturbances (8.33%), Abscess (6.25%), Inherited defect (4.17%) and mammary duct ectasia in (2.09%) of cases. **CONCLUSION:** Adolescent girls presenting with breast problem in tertiary care centre, IGIMS was 31.57% in the study group. Breast disorders in adolescent girls are mostly benign (noncancerous). Adolescent girls presenting with breast problem should never be overlooked and thoroughly evaluated to prevent long term complications.

KEYWORDS: Adolescent girls, breast diseases.

INTRODUCTION: Breast disorder in the adolescent girls is fortunately uncommon with most lesions turning out to be benign. Breast development is the first sign of puberty in young girls. Breast development during adolescence is an important marker of the transition to adulthood.¹

Breast development before 8 years is defined as premature, whereas thelarche after 12 years is considered delayed. The grading system elaborated by Tanner is commonly used to classify the normal progression of breast development into 5 stages.² However, the spectrum of breast diseases in childhood and adolescence is generally different from that in adults.³ In contrast to adults, the risk of malignancies of the breast is very low.⁴⁻⁶ The most important diagnostic imaging method is breast sonography^{7,8}, which has wide acceptance because of its lack of radiation hazards.

Developmental anomalies or abnormalities of breast can result in poor self – esteem or make the adolescent girl self-conscious. The presentation and diagnosis of breast problems in adolescent girls are discussed in this paper.

MATERIAL AND METHODS: The study population consists of 152 adolescent girls in RB OPD of IGIMS, Patna from Oct, 2010 to March, 2013 of which 48 adolescent girls presented with breast problems. All adolescent girls were clinically examined and assigned a Tanner grade for breast development. A standardized sonographic examination was performed in all the cases. Specific blood tests like thyroid profile and serum prolactin were done as required on individual basis. All patients with confirmed breast abnormalities underwent standardized follow up investigation comprising of clinical examination and sonography, at 3 to 6 month intervals.

OBSERVATION:

Presentation of Breast disorder in Adolescent girls	n= 48	
Painless, movable and firm round lump	20	41.66%
Breast Pain	10	20.83%
Cyclic Breast Pain	6	12.50%
Nipple discharge	2	4.16%
Asymmetry of Breast	4	8.33%
Breast infection or Abscess	3	6.25%
Extra Nipple	1	2.09%
Extra Breast	1	2.09%
Mammary duct ectasia	1	2.09%

Table 1

Diagnosis of Breast Disorder in Adolescent	n= 48
Solid benign tumor n=20 (41.66%)	Fibroadenoma (19) Phylloides tumor (1)
Fibrocystic Breast n=18(37.50%)	Mastalgia (10) Cyclic Mastalgia (6) Nipple discharge (2)
Developmental disturbance Asymmetry of breast n=4(8.33%)	Macromastia (1) Micromastia (3)
Breast Abscess or infection n=3(6.25%)	Abscess or Mastitis
Inherent defect n=2(4.17%)	Accessory Nipple (Axillary & chest wall) Accessory Breast tissue(Axilla)
Other n=1(2.09%)	Mammary duct ectasia

Table 2

RESULT: The clinical and sonographic evaluation confirmed the diagnosis of benign tumors (41.66%), Fibrocystic changes of breast (37.50%), Developmental disturbances (8.33%), Abscess (6.25%), Inherent defect (4.17%) and Mammary duct ectasia (2.09%).

DISCUSSION: Common presenting sign and symptoms in the adolescent patient are breast pain, nipple discharge, and discovery of a mass ^{9,10}. In the present study Fibroadenoma was present in (39.58%), Fibrocystic changes of breast in (37.5%), Abscess in (6.25%), Inherited defect as Accessory Nipple in (2.09%), Asymmetry of Breast in (8.33%) and Accessory Breast tissue in (2.09%). In one study of all breast masses diagnosed in adolescents, recent retrospective chart reviews demonstrate that approximately 67% are fibroadenoma, 15% are fibrocystic changes of breast, and 3% are abscess or mastitis ¹¹. It is estimated that approximately 25% of adolescent female have breast

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asymmetry that persist in to adulthood ⁴. Breast abscesses may occur in adolescent women, particularly if they are lactating. These are managed with antibiotic, drainage using Ultrasonography or drainage in the operating room. Good success has been reported for ultrasonography-guided abscess drainage ^{12,13}. Mastitis in nonlactating adolescents may occur ¹⁴. An extra breast (polymastia) or extra nipple (polythelia) occurs in approximately 1% of the population. It may be an inheritable condition ¹⁵.

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