

BENIGN BREAST TUMORS

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Abstract: Benign breast tumors are a group of bulky, diffuse, or mixed neoplasms that originate from breast tissue and are not prone to invasive growth. Sometimes they are asymptomatic, more often they are manifested by periodic or persistent pain in the mammary glands, the presence of seals, and with a number of neoplasms– discharge from the nipples. When making a diagnosis, ultrasound of the mammary glands, mammography, cytological examinations, and a test for cancer markers are used. Treatment is selected taking into account the type of tumor, provides for the appointment of hormonal and non-hormonal therapy, which is preceded by surgical intervention in some neoplasms.

- Reasons
- Pathogenesis
- Classification
- Symptoms
- Complications
- Diagnostics
- Treatment
- Prognosis and prevention
- Prices for treatment

Keywords: sign of benign breast tumors, forms of Benign breast tumors, types of Benign breast tumors, treatments for Benign breast tumors.

General information.

According to various studies, benign breast tumors account for 30 to 70% of all breast diseases diagnosed in women of reproductive age. In patients with pathology of the genital area, such neoplasia is detected even more often (in 75-95% of cases). Most of the volumetric processes are found in women over 40 years of age, which indicates the dishormonal origin of neoplasms. Fibroadenomas, which are usually diagnosed at the age of 15-35 years, are among the tumors detected in younger patients. The most common neoplasms of the mammary glands are various variants of fibrocystic mastopathy, other types of neoplasms are much less common.

Benign breast dysplasia (mastopathy, fibrocystosis is a disorder of epithelial differentiation, atypia, and histostucture without invasion of the basement membrane and with the possibility of reverse development. The occurrence of fibrocystic fibrosis is associated with a violation of the balance of estrogens.

The main forms of metopathy are non-proliferative and proliferative.

- Nonproliferative mastopathy is an overgrowth of dense connective tissue with areas of hyalinosis, in which atrophic lobules and cyst-dilated ducts are found. The ducts and cysts are lined with atrophic

or high (apocrinized) epithelium, forming papillary growths in some places. Microscopically, it is a dense whitish node (nodes) (fibrous mastopathy) or a node (nodes) of whitish tissue with cysts (fibrocystic mastopathy), more often in one of the mammary glands.

- Proliferative mastopathy is characterized by proliferation of the epithelium, myoepithelium, or the commonwealth of epithelium and connective tissue. The varieties of this form of metopathy are adenosis

(masoplasia), growths of the intracranial and calcareous epithelium, and sclerosing (fibrosing) adenosis. Adenosis (masoplasia) is an increase in lobules due to proliferation of the glandular epithelium, and the structure

the slices are saved. In places, not only the epithelium, but also the myoepithelium proliferates; microscopic cysts and areas of sclerosis appear in the end sections of the lobules. Growths of ductal and lobular epithelium

They lead to the formation of structures of solid, adenomatous and cribrous types, while connective tissue grows. The leading sign of sclerosing (fibrosing) adenosis is the proliferation of myoepithelium with the formation of microscopic foci consisting of clusters of elongated myoepithelial cells, among which epithelial tubules are visible. Later, sclerosis and hyalinosis of the gland tissue join.

Gynecomastia is a benign breast dysplasia (from Greek. dupe is a woman and tast is a breast), which is characterized by an increase in men's mammary glands and the appearance of thickening foci in them. Microscopically, the juvenile structure of the mammary glands, dilated ducts with proliferation of the epithelium forming papillae are detected. Sometimes solid and cribrous structures appear, typical for proliferative mastopathy. A gynecomastia patient shows signs of feminization.

Cancer often develops against the background of benign breast dysplasia. In this regard, it is considered a precancerous condition.

Morphology, ways of metastasis of malignant breast tumors.

Breast cancer ranks first among all malignant neoplasms in women. In most cases, it develops against the background of precancerous changes — benign breast dysplasia and ductal papilloma.

Macroscopic breast cancer is represented by nodular and diffuse forms, cancer of the nipple and nipple margin (Paget's disease of the breast). A nodular cancer is a node with a diameter of up to several centimeters.

In some cases, the node is dense, permeated with whitish layers of tissue that penetrate into the surrounding fatty tissue, in others it is soft, juicy on the incision, and easily disintegrates. Diffuse cancer covers the gland for a considerable length, the contours of the tumor are poorly marked, when the cancer grows into the skin and forms a mushroom—shaped disintegrating formation on its surface - a cancerous ulcer. In some cases, the tumor spreads over the surface of the breast, which becomes covered with a dense shell, called carapace cancer.

Reasons.

To date, there is no unified theory clarifying the etiology of the occurrence of bulky breast tumors. The formation of a benign tumor is considered to be a polyetiological process triggered by a combination of internal (hormonal and genetic) and external factors. According to experts in the field of mammology, the most common causes of the disease are:

- Hormonal disorders. First of all, we are talking about the stimulating effect of estrogens. Benign neoplasm can occur both with ovarian pathology (cysts, oophoritis, adnexitis, cancer) and with dysregulation of hormone synthesis at the hypothalamic-pituitary level.
- Genetic predisposition. The probability of detecting a tumor formation is higher in women whose close relatives suffered from mammary neoplasia. The role of the hereditary factor is associated with both a violation of breast cell proliferation and disruptions in hormonal and immune regulation.
- Endocrine diseases. Women with diseases of the thyroid gland, adrenal glands, and diabetes mellitus belong to the risk group for the development of benign breast tumors. In such cases, hormonal regulation disorders affect the synthesis of sex hormones, local microcirculation and immunity.
- Mechanical effects. The risk of benign tumor formation increases after breast injuries (bruises, penetrating wounds). There is also a danger of permanent minor traumatic effects on breast tissue due to wearing an improperly fitted underwire bra.

In addition to the immediate causes that can provoke a benign tumor process, there are a number of predisposing (background) factors. These include chronic inflammatory diseases of the female genital organs (endometritis, plastic pelvioperitonitis), endometriosis, frequent miscarriages, abortions and diagnostic curettage, ectopic pregnancies. Women who have early sexual activity, often change sexual partners, smoke, and abuse alcohol are more at risk of developing a benign breast tumor. Overweight, dietary disorders, physical inactivity, stress, and prolonged uncontrolled use of oral contraceptives play a role in the development of neoplasia. All of these factors can lead to or exacerbate dishormonal disorders.

Pathogenesis.

Violation of the ratio of estrogen and progesterone concentrations in breast tissues, especially when exposed to external damaging agents (mechanical, chemical, radiation), leads to increased cell proliferation. The process involves the epithelium, connective tissue stroma, and lipocytes, which determines the type of tumor being formed. Pathological neoplastic changes in the mammary glands can be nodular (in the form of a bulky neoplasm) or diffuse (in most forms of mastopathy). When benign tumors grow, they do not germinate into the surrounding tissues.

Classification.

In clinical practice, the histological classification of benign breast tumors, which was developed by experts from the World Health Organization in 1984, is usually used. It takes into account the features of the cellular structure and the growth of a neoplasia. According to this classification, there are six main groups of breast tumors.:

- Epithelial neoplasms. This group is represented by adenomas (nipple, tubular, lactating) and intraductal (intraductal) papillomas.
- Mixed tumors. Such neoplasms are formed by both epithelial and connective tissue. The group includes fibroadenoma and leaf-shaped (phylloid) tumor.
- Neoplasia of other types. In addition to the epithelium and stroma, the tumor process can affect the soft tissue, epidermis and dermis of the mammary glands. In this case, lipomas and skin growths are formed.
- Unclassifiable tumors. Such a diagnosis is established in cases where the histological structure of neoplasia is not determined, but the volumetric process is benign.
- Tumor-like formations. Bulky neoplasms of this category are of a non-proliferative nature, resulting from ectasia, inflammation, developmental abnormalities (hamartoma), etc.
- Dysplasia of the mammary glands. The disease is also known as mastopathy (fibrocystic disease). The dysplastic process can be diffuse or nodular.

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