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CONDITION OF BREAST TISSUEAND THE RISK OF DEVELOPING BREAST CANCER IN PATHOLOGICAL SECERATION SYNDROME

Abdieva N
Asian International University, Bukhara, Uzbekistan

Abstract: Of 122 women with serous discharge from the nipples of the mammary glands, mastitis inhistory was noted in 42.6% of cases, postpartum lactostasis – in 25.4% of cases. A study of the contents of the ducts and the state of the periductal tissue of the mammary glands in these patients showed that a high titer of bacterial invasion was typical for women aged 35–55 years, both those who gave birth (10.7%) and nulliparous (8.2%). Proliferating epithelium in the ducts is more pronounced in women who had an abortion (4.9%) and women of reproductive age who gave birth (4.1%). For secerated mammary glands, differentiation according to the signs of proliferation and autoimmunization is more typical. Cystic dilated ducts as a source of increased hormonal concentrations leading to dysplastic processes in the walls of cystic formations and periductal tissue are an indication for immediate treatment.

Key words: Secerating mammary gland, lymphoproliferative syndrome, immune infiltration, fibrosis, ductectasia, bacterial invasion, proliferation.

Features of changes in mammary gland tissue have always been of interest due to their certain unpredictability. During ultrasound examination (ultrasound) and morphological examination in women with serous seceration syndrome, we observe fibrosis, immune infiltration or proliferative-dysplastic processes in various variants.

Dilated ducts may be lined by pyknotic or vacuolated epithelium. Around such ducts, focal lymphoplasma cell infiltration is determined [1].

Psychotrauma experienced, exacerbations of concomitant inflammatory diseases of the reproductive sphere, hepatobiliary zone, abortions or miscarriages, stressful situations often contribute to the manifestation of mastopathy symptoms: increased pain, the appearance of lumps in the mammary glands and discharge from the nipples, which is consistent with the data literature [2].

The ongoing proliferative processes in the mammary glands with the formation of intraductal papillomas occupy all the ducts in the mammary gland tissue and require an expansion of the scope of surgical intervention up to mastectomy [3].

Multiple papillomas in combination with the proliferative form of fibrocystic disease (FCD) constitute a group of proliferative changes in the mammary glands with unique clinical and biological characteristics and lead to a significant risk of developing breast cancer even in comparison with the proliferative form of FCD in combination with - genital intraductal papillomas [4].

Ultrasound and mammography data were used to determine the severity of the glandular component in the mammary gland tissue. The study was conducted on 122 women with serous discharge from the nipples of

the mammary glands. All women were distributed according to their hormonal status in accordance with their age.

Table 1.*The degree of expression of the glandular component of mammary gland tissue depending on the age and hormonal status of women with serous seceration*

Groups, age	Pronounced glandular component, n (%)	Moderately pronounced glandular component, *n*(%)	Weakly expressed glandular component, *n*(%)	Fat involution, *n* (%)
Main group				
25–45 years	35 (28.7)	32 (26.2)	9 (7.4)	0
45–65 years	0	10 (88.2)	20 (16.4)	16 (13.1)
Total	*35 (28.7)*	*42 (34.4)*	*29 (23.8)*	*16 (13.1)*
Control group				
25–45 years	21 (17.2)	25 (20.5)	8 (6.6)	0
45–65 years	9 (7.4)	15 (12.3)	22 (18.0)	22 (18.0)
Total	*30 (24.6)*	*40 (32.8)*	*30 (24.6)*	*22 (18.0)*

Table 2.*Variants of differences in the contents of the ducts in different categories of women with serous discharge from the nipples of the mammary glands (n = 122)*

Cellular and bacterialcomposition of ductal discharge	nulliparous women35–55 years, n (%)	Women who have given birth35–45 years, n (%)	Women who have given birth46–60 years old, n (%)	Women who have hadabortion within a year before the start of the study niya, n (%)
Bacterial invasion (high titer)	10 (8.2)	13 (10.7)	9 (7.4)	1 (0.8)
Bacterial invasion (low titer)	9 (7.4)	6 (4.9)	7 (5.7)	3 (2.5)
Colostrum corpuscles	0	11 (9.0)	5 (4.1)	2 (1.6)
Structureless masses	14 (11.5)	8 (6.6)	4 (3.3)	3 (2.5)
Epithelial proliferation	4 (3.3)	5 (4.1)	2 (1.6)	6 (4.9)
Total	*37 (30.3)*	*43 (35.2)*	*27 (22.1)*	*15 (12.3)*

Growing up. Women of reproductive age areWe are 25–45 years old, respectively, by menopausal age – 45–65 years; the degrees of severity of the glandular component are highlighted. The comparison group without signs of seceration also included 122 women.

As can be seen from table. 1, the severity of the glandular component corresponded to the age and hormonal status (women of reproductive age and menopause) of the subjects. Thus, no significant differences in the degree of expression of the glandular component in the mammary gland tissue were identified between secerating and non-secerating women. As can be seen from table. 2, there were differences in the contents of the ducts in cellular and bacterial composition in menopausal patients, nulliparous women and women who had an abortion within a year. A high titer of bacterial invasion was typical for women aged 35–55 years, both parous (10.7%) and nulliparous (8.2%). Colostrum corpuscles were more often observed in the ductal contents of women who gave birth (9%), and in nulliparous women they were more typicaldischarge with structureless masses (11.5%). Proliferating epithelium in the ducts is more pronounced in women who have had an abortion (4.9%) and women of reproductive age who have given birth (4.1%).

According to the results of our study, 90% of women with serous discharge from the nipples of the mammary glands had a history of mastitis or lactostasis.

The diversity and variability of the clinical, morphological and mammographic (ultrasound) picture of mastitis in the early, delayed and long-term period makes it difficult to prescribe adequate pathogenetic therapy. It is known that in mastitis, a local tissue reaction, regarded as a general inflammatory syndrome, is caused by the production of prostaglandins with the subsequent development of fibrosis and hyalinosis of the stroma [2]. The so-called lymphoproliferative syndrome is characterized by autoimmune processes,

Table 3. *Variants of duct damage in various categories of women with serous discharge from the nipples of the mammary glands (n = 122)*

Causes of damageducts	nulliparous women, *n* (%)	Women who have given birth35–45 years, n (%)	Women who have given birth46–60 years old, n (%)	Women who have hadabortion within a year before the start of the study, *n* (%)
Lactation mastitis	0	15 (12.3)	5 (4.1)	1 (0.8)
Non-lactation mastitis	5 (4.1)	6 (4.9)	17 (13.9)	3 (2.5)
Lactostasis	0	14 (11.5)	15 (12.3)	2 (1.6)
Stimulation of lactation	0	8 (6.6)	4 (3.3)	3 (2.5)
Injury	7 (5.7)	9 (7.4)	2 (1.6)	6 (4.9)
Total	*12 (9.8)*	*52 (42.7)*	*43 (35.2)*	*15 (12.3)*

and the long-term post-infectious period – fibrotic syndrome, which is caused by the presence of an adhesive process.

To restore the processes of resorption of the duct wall and suppress the development of immune infiltration of the periductal tissue, the patients were treated with anti-sclerotic and immunosuppressive therapy, depending on the state of the morphological and ultrasound picture of the mammary gland tissue.

Control was carried out at intervals of 3–6 months for 1 year using ultrasound, mammography and morphological examination data.

Based on the results of hormonal, cytological, bacteriological, immunological studies, as well as anamnestic data collected on the basis of a questionnaire, we determined the risk criteria for developing breast cancer in the syndrome of serous seceration of the mammary glands.Using the data from the questionnaire we developed, we obtained the expected result: out of 122 patients who applied with serous discharge from the nipples of the mammary glands, in 42.6% of cases there was a history of mastitis, in 25.4% of cases - postpartum lactostasis. As can be seen from table. 3 and figure, the highest incidence of lactation mastitis and lactostasis was among secerating women of reproductive age.

Rasta. In its group it was 28.7%.

For older women, there was more often a history of lactostasis and non-lactation mastitis - 30.3%. Serous nipple discharge in patients who had an abortion in the year before the study was associated with all types of possible damage in almost identical quantities (0.8–4.9%).

Nulliparous women had injuries not related to milk production, so their history was characterized by trauma and non-lactation mastitis - 4.1 and 5.7%, respectively.

The first criterion is trauma to the mammary gland tissue; the condition was assessed on a 3-point scale:

- mastitis – 3 points;
- mechanical injury – 3 points;
- lactostasis – 2 points;
- lactation (including stimulated) more

The more pronounced the bacterial component in the ductal contents, the more pronounced the proliferation of the ductal epithelium. The second criterion for the development of breast cancer risk is the type of contents of the mammary gland – also assessed on a 3-point scale:

- pathogenic – 3 points;
- conditionally pathogenic – 2 points;
- low cell titer – 1 point;
- Not identified – 0 points.

We presented the third criterion for the risk of developing breast cancer by assessing the cellular composition of the contents of the ducts. Since the epithelium of the ducts is susceptible to malignancy, the presence of epithelial cells in the ductal discharge is a sign of destruction of the duct wall, and the appearance of cuboidal epithelium is a sign of the beginning of proliferation processes.

Cytological picture of ductal discharge of the mammary gland:

- cubic epithelium – 3 points;
- squamous epithelium – 2 points;
- colostrum corpuscles – 1 point;
- Structureless masses – 0 points.

The fourth risk criterion for developing breast cancer based on the degree of proliferation of ductal contents does not require explanation and is also presented on a 3-point rating scale. The degree of proliferation of the ductal contents of the mammary gland:

- dysplasia with atypia – 3 points;
- high degree of proliferation – 2 points;
- moderate degree of proliferation – 1 point;
- No proliferation – 0 points. Retrospective analysis of the condition of women, according to

Who received treatment for intraductal papillomas, as well as observation of patients who, for various reasons, did not receive treatment for breast secernation syndrome, revealed the dependence of the development of proliferative processes on the duration of secernation (Table 4).

Thus, the fifth criterion – the duration of secerstation – the risk of developing breast cancer in women with serous discharge from the nipples of the mammary glands is as follows:

- more than 10 years – 3 points;
- 5–10 years – 2 points;
- 1–5 years – 1 point;
- Less than 1 year – 0 points.

Table 4. *The risk of developing proliferative processes in patients with serous secernation of the mammary glands, depending on the durationsecernations*

Deadlines	Oncological criteria			
	proliferation	traumatization	cytology	bacteriologicalcompound
1–5 years	0–1 point	0–1 point	0–1 point	0–1 point
5–10 years	2–3 points	1–2 points	1–2 points	1–2 points
More than 10 years	3 points	2–3 points	2–3 points	2–3 points

Table 5. *Relationship between ultrasound images of the mammary gland ducts and proliferative processes in patients with serous secernation of the mammary glands*

Ultrasound picture	Variants of proliferation of ductal epithelium			
	dysplasia with atypia	high degree of proliferation	moderate proliferation	no proliferation
Ductectasia with intraductal formations	6 points	5 points	4 points	Can not be
Ductectasia with the formation of ductal cysts	5 points	4 points	3 points	Can not be
Ductectasia complicated by intraperiductal chronic inflammatory process or autoimmune reaction of breast tissue	4 points	3 points	2 points	1 point
No ductectasia	3 points	2 points	1 point	0 points

Table 6. *Risk factors for breast cancer in patients with serous secernation of the mammary glands*

Risk factors		
established	probable	dubious
Traumatization of the mammary gland	Immune status	Age
Duration of secerstation	Hormonestatus	Nutrition
The degree of proliferation of the ductal epithelium	Receptor status	Bad habits
Condition of the duct wall according to ultrasound	Chronic inflammatory processes	Overweight, obesity
Bacterial invasion	Endometrial pathology	
	Uncontrolled hormone therapy	

risk of developing breast cancer, since their violations are an unfavorable, but manageable background for a condition that is dangerous in terms of tumor development.

In our opinion, much more attention should be paid to other, uncontrollable risk factors for the development of breast cancer: the duration of seceration, trauma to the mammary gland, the degree of proliferation of the ductal epithelium of the mammary gland, ultrasound and ductography patterns.

Taking into account the results of the study, serous seceration syndrome should be considered as a clinical manifestation of an unfavorable condition and the initial stage of the formation of pathology of the mammary gland ducts, up to the development of ductal breast cancer.

Thus, the lower the score obtained when testing women with serous discharge from the mammary glands, the safer they are in terms of developing breast cancer. However, the principles of an individual approach

to determining treatment tactics should be observed, since 2–3 severe criteria are sufficient (atypia, presence intraductal formation) to determine indications for radical treatment.

Conclusions

1. No significant differences in the degree of expression of the glandular component in the mammary gland tissue were detected between secerning and non-secternizing women.
2. The contents of the mammary gland ducts differ in cellular and bacterial composition in menopausal patients, nulliparous women and women who have had an abortion within a year.
3. The presence of intraductal papilloma as an obligate precancer, cystic dilated ducts as a source of increased hormonal concentration, leading to dysplastic processes in the walls of the ducts and periductal tissue, is an indication for starting immediate treatment of the patient.
4. The dependence of the development of proliferative processes on the duration of secernation was noted.
5. Proliferation of the ductal epithelium is proportional to the severity of the bacterial component in the ductal contents of the mammary glands.
6. Serous seceration syndrome should be considered as a clinical manifestation of unfavorable co-standing and the initial stage of formation of pathology of the mammary gland ducts, up to ductal breast cancer.

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