Remote Correlation of Female Breast Carcinoma Treated by Mastectomy and Post Menopausal Bleeding Due to Endometrial Hyperplasia, Polyps or Endometrial Carcinoma

Abdul Ghany Al Dabbagh Layla A. Amir Al Obaid
College of Medicine, University of Babylon, Hilla, Iraq.

Abstract

Breast cancer is the most common cancer affecting women in the united states. Now it is (1 in 8). Breast cancer is 2nd most common cancer in women it affect (1 in 11) in the united kingdom. Early detection is the only way to control the disease. Seven reported cases of women with carcinoma of the breast stage 1 and 2 were studied. 5 patients had right breast cancer and 2 patients had left breast cancer.

The age group was between 40 – 55 years. All patients proved to be carcinoma of the breast which was treated by mastectomy with postoperative radiation and/ or cytotoxic drugs or hormonal therapy. 2 patients were treated by oopherectomy as well. The 10 years survival rates were very good.

All patients were alive followed up by the surgeon regularly.

After 13-17 years those patients were referred to me by the surgeon because of postmenopausal bleeding. Proper examination and investigations and by surgical management we found that 4 patients had benign endometrial polyps and 3 patients had endometrial carcinoma which were treated by polypectomy and hysterectomy with or without cytotoxic or hormonal therapy.

We conclude that there are close relationship between carcinoma of the breast and endometrial carcinoma mainly in susceptible women, even after many years.

Aim of study:

To study more about the most important causes which initiate any tumor in the human body , whether benign or malignant . Then to know much about the incidence of two primary tumors affecting different organs of the same person even after many years. From the previous tumor excision or removal.

لخلاصة

يعد سرطان الثدي منأوائل واهم الأمراض و الأورام الخبيثة التي تصيب المرأة. في محافظة بابل تبين أن نسبة الإصابة بالمرض هو(٠,٣٤%) في سنة ٢٠٠٠ م . وفي العراق فان نسبة المرض هو (٣,١%) في سنة ١٩٩٩. أما في الولايات المتحدة الأمريكية فهو ١ لكل ١٠ أو ١ لكل ٨وفي انكلترا فهو ١ لكل ١١ امرأة.

في محافظة بابل تمت دراسة وافية لسبعة سيدات مصابات بسرطان الثدي وكانت أعمارهن تتراوح ما بين ٤٠ – ٥٠ سنة . عولجت جميع الحالات بواسطة العمليات الجراحية ، استئصال الثدي الأيمن لخمسة سيدات والأيسر لسيدتين من قبل الجراح. أعطيت للجميع جرعات من الإشعاع العميق والعقاقير الكيميائية ضد السرطان والعلاج بواسطة الهرمونات في بعض الحالات وكانت النتائج مذهلة.بعد مرور ١٣- ١٧ سنة أرسلت هذه الحالات إلى استشارية الأمراض النسائية لإصابتهن بنزف رحمي بعد انقطاع الحيض(نزف ما بعد توقف الإنجاب). بعد الفحص الدقيق والتحري الكامل والعلاج الشامل تبين أن هنالك أربعة سيدات مصابات بأورام سليمة في الرحم وان هنالك ثلاث سيدات مصابات بسرطان الرحم .

عولجت جميع الحالات جراحيا حيث تم استئصال الورم في أربع حالات واستئصال الرحم والملحقات في الثلاثة الأخرى مع إعطاء المضادات الحياتية والكيميائية والهرمونية.

استنتجنا من هذه الدراسة بان هنالك علاقة وطيدة بين مسببات سرطان الثدي والرحم وخاصة في المريضات المعرضات لخطورة الحالتين حتى بعد عدة سنوات من استئصال الورم الأول.

Introduction

Cancer of the breast is the commonest form of cancer in females. In the united states breast cancer was estimated about women 1 in 13 in 1970 an 1 : 11 in 1980 and now it is 1 in 10 or 1 in 8.

Breast cancer is the most common cancer affecting women in the united kingdom and affect 1 in 11 usually after the age of 50.

The factors leading to this wide range of incidence are unknown, although studies seeking an answer are in progress.

Breast cancer may well be multifactorial. In Hilla in 1990 the incidence of breast cancer was 0.34 and in 2000 also 0.34 while in Iraq breast cancer incidence is 3.1 (1999).

Sex is important since it is very rare in males, one cancer breast in male for every 100 cancer breast in female. The age is also important very rare under the age of twenty. After twenty the age increase plateau at the age of 45 and 55 .After 55 the incidence increase quite sharply.

Genetic factors: positive family history are generally younger and higher frequency of bilateral breast cancer than negative family history.

Blood group:

O- benign breast disease and ovarian cysts and early diagnosis of breast cancer.

A- diabetes , hypertension and uterine disorders are more common in those who are older at the time of diagnosis.

Coronary artery disease may be correlated to breast cancer at the age of 40 – 44 . while late age 65 – 69 associated with environmental factors such as diet.

Among younger women ,higher risk associated with late first pregnancy ,while women after 50 years risk increase with weight.

Breast mass and pregnancy incidence is 1 in 3000 pregnancies in united states.

Clinically suspicious breast mass should be biopsies regardless whether she is pregnant or not and despite negative imaging.

Mammography with abdominal shielding can be performed safely in pregnancy. there is 50% false negative results.

Breast ultrasonography permits differentiation between solid and cystic masses with out risk of radiation. Exisional or incisional biopsy can be preformed relatively safely during pregnancy .

Hormonal predisposing factors primarily related to oestrogen exposure, early menarche late menopause.

Elderly primiparouse and fewer pregnancies increase the risk of breast cancer. Breast feeding is associated with lower risk.

Endometrial polyps

Essentials of diagnosis : bleeding menometrorrhagic or post menopausal.

Examination with cytologic study ,hysteroscopy and biopsy of any visible lesion. Fractional D&C to rule the additional polyps or cancer . it may be pudenculated or sessile . age group usually at 29 – 59 years, greatest incidence at 50.

Endometrial carcinoma:

Incidence 1.4 % in USA over 35 years in the 60^{th} & 70^{th} decade nowadays there is a decrease. It affect obese, nulliparous or infertile hypertensive and diabetic while women. it is common in vergins.

The main symptom is warning abnormal bleeding, postmenopausal bleeding, sever cramps from haematometra or pyometra.

Material and Methods

Seven cases of female patients were studies in Babylon. All of them proved to have carcinoma of the breast. The age group of them were from 40 – 50 years. The place of collections and operations were private clinic, Hilla teaching hospital and l Shifaa private hospital.

Five patients had right breast carcinoma and two had left breast cancer between stage one and two.

The tumors were suspected, diagnosed ,confirmed and treated by surgical operations . The type of operations were modified radical mastectomy with or with out axillary exploration. Two patients treated by oopherectomy later on as well.

All biopsies excised send for histopathological examination revealed invasive intraductal carcinoma, or schirrous carcinoma.

Deep X-ray therapy was performed for all cases with or in addition to hormonal therapy or cytotoxic druqs.

The results of all patient were excellent and 10 years survival rate was very good . patients attend the surgeon clinic regularly for post operative

follow up and advice.

After 13 – 17 years those patients were referred to the gynaecologest because of postmenopausal bleeding with no residual surgical problems from carcinoma of the breast proper history, good and perfect examination, general ,chest, abdominal, pelvic examination was performed for all patients .

Four patients were obese and three were average or thin. Three patients were diabetic and five were hypertensive. two were nulliparous one para one and four were multiparous. speculum examination and papanicular smear was done for each patient. Blood test, urine analysis, ultrasound study including abdominal and vaginal routs were done for all patients.

Chest X-ray to exclude any secondary metastasis and in some patients bone scanning or magnatic resonance imaging (MRI) were made.

The who seven patients were prepared and treated by surgery. Examination under general anasthesia, polypectomy, dilatation and curettage and or cautery.

Biopsies send for histopathology which revealed benign endometrial polyps in four cases and malignancies in three cases which were treated by interval total abdominal hysterectomy and bilateral salpingo- opheroctomy , followed by cytotoxic drugs and hormonal therapy.

Discussion

From the study of the history, examination and management of the seven reported cases with breast cancer and post menopausal bleeding after many years from the first disease we discover that there are many points to be considered as predisposing factors which include:

1- Early menarche before 12 years.
2- Late menopause after 53 years.
3- Obesity. Diseases i.e. diabetes and hypertension .
4- Low parity or nulliparity.
5- Strong family history of carcinoma in susceptible patient.
6- Hormonal replacement therapy.
7- Prolonged period of unwanted pregnancy even in fertile women.
8- Bottle feeding .
9- Environmental factors, exposure of the country to pollution in the last years.
10- Psychological and emotional factors of the women, loss of husband, son, dear members of family.
11- Nervous break down.
12- Blood group and factors mainly A +ve and O +ve.

Table show 7 reported cases with breast carcinoma and postmenopausal bleeding 13 – 17 years after wards and management of all

	Age & blood group	Para	Breast	Stage	Management	Result	Age of post M.B.	Management	End result & biopsy
1	40 O+ve	6	Right breast cancer	I	Rt. Mastectomy Bilateral oopheretomy	Cure	55	E.U.A polypectomy	Benign Endome-trail polyp
2	42 O+ve	6	Left Breast cancer	II	Lf. Mastectomy Bilateral Oopheretomy D.X.T. Cytotoxic drugs	Cure	56	E.U.A. D & C polypectomy	Benign Endome-trail polyp
3	45 A+ve	Nil	Right Breast cancer	II	Rt. Mastectomy D.X.T. Cytotoxic drugs	Cure	60	Total abdominal Hysterectomy & BSO	Emdom-trail Carcinoma
4	50 O+ve	1	Right Breast cancer	I	Rt. Mastectomy D.X.T. Cytotoxic drugs	Cure	57	E.U.A. D & C polypectomy	Benign Endome-trail polyp
5	55 A+ve	Nil	RightBre ast cancer	I	Rt. Mastectomy	Cure	72	Total abdominal Hysterectomy & BSO	Emdom-trail Carcinoma
6	39 O+ve	3	Left Breast cancer	II	Lf. Mastectomy D.X.T. Cytotoxic drugs	Cure	52	E.U.A. D & C polypectomy	Benign Endome-trail polyp
7	45 A+ve	5	Right Breast cancer	II	Rt. Mastectomy oopheretomy D.X.T.	Cure	60	Total abdominal Hysterectomy & BSO	Emdom-trail Carcinoma

Conclusion

1- From our study we conclude that the belief which was through previously of which primary malignant tumor affect one organ only in the human being was not conclusive ,Thus other malignant tumor affect other organ even after years .

2- Tumor is an abnormal mass formed at any site of the organs due to duplications and proliferations of cell in excess in certain tissues or organs of the body leading to increase in the size and of the shape and function . it may be benign or malignant, the axact cause of any tumor still uncertain, but in our study the carcinoma of breast cancer and uterine polyps or carcinoma are multifactorial i.e age, sex, diet, obesity, genetic factors, environmental, hormonal, parity and blood grouping all these factor play an important role for the incidence of both tumors, even after many years from the first one.

3- Breast and uterine tumors can affect obese mulliparous, infertile, hypertensive and diabetic while women, but it can occure in the absence of these factors and it is not related to the 1st coitus mainly ca. endometrium.

4- Early detection of tumor is very important and carry high percentage of cure.

5- 10 percent of uteri contain polyps in postmortem examination in the united states.

6- Polyps may undergo malignant changes and isolated endometrial carcinoma has been indentified in solitary polyp. When occure prognosis is better than carcinoma in general.

7- Prognosis :D&C is often curative, but polyps may recure . hysterectomy is definitive but unnecessary if cancer has been ruled out.

8- The incidence of endometrial carcinoma in U.S.A now days is lower than in the 6^{th} and 7^{th} decades may be due to reducation of the use of exogenous oestrogen.

9- Oesrtogen and progesterone receptors assay's will help for subsequent planning for hormonal therapy.

10- General health care and medical control of diabetes and hypertension and to mention ideal body weight.

11- Estrogen should be prescribed only for patients with clear symptoms of estrogen deficiency and under medical supervision and follow up.

12- Treatment is surgery, radiation therapy hormonal therapy "progesterone" or cytotoxic drugs.

13- Prognosis depend on the stage, histopathology, hormonal receptor, type of operation and surgical follow up and genetic defensive of the body.

Recommendation

1- Encourage all girls and women for regular self examination of both breast and axilla is essential step to discover any abnormal mass early.

2- Routine screening of all girls and women for breast and gynaecological diseases starting from menarche till menopausal and post menopausal period.

3- Any abnormal mass or smear should be investigated thoroughly.

4- Proper diagnosis using all means, fine needle aspiration, mammograply, incisional or exisional biopsy or after surgery whole biopsy histopathological study.

5- Efficient surgical procedure by good surgeon and shared opinions with others is essential

6- The use of post operation radiation tomaxifin cytotoxic or hormonal therapy give good results and better prognosis.

7- Advice patient for serial visits and regular post operative follow up.

References

1- Principles of surgery 5^{th} edition Schwartz shiries spencer page 556.

2- Ll ewellyn – Jones fundamentals of obstetrics and gynaecology. Jeremy oats Suzanne Abraham . eighth edition page 40.

3- Cancer in Babylon 1990 – 2000 analysis of Babylon cancer registry center edited by prof. Abdul Ghany al Dabbagh , Dr. Ali Mohsin Hussian and Dr. Sharif Fadhil .2002 page 28.

4- Results of Iraqi cancer registry 1995 – 1997 Iraqi cancer board . Iraqi cancer registery center ministry of health 1999 Baghdad page (36).

5- Falkenberry , breast cancer in pregnancy obst. Gynac. Clin North Am. 2002 : 29 : 225 – 23 L ix.

6- Russo J ,Hu Yang X , et developemental, cellular and molecular basis of human breast cancer, J natl cancer inst. monogr 200 :27:17-37. Current obst. & gyn diagrm of tract 7^{th}.

7- Curran JE, maklad NF , Bouffard EV. ultrasonic evaluation of pelvic masses. Australas Radiol 1976 :20 .58.

8- Van Dinh T. woodruff JD . leiomyosarcoma of the uterus Am. J. Obstet. Gynacol. 1982: 144:817.

9- Yoonessi M. Hart W: Endometrial stromal sarcomas. Cancer 1977: 40 : 898.

10- Antunes CMF et al : Endometrial cancer and oestrogen use. Report of alange case – control. N Engl J med 1970 ;300:9.

11- Austin DF. Roe KM. the decreasing incidence of endometrial cancer : public health implications. Am J . public health 1982;72 :65.

12- Austin DG. Roe Km: Increase in cancer of corpus uteri in area . 1960 – 75 . J Natl cancer inst. 1979; 62 :13.

13- Boronow RC: Endometrial cancer not abenign disease obstet gynecol. 1976: 47: 630.

14- Deppe G. chemothera -peutic treatment of endometrial carcinoma. Clin Obst.Gynae. 1982;25 :93

15- Gondos B. King Significunce of endometrial cells in cervico vaginal smears. Annclin lab. sci 1977; 7 4 86.