

Deklaracja.

Specyfika i zawartość merytoryczna czasopisma nie ulega zmianie.

Zgodnie z informacją MNiSW z dnia 2 czerwca 2014 r., że w roku 2014 nie będzie przeprowadzana ocena czasopism naukowych; czasopismo o zmienionym tytule otrzymuje tyle samo punktów co na wykazie czasopism naukowych z dnia 31 grudnia 2014 r.

The journal has had 5 points in Ministry of Science and Higher Education of Poland parametric evaluation. Part B item 1089. (31.12.2014).

© The Author (s) 2015;

This article is published with open access at Licensee Open Journal Systems of Kazimierz Wielki University in Bydgoszcz, Poland and Radom University in Radom, Poland Open Access. This article is distributed under the terms of the Creative Commons Attribution Noncommercial License which permits any noncommercial use, distribution, and reproduction in any medium, provided the original author(s) and source are credited. This is an open access article licensed under the terms of the Creative Commons Attribution Non Commercial License (<http://creativecommons.org/licenses/by-nc/3.0/>) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited. This is an open access article licensed under the terms of the Creative Commons Attribution Non Commercial License (<http://creativecommons.org/licenses/by-nc/3.0/>) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited.

The authors declare that there is no conflict of interests regarding the publication of this paper.
Received: 21.04.2015. Revised 28.05.2015. Accepted: 30.06.2015.

Recurrent breast cysts

Romak R. P.

Odessa National Medical University, Odessa, Ukraine

Abstract

The purpose of the study to determine the frequency of recurrence of breast cysts. The study was conducted on the basis of Odessa regional clinical hospital (Odessa, Ukraine). Medical records of 300 records of patients treated at the hospital in 2010-2014 were retrospectively analyzed. The analysis of frequency of recurrent cysts as well as the main trends in the choice of methods of diagnosis and treatment was conducted.

The average age of patients was $38,3 \pm 0,7$ years. In order to use diagnostic mammography (33.5%), ultrasound investigation (50.5%), a combination of ultrasound and mammography (16.0%). The diagnosis was confirmed by fine needle aspiration puncture, which is performed under visual control at 20.5%, under ultrasound guidance - in 79.5% of patients. The recurrence rate was 41.5%, in 3.0% of cases have been repeated relapses. Sectoral resection is considered to be a treatment of choice for recurrent breast cysts.

Key words: breast cysts, diagnosis, surgery.

Benign proliferative breast disease is estimated to occur in 40-92% females. In half the cases they presented symptoms of fibrocystic mastopathy [1, 2]. The main method of diagnosis is ultrasound, which can detect deep-seated and small cysts. To clarify the diagnosis they perform mammography [1, 3]. Diagnosis is specified by needle aspiration biopsy, in some cases with aerocystography [3].

In terms of diagnostic and treatment tactics generally accepted puncture formations, starting with the size of 10 mm [4]. The treatment plan is the only non-radical puncture with evacuation of the contents of the cyst. If no signs of malignancy than cysts with sizes up to 2.5 cm could be treated by puncture technique with the various sclerotizing agents. For large cysts (at a size of 25 mm and more) until recently a sectoral resection with an urgent histologic study was the most common surgery.

The purpose of the study to determine the frequency of recurrence of breast cysts

Material and methods.

The study was conducted on the basis of Odessa regional clinical hospital (Odessa, Ukraine). Medical records of 300 records of patients treated at the hospital in 2010-2014 were retrospectively analyzed. The analysis of frequency of recurrent cysts as well as the main trends in the choice of methods of diagnosis and treatment was conducted. Statistical processing was performed using the software MS Excell (Microsoft Inc., USA).

Results.

The average age of patients was $38,3 \pm 0,7$ years. In order to use diagnostic mammography (33.5%), ultrasound investigation (50.5%), a combination of ultrasound and mammography (16.0%). The diagnosis was confirmed by fine

needle aspiration puncture, which is performed under visual control at 20.5%, under ultrasound guidance - in 79.5% of patients. The advantage of ultrasound is the ability to study the dynamics.

Regardless of the size of the formation of a dense wall roughness of the internal circuits cysts, and most importantly – disaccordance between detected liquid and sizes of cystic formation is an indication for mammography. According to our research, in all cases, the contents of the cysts should be subjected to cytology. When taking the material is partially possible there is necessary to obtain biopsy from the wall of the cyst, which increases the information content of cytology. With deep location and small size (10 mm) cysts ultrasound application is now an indispensable material for the collection and verification of the diagnosis. Conducting a diagnostic fine-needle aspiration puncture allows to verify the nature of the pathology.

On the implementation of a conservative treatment they supervised patients during 8 - 12 weeks than aspiration biopsy with simultaneous cytological examination was applied. The conservative hormonal treatment was admonstrated in the close touch with OG. All patients with complete relapse was offered surgical treatment in the amount of sectoral resection. Finally, sectoral resection was used in 67 (33.5%) cases of breast cysts.

The recurrence rate was 41.5% (Fig. 1), which exceeds the data of other authors [5]. In 3.0% of cases have been repeated relapses. The incidence of malignancy was not recorded.

Sectoral resection should be performed as the operation of choice in situations where the puncture interventions are not effective enough, especially when breast cysts are relapsed. In the study of treatment outcomes according to a retrospective analysis of relapse cases after the sectoral resection has not been revealed.

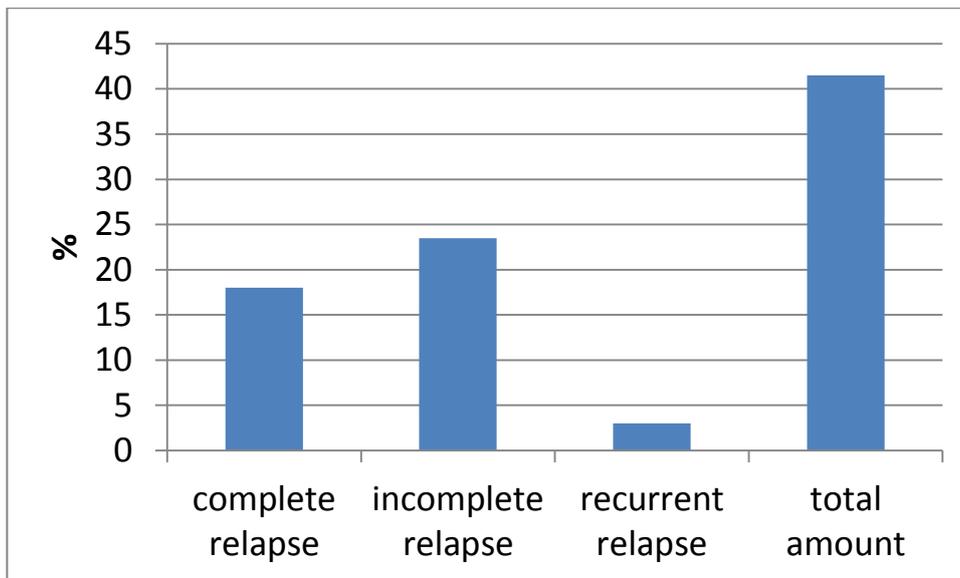


Figure 1 The frequency of recurrence of benign breast cysts

Conclusion

1. The frequency of recurrence of benign cystic tumors of the breast is 41.5%.
2. Sectoral resection is the treatment of choice for recurrent breast cysts

References

1. Daly CP, Bailey JE, Klein KA, Helvie MA. Complicated breast cysts on sonography: is aspiration necessary to exclude malignancy? *Acad Radiol.* 2008 May;15(5):610-7.
2. Bosetti C, Scotti L, Negri E, Talamini R, Levi F, Franceschi S, Montella M, Giacosa A, La Vecchia C. Benign ovarian cysts and breast cancer risk. *Int J Cancer.* 2006 Oct 1;119(7):1679-82.
3. Alizad A, Mehrmohammadi M, Ghosh K, Glazebrook KN, Carter RE, Karaberkmez LG, Whaley DH, Fatemi M. Breast vibro-acoustography: initial experience in benign lesions. *BMC Med Imaging.* 2014 Dec 30;14:40.

4. Vieira SC, Alves VC, Oliveira TC, Ibiapina JO, Soares EC, Crisanto ML. Patent blue and air as an alternative for resection of nonpalpable breast lesions: a case series. *Sao Paulo Med J.* 2014;132(1):10-4.
5. New South Wales Breast Cancer Institute. Patient education. What is a breast cyst? *Aust Fam Physician.* 2005 Apr;34(4):257.