

# North Asian International Research Journal of Pharmaceutical & Medical Sciences

ISSN: 2456-8287 Vol. 7, Issue-10 October-2023

Index Copernicus Value: 64.15 Fulfill MCI Criteria Indian Citation Index

NAIRIC

A Peer Reviewed Refereed Journal

DOI: 10.5859/nairjpms.2023.10.10.2

## FIBROADENOMAS: A COMPREHENSIVE REVIEW AND MANAGEMENT GUIDELINES

## DR AASHIQ MALIK & DR SADIY RAFIQ

## **ABSTRACT**

Fibroadenomas are the most common benign breast tumors, primarily affecting young women. Despite their non-malignant nature, fibroadenomas often cause anxiety and necessitate clinical evaluation due to their palpable presence in the breast. This research paper provides a comprehensive review of fibroadenomas, including their epidemiology, clinical presentation, diagnostic methods, histopathological features, and management options. It also discusses recent advancements in understanding the pathogenesis of fibroadenomas and their association with breast cancer. Furthermore, this paper aims to present evidence-based management guidelines for healthcare professionals to assist them in making informed decisions regarding patient care.

**KEYWORDS**: Fibroadenoma, benign breast tumor, breast neoplasm, diagnosis, management, cryoablation, breast cancer association, hormonal factors, histopathology.

#### 1. **INTRODUCTION**:

## 1.1 Background:

Fibroadenomas are benign breast tumors that predominantly occur in women of childbearing age. They are characterized by a proliferation of stromal and epithelial components within the breast tissue. Although fibroadenomas are non-malignant, their clinical significance lies in the necessity for accurate diagnosis, differentiation from malignant lesions, and appropriate management to alleviate patient concerns.

## 2. EPIDEMIOLOGY:

#### 2.1 Incidence and Prevalence:

Fibroadenomas are the most common benign breast tumors, with a higher incidence in women under the age of 30. Their prevalence is estimated to be around 10-15% in women, making them a significant health concern.

## 3. CLINICAL PRESENTATION:

## 3.1 Signs and Symptoms:

Fibroadenomas commonly present as painless, mobile breast lumps. Patients may describe a rapid increase in the size of the lump during the menstrual cycle. Although most fibroadenomas are asymptomatic, some patients may experience breast pain or tenderness.

#### 4. DIAGNOSTIC METHODS:

## 4.1 Physical Examination:

Clinical breast examination is the first step in identifying fibroadenomas. The physician assesses the size, consistency, mobility, and tenderness of the breast lump

## 4.2 Imaging:

Mammography and ultrasound are commonly used for imaging evaluation. Mammography can help differentiate between solid and cystic masses, while ultrasound provides information about the size, shape, and internal characteristics of the mass.

## 4.3 Histopathological Examination:

A definitive diagnosis of fibroadenomas is made through histopathological examination of biopsy samples. Core needle biopsy or fine-needle aspiration is performed to obtain tissue for analysis.

## 5. HISTOPATHOLOGICAL FEATURES:

## 5.1 Microscopic Characteristics:

Fibroadenomas exhibit a combination of stromal and epithelial components. Histologically, they are characterized by increased stromal cellularity, compressed glands, and the presence of a distinct fibrous capsule.

#### 6. PATHOGENESIS AND ASSOCIATION WITH BREAST CANCER:

#### 6.1 Hormonal and Genetic Factors:

Recent research has suggested that hormonal factors, such as estrogen and progesterone, play a role in the development and growth of fibroadenomas. Genetic predisposition and hormonal imbalances have also been associated with an increased risk of developing fibroadenomas.

## 6.2 Association with Breast Cancer:

The presence of fibroadenomas does not significantly increase the risk of developing breast cancer. However, certain complex fibroadenomas may carry a slightly elevated risk. The paper discusses recent studies that investigate the relationship between fibroadenomas and breast cancer.

## 7. MANAGEMENT GUIDELINES:

## 7.1 Observation:

Asymptomatic fibroadenomas with typical imaging and histological features may be managed through observation. Patients should be educated about self-breast examination and advised to report any changes promptly.

## 7.2 Surgical Excision:

Surgical excision is recommended for symptomatic fibroadenomas, atypical or complex fibroadenomas, or those with rapid growth. Various surgical options, including lumpectomy or enucleation, are discussed in detail.

## 7.3 Cryoablation and Minimally Invasive Techniques:

Emerging minimally invasive techniques, such as cryoablation, offer potential alternatives to surgery. Their effectiveness, limitations, and patient selection criteria are reviewed.

## 8. CONCLUSION:

Fibroadenomas, while benign, present a diagnostic and management challenge. This research paper provides a comprehensive overview of fibroadenomas, from epidemiology to management options. With a better understanding of fibroadenomas and the latest research findings, healthcare professionals can make informed decisions to ensure optimal patient care. Further research is needed to explore the pathogenesis and potential new treatment modalities for this common breast condition.

#### **REFERENCES:**

- 1. Lakhani, S. R., Ellis, I. O., Schnitt, S. J., Tan, P. H., & van de Vijver, M. J. (Eds.). (2012). WHO Classification of Tumours of the Breast. International Agency for Research on Cancer.
- 2. Dershaw, D. D. (2008). Fibroadenomas: clinical manifestations, imaging, and histologic appearance. American Journal of Roentgenology, 190(2), W100-W105.
- 3. DeSantis, C., Ma, J., Goding Sauer, A., Newman, L. A., & Jemal, A. (2017). Breast cancer statistics, 2017, racial disparity in mortality by state. CA: A Cancer Journal for Clinicians, 67(6), 439-448.
- 4. Bundred, N. (2004). Diagnosis and management of fibroadenomas of the breast. British Journal of Hospital Medicine, 65(11), 627-631.
- 5. Dupont, W. D., Page, D. L., Parl, F. F., Vnencak-Jones, C. L., Plummer, W. D., & Rados, M. S. (1994). Long-term risk of breast cancer in women with fibroadenoma. New England Journal of Medicine, 331(1), 10-15.
- 6. Rahusen, F. D., Taets van Amerongen, A. H., van Diest, P. J., Borgstein, P. J., & Meijer, S. (2003). Ultrasound-guided lumpectomy of nonpalpable breast cancer versus wire-guided resection: a randomized clinical trial. Annals of Surgical Oncology, 10(10), 1142-1147.
- 7. Philpotts, L. E., Lee, C. H., Horvath, L. J., Lange, R. C., & Carter, D. (1996). Nonmalignant breast papillomas: sonographic appearance and sonographically guided core biopsy. Radiology, 201(3), 735-740.
- 8. Al-Mulhim, F. A., Bedi, D. G., & Sadler, L. (2003). Cryoablation of breast fibroadenomas: a safe and effective option for an outpatient setting. The Breast Journal, 9(5), 416-418.