

Research Article

Retrospective analytical 10 years study of male mammography

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ABSTRACT

Background: Awareness of early breast cancer detection in women through mammography study (diagnostic as well as screening) was planned by Mangal Medi Centre through referral doctors for diagnostic and direct approach to cross society (screening) with an early detection of breast cancer. But incidentally or coincidentally so many males underwent the Mammography. So those reports were analysis retrospective.

Methods: Retrospective study of 92 men who underwent mammography procedures co-incidentally, during well planned study of early detection of breast cancer for women through mammography in last 10 years in one of the NGO named Mangal Medi Center Aurangabad. Those findings were analysed and hereby are presented, in which age varied as low as 11 years and as high as 77 years.

Results: Even though relatively seems to be small in number, is having lot of significance to that, as only few researcher carry out this type of study and Men hardly go for Mammography and even Medical fraternity hardly refers male for mammography.

A total of 92 patients that too Men underwent mammography (X-ray base technique to detect early breast lesions and mainly breast cancer) along with high frequency Sonography of each and every patient were carried out.

Conclusions: Our study of 92 patients nearly showed the 6 patients having very high suspicions of malignancy means nearly 8% (Even though breast cancer in male is usually of 1%). So this retrospective analytical study concludes that even though routine mammography screening (In female every year) is not required in male but definitely it will be an a useful tool in patients having any type of complain related with breast like pain, enlargement or both, may help a lot to diagnose breast lesions like calcification, gynaecomastia and breast cancer in early stage (as a general rule breast cancer in male is diagnosed in late stage due to myth that breast cancer is not seeing in male, lack of self-awareness and coming in late stage with larger tumour size resulting you higher morbidity and mortality).

Keywords: Mammography, Men, Breast lesion, Diagnosis

INTRODUCTION

Even though it was planned study for women to detect breast cancer and other breast lesions and or diseases through Mammography, coincidentally 92 men underwent Mammography study and those were analysed retrospectively and their findings are being presented for major cross section of Medical fraternity i.e. General practitioners.

METHODS

Retrospective study of 92 men who underwent mammography procedures co-incidentally, during well planned study of early detection of breast cancer for women through mammography in last 10 years in one of the NGO named Mangal Medi Center Aurangabad. Those findings were analysed and hereby are presented, in which age varied as low as 11 years and as high as 77 years.

RESULTS

A total of 92 patients that too Men underwent mammography (X-ray base technique to detect early breast lesions and mainly breast cancer) along with high frequency Sonography of each and every patient were carried out. Most men belong to the age group 21 to 40 i.e. (50.00%) and out of that 63% patients were in a very low age (21-30) group.

Table 1: Age wise distribution.

Sr. No.	Age wise	No. Male	%
1	11-20	5	5.43
2	21-30	29	31.52
3	31-40	17	18.48
4	41-50	13	14.13
5	51-60	15	16.30
6	61-80	13	14.13
Total		92	100.00

Most of the men came of their own as they had some sort of breast enlargement that too one sided with or without pain. Nearly 83 patients had pain, lump or both (May be right or left or both). Nearly 40 patients had a very common complain painting both breast.

Table 2: Symptom wise distribution.

Sr. No.	Symptom wise	No. Pati.
1	Both breast pain & / or lump	9
2	Pain, lump or both	10
3	Pain, lump or both complaint in left breast	33
4	complain in both breast	40
Total		92

Table 3: Finding wise distribution.

Sr. No.	Finding wise	No. Pati.
1	Benign Nodule / adenoma	1
2	Gynaecomastia	25
3	Neoplasm etiology / Malignant	6
4	Fibro adenomas	4
5	Calcification	2
6	MASTITIS	4
7	No significant findings	50
Total		92

When all the 92 men's findings their analysis they had variety of findings like Benign nodule and or adenoma, Gynaecomastia (25), Fibroadenomas (4), Calcifications (2), Mastitis (4) and to the extent 6 patients had very high suspicion of Malignancy.

DISCUSSION

Even though Mammography and high frequency independently are not the standard or routine test to be perform for detecting breast lesions and or breast cancer in men but if carried out in Men for any type of complain by Male of any age is likely to prove of some help at least in few but that few findings may imitate further workup and action planned in turn can save the life means in turn the family (as in most of the families male is the key earner of family).

So this retrospective study was carried out deliberately and dedication to come to some conclusions (May be useful for few but of utmost importance) and findings were even though some were common but of rare nature like suspicion on malignancy with high accuracy anticipation will help a lot to male and in turn of family.

Even though Breast cancer is found to occur most commonly in middle-aged or old aged men. But Breast cancer in males is relatively rare and this is in accord with the general rule that cancer seldom occurs in vestigial organs.¹ Breast cancer is more often hormone receptor-positive in men than in women. Breast cancer occurs in males at relatively older age when compared to females and more often during the 5th to 7th decades of life,²⁻⁵ the main reason being late presentation and lack of self-awareness; men have more advanced disease at diagnosis and larger tumour size than women due to delayed diagnosis, resulting in a higher morbidity and mortality.

The male breast does not have lobular and acinar structures.^{6,7}

Breast cancer is the third most common malignancy in the world.⁸

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REFERENCES

1. Payson BA and Rosh R. Carcinoma and other neoplasms of the male breast. *Radiology* 1949;52:220-8.
2. Deodhar SD Mehendale VG. Carcinoma of the male breast. Report of 4 cases. *Ind J Surg*; 1978;40:514-6.
3. Kapur BML, Dhawan IJ, Gupta RK and Sinha SN. Clinicopathological study of breast tumours. *Ind J Cancer*; 1974; 2 (Supplement series No. III): 28-31.
4. Robins SL and Cotran RS. *Pathologic Basis of the Disease*. 2nd Edition, W. B. Saunders Company, Philadelphia, London and Toronto, 1979, p. 1333.
5. Sirsat MV. Carcinoma of the male breast. - A study of 30 cases. *Ind J Surg*. 1957;19:83-6.
6. Willsher PC, Leach IH, Ellis IO, Bell JA, Elston CW, Bourke JB, et al. Male breast cancer; pathological and immunohistochemical features. *Anticancer Res*. 1997;23:35-8.
7. Hecht JR, Winchester DJ. Male breast cancer. *Am J Clin Pathol*. 1994;102 (4, suppl 1):S 25-30.
8. Sipetić S, Petrović V, Milić Z, Vlajinac H. Breast cancer incidence among women of Braničevo region in the period 1991-2000. *Med Pregl*. 2004;57:467-72.

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