

***THE ROLE OF INNOVATIVE METHODS IN EARLY
DIAGNOSIS OF INTRADUCTAL NEOPLASIA OF THE
MAMMARY GLAND.***

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Abstract. Our work examined the role of early diagnosis in breast cancer screening in women with nipple discharge. In order to study early diagnosis, 132 women aged 35 to 65 years, who were undergoing outpatient treatment by a mammologist, were examined at the Andijan Branch of the Republican Specialized Scientific and Practical Medical Center of Oncology and Radiology, who were examined from 2019 to 2022

Key words: neoplasia, mammary gland, intraductal neoplasia of the mammary gland, diagnosis.

**РОЛЬ ИННОВАЦИОННЫХ МЕТОДОВ В РАННЕЙ ДИАГНОСТИКЕ
ВНУТРИПРОТОВОКОВЫХ НЕОПЛАЗИЙ МОЛОЧНОЙ ЖЕЛЕЗЫ.**

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Аннотация. В нашей работе изучена роль ранней диагностики в скрининге рака молочной железы у женщин с выделениями из соска. С целью изучения ранней диагностики в Андижанском филиале Республиканского специализированного научно-практического медицинского центра онкологии и радиологии обследовано 132 женщины в возрасте от 35 до 65 лет,

находившихся на амбулаторном лечении у врача-маммолога, которые проходили обследование с 2019 по 2022 гг.

Ключевые слова: Неоплазия, молочная железа, внутритротоковая неоплазия молочной железы, диагностика.

Introduction.

Recently, the structure of mammary gland pathology has undergone changes. There is an increase in breast cancer, and due to its difficult to diagnose forms - intraductal cancer, which accounts for 70-85% of tumors in this location [1]. In this regard, intraductal pathology of the mammary glands belongs to a high-risk group and requires identification at the early stages of its development [2]. Intraductal diseases of the mammary glands are characterized by a high risk of transformation into breast cancer. Difficulties in diagnosing intraductal formations are associated with a single symptom - the appearance of pathological discharge from the nipple of the mammary gland. Screening studies have shown that various intraductal proliferations develop into cancer at different rates in situ and invasive cancer (from simple ductal hyperplasia to invasive breast cancer is 1.5%, from atypical ductal hyperplasia - 4–5%, and cancer in situ develops in 8–10% of cases) [3]. For the first time in the reports of 1911 and 1912. V.M. Mintz [4] presented evidence that not only palpable cancer and breast papilloma can manifest themselves as serous and bloody discharge from the nipple. Also, as it turned out later, the cause of secerating mammary glands can be: intraductal papillary growths, fibrocystic mastopathy, malignant neoplasms, etc. V.M. Mintz (1911 y) [4] by pathological discharge means serous and bloody discharge that occurs spontaneously and for a long time. R.E. Targamadze (1971) [4] considered all discharges not associated with feeding a child to be pathological.

Ultrasound has less value in visualizing minimal cancer than mammography and cannot compete with it. A significant number of false negative results indicate difficulties in interpreting echograms. So, the system for diagnosing diseases of the secerating mammary gland is a complex process. The need for earlier detection and

selection of the correct treatment tactics requires the creation of an accessible and simple system of diagnostic measures, including more informative, modern techniques. The accumulation of information about the possibilities of radiation methods, the feasibility and algorithms for their use in patients with different localizations of primary formations is a prerequisite for the creation of an effective diagnostic program.

Purpose of scientific research.

To study the early diagnosis of tumors of the mammary ducts in patients with pathological discharge from the mammary glands and the improvement of treatment methods.

Materials and research methods

The study was based on the results of a clinical, laboratory and instrumental examination of 132 women with pathological discharge from the milk ducts, identified during screening and sent to the Andijan Branch of the Republican Specialized Scientific and Practical Medical Center of Oncology and Radiology for a targeted examination. By screening, patients with bloody and serous discharge from the mammary gland were selected and a cytological examination of pathological discharge was performed. These women underwent contrast ductography and elastography, as well as determination of tumor markers CA 15-3.

Results and analyzes

With neoplasia of the mammary tract, serous discharge was detected in 6 patients (5.8%), intraductal papilloma of the mammary gland - in 93 patients (91%), and FCM disease - in 3 patients (2.9%).

It was found that in 18 patients (20%) the presence of bloody discharge with neoplasia of the mammary gland occurs with cancer, in 72 patients (80%) with intraductal papilloma of the mammary gland, and it was found that there is no bloody discharge with FCM.

The sensitivity of the ductography method was 75% for cancer and 76% for intraductal papilloma of the mammary gland in 132 patients. (Table 1.)

Table 1.

Clinical data revealed by ductography

No.	Histologically detected disease	If quality	Uneven contours, filling defect	Smooth contours, filling defect	Narrowing of the milk ducts	Deformation of the milk ducts	Sensitivity of the ductography method
1	Cancer	12	9	3			75%
2	Intraductal papilloma	117	9	90	12	6	76%
3	FCM	3				3	
	Total	132	18	93	12	9	

The change in CA 15.3 in 132 female patients showed a high index of 11.0 U/ ml for cancer; the lowest value was 8.2 (normal 0-34.0 U/ml). High index of mammary gland papillomatosis – 30.4 U/ ml; the low value was 2.5 U/ml. High index for FCM disease – 13.1 U/ ml; the lowest value was 11.2 U/ml. In the examined 132 patients with nipple discharge, the following results were obtained: - 3 of them had FCM (2.2%); of them, 117 had breast papillomatosis (88.6%); and in 112 of them a histological conclusion about breast cancer was obtained (9%).

Conclusions

1. During screening examinations (cytological examination, ductography and elastography), the presence of pathological discharge in the mammary glands (bloody and serous) is identified, confirmed and sent for targeted studies.
2. With bloody discharge from the nipple, in 80% (72 examined) cases it is intraductal papilloma, in 29% (38 examined) cases it is breast cancer. In 2.9% (4

patients) the serous discharge was FCD, in 91 % (120 patients) it was intraductal papilloma, in 5.8% (8 patients) it was breast cancer.

3. With early diagnosis of mammary gland neoplasia, no changes in the amount of CA 15-3 were observed.
4. According to the histological conclusions obtained from the results of the study, 2.2% (3 patients) of mammary gland neoplasia are FCD, 88.6% (117 patients) are intraductal papillomas, 9% (12 patients) are cancerous diseases.

REFERENCES

1. Wright T., McGechan A. Breast cancer: new technologies for risk assessment and diagnosis // *Mol Diagn* . - 2003. - Vol. 7/1. - R.49-55 .
2. Okgzaki A., Okazaki M., Asaishi K., et al. Fiberoptic ductoscopy of the breast: A new diagnostic procedure for nipple discharge // *Jpn J. Clin Oncol* . - 1991. - Vol. 21. - P. 188-193.
3. Andreeva EN, Ledeneva EV. Osnovnye aspekty etiologii i pathogeneza fibrozno-kistoznoi sickness molochnoi zhelezy . *Akusherstvo i ginekologiya* . 2002;(6):7–9. (In Russ).
4. Tomashevsky V.N. Speeches in the debate on the report of V.M. Mints about the bleeding mammary gland at the XI Congress of Surgeons./ *Surgery* . - 1912. -.T. XXXI.— P. 102.