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Clinico Pathological Study of Benign Breast Diseases in Females

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Abstract: Background: *Benign breast ds (BBD) are common disease affecting woman mainly. These can be diagnosed by triple assessment including clinical examination, radiological imagings, and a pathological examination. Majority of the benign lesions are not associated with an increased risk for subsequent breast cancer but some may have increased risk of malignancy like atypical hyperplasia. The main problem from women's patient of view is fear that such a lump may be a cancer. Unlike breast cancer, benign breast diseases have often been difficult to understand, in part due to variety of names that have been used to describe the various conditions. So that clinician requires in-depth knowledge to give clear explanation about breast diseases. Making an early diagnosis and planning the treatment during initial consultations, helps in alleviating unnecessary anxiety about breast cancer and unnecessary long term follow up can be avoided. So, the need for study is to analyze the spectrum of benign breast disease.*

Method: *A total 85 patients diagnosing as benign breast diseases under the inclusion criteria were studied during the period of Oct 2014 to March 2016; in the Dept of Surgery at People's hospital of People's college of medical science and research center, Bhopal. Our study objectives were A. To describe the spectrum of Benign Breast Diseases with Respect to Age of incidence, Social Demography, Duration of Symptoms, Site of lumps, Clinical features specific to conditions. B. To diagnose clinically and cytologically (FNAC) Suitable patients with benign breast disease and provide either conservative or operative treatment. C. To do histopathological examination of excised specimen for the comparisons and confirmation of cytological and clinical diagnosis.*

Result: *Fibro adenoma was the most common benign lesion encountered (65.9%) followed by Breast Abscess 18.8% disease. Fibro adenoma was presented most often in the second and third decade (75%). Lump in the breast was the commonest presentation of BBD, Lump and Mastalgia was the second commonest symptom of BBD. There was a slight preponderance of lesions in the right breast (45.9%) as compared to left breast (44.7%), shown to be significant. Most of patients belong to middle class. 100% 0f the patients were in pre menopausal group. Majority (45.9%) of lesions were of the size 2-5 cms, 31.8% were between 6-10 cms FNAC highly reliable for fibro adenoma than for other lesions. All fibro adenomas willing for surgical procedure were managed by simple excision than follow up. All 16 cases of Breast Abscess underwent incision and drainage and simple mastectomy was done in phylloide tumors.*

Conclusion: *In the present study BBD occupy majority of total breast diseases. Fibro adenoma was the most common benign lesion (65.9%). FNAC was highly accurate and was highly reliable for fibro adenoma than for other lesions. Triple test is a prerequisite for determining management. However all fibro adenomas willing for surgical procedure were managed by simple excision than follow up. Conservative approach is acceptable in young patients, who choose conservative management, need to be informed about the limitation of the test, advised for proper follow up, and must be assessed properly if there are symptoms and clinical changes. Breast self examination should be emphasized as a part of female adult education.*

Keyword: *Benign Breast Diseases (BBD), Triple Assessment, Fibro adenoma, Fibrocystic Disease, Focal Mastitis Phylloides Tumour, Breast abscesses, True Cut Needle Biopsy.*

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I. Introduction

Mammary glands or breasts are distinguishing feature of mammals[1]. Most breast complaints are benign in nature. They have been known to affect both males and females.

Unlike breast cancer, benign breast diseases have often been difficult to understand, in part due to variety of names that have been used to describe the various conditions[2]. There are many types of benign breast problems, these can be Classified according to the predominant symptoms – pain, lumps, nipple problems, and infections.
Breast is a dynamic structure, which undergoes changes throughout women's reproductive life, and superimposed on this cyclical changes throughout menstrual cycle. The pathogenesis involves disturbance in breast physiology extending from an extreme normality to well defined disease process.

The main problem from women's patient of view is fear that such a lump may be a cancer. The clinician must therefore provide a degree of diagnostic accuracy while at same time ensuring that an excessive biopsy rate is prevented. A triple assessment which is done by a clinical examination imaging like ultrasonography (USG) or mammography and a pathological examination – FNAC or core needle biopsy, during the initial consultation, allows a majority of the patients with discrete BBDs to be given immediate reassurance. It is now easier to exclude cancer with the development of diagnostic aids.

A majority of the benign lesions are not associated with an increased risk for subsequent breast cancer; unnecessary surgical procedures can be avoided. Making an early diagnosis and planning the treatment within 72 hours of the first consultation, helps in alleviating unnecessary anxiety about breast cancer and those BBDs patients with an increased risk of malignancy like atypical hyperplasia, are given a prompt treatment, a proper follow-up and awareness regarding the risk of breast cancer[3].

So, the need for study is to analyze the spectrum of benign breast disease with respect to age, sex, mode of presentation, clinical features, and management. The clinical diagnosis, particularly in the case of the benign breast lumps, was compared with the cytological or the histological findings and the accuracy of the clinical diagnosis was evaluated.

II. Material And Methods

The study was carried during the period of Oct 2014 to March 2016; in the patient with the benign breast disease came to the Dept of Surgery at People's hospital of People's college of medical science and research center, Bhopal. During the study we observed their clinical profile and its correlation with radiological and histopathological findings, and managements was done Patients was Subjected to USG, FNAC of all patients with lumps and patients whose age >35year underwent Mammography. The patients in whom surgery is required underwent Surgery and Histopathological examination of excised part.

Inclusion Criteria

- Females of Age Group 14- 45 yrs.
- Female patients with any breast lump/Mastalgia/nipple discharge.

Exclusion Criteria

- Women with an obvious malignant diseases or those who had been treated for malignancy earlier were excluded in this study
- Historyof trauma to the Breast.
- Patients who wererefused any sort of treatment.

III. Result

A total of 85 patients diagnosing as benign breast diseases under the inclusion criteria were included in this study.

Table 1: Distribution of Lesions

TYPE OF LESIONS	FREQUENCY	PERCENT
BREAST ABSCESS	16	18.8
DUCT ECTASIA	2	2.4
FIBROADENOMA	56	65.9
FIBROCYSTIC DISEASE	4	4.7
FOCAL MASTITIS	5	5.9
PHYLLOIDES TUMOUR	2	2.4
TOTAL	85	100.0

In this study, 72% of all cases of benign disorders fall in the age group of 14-35 years. Majority (38%) of them belong to age group of 14-25 years. The mean age group of highest incidence of fibro adenoma is 14-25year, majority 42 out of 56 cases are within the age group of 14-35 years.

Youngest patient of fibro adenoma is 14 year old, eldest being of 45 years. Youngest patient of fibro cystic disease is 22year old, treated conservatively. There were 2 cases of phylloides tumor, among these, 1 case were diagnosed as fibro adenoma in USG but HPE showed phylloides tumor in 1 case.

Table 2: Associations between Age and Clinical Diagnosis

Age	Breast abscess	Duct ectasia	Fibro adenoma	Fibrocystic disease	Focal mastitis	Phylloides tumour	Total
14 to 25 years	3	1	22	3	3	0	32(37.6%)
26 to 35 years	7	1	20	1	0	0	29(34.1%)
36 to 45 years	6	0	14	0	2	2	24(28.2%)
Total	16	2	56	4	5	2	85(100%)
Chi square value 13.92, P value = 0.176, not significant							

In this study, most (56%) of patients belong to upper lower class.

Table 3: Associations between SES and Clinical Diagnosis

SOCIO ECONOMIC STATUS	Breast abscess	Duct ectasia	Fibro adenoma	Fibrocystic disease	Focal mastitis	Phylloides tumour	Total
LOWER MIDDLE	5	0	12	2	1	0	20(23.5%)
UPPER LOWER	8	0	33	2	3	2	48(56.5%)
UPPER MIDDLE	3	2	11	0	1	0	17(20%)
TOTAL	16	2	56	4	5	2	85(100)
Chi square = 12.305, p value = 0.265, not significant							

In this study most (61.2%) of patients are married.

Table 4: Associations between Marital Status and Clinical Diagnosis.

Marital status	Breast abscess	Duct ectasia	Fibro adenoma	Fibrocystic disease	Focal mastitis	Phylloides tumour	Total
Married	8	2	34	4	2	2	52(61.2%)
Unmarried	8	0	22	0	3	0	33(38.8%)
Total	16	02	56	04	05	02	85(100%)
Chi square = 6.868, p value 0.231, not significant							

In this study, most (100%) of patients presented with lump, 44.7% patient were presented with pain.

Table 5: Association between Mode of Presentation and Clinical Diagnosis.

	Breast Abscess (Total=16)	Duct Ectasia (Total=02)	Fibro adenoma (Total =56)	Fibrocystic disease (Total=04)	Focal mastitis (Total=05)	Phylloides tumour (Total=02)	Total	Chi-Square/ P Value
LUMP	16	2	56	4	5	2	85(100%)	-
PAIN	11	2	24	1	0	0	38(44.7%)	12.581/ 0.028(Significant)
DISCHARGE	12	2	00	1	0	0	15(17.6%)	59.19/ 0 (significant)

Duration of lump was between 1-2 months in majority of cases (23 cases /27.1%) and duration were between 4-5months in 18 cases (21.2%). Fibro adenoma was most common lesion (21 patients out of 23 cases and 13 patients out of 18 cases) in which lump was present between 1-2 month and 4-5 month respectively. Duration of lump (less than 1 month) was found in 9 cases of breast abscess.

Table 6: Associations between Duration of Lump and Clinical Diagnosis.

DURATION OF LUMP	Breast abscess	Duct ectasia	Fibro adenoma	Fibrocystic disease	Focal mastitis	Phylloides tumour	TOTAL
< 1 MONTH	9	2	3	1	0	0	15(17.6%)
1 TO 2 MONTH	2	0	21	0	0	0	23(27.1%)
2 TO 3 MONTH	1	0	6	1	2	0	10(11.8%)
3 TO 4 MONTH	1	0	6	1	0	1	09(10.6%)
4 TO 5 MONTHS	2	0	13	1	2	0	18(21.2%)
> 5 MONTHS	1	0	7	0	1	1	10(11.8%)
TOTAL	16	2	56	4	5	2	85(100%)

							Chi square = 50.350, p value = 0.00 , significant

Duration of pain more than 60days was found in 12 patients (14.1%) and all 12 were fibro adenoma. In 47 patients (55.3%), pain was absent.

Table 7: Associations between Duration of Pain and Clinical Diagnosis.

Duration of pain (in days)	**Breast abscess**	**Duct ectasia**	**Fibro adenoma**	**Fibrocystic disease**	**Focal mastitis**	**Phylloides tumour**	**Total**
< 15	3	0	2	0	0	0	05(5.9%)
15 to 30	3	2	0	1	0	0	06(7.1%)
31 to 45	4	0	5	0	0	0	09(10.6%)
46 to 60	1	0	5	0	0	0	06(7.1%)
> 60	0	0	12	0	0	0	12(14.1%)
Absent	5	0	32	3	5	2	47(55.3%)
Total	16	2	56	4	5	2	85(100%)
Chi square = 57.330, p value = 0.00, significant							

Discharge was absent in majority of cases 70 pts (82.4%) and present in only15 cases (17.6%) in this study.

Table 8: Associations between Discharge and Clinical Diagnosis.

DISCHARGE	**Breast abscess**	**Duct ectasia**	**Fibro adenoma**	**Fibrocystic disease**	**Focal mastitis**	**Phylloides tumour**	**Total**
PRESENT	12	2	0	1	0	0	15(17.6%)
ABSENT	4	0	56	3	5	2	70(82.4%)
TOTAL	16	2	56	4	5	2	85(100%)
Chi square value = 59.19 p value = 0 significant							

In majority 41 patients (48.2%), age of menarche was 14 year and age of menarche was 15 year in 39 patients (45.9%).

Table 9: Association between Age of menarche and Clinical Diagnosis.

Age of menarche	**Breast abscess**	**Duct ectasia**	**Fibro adenoma**	**Fibrocystic disease**	**Focal mastitis**	**Phylloides tumour**	**Total**
14 years	4	2	30	3	1	1	41(48.2%)
15 years	11	0	22	1	4	1	39(45.9%)
16 years	1	0	4	0	0	0	5(5.9%)
Total	16	02	56	04	05	02	85(100%)
Chi square = 10.502, p value = 0.398, not significant							

In this study, 33 patients were nulliparous (38.3%) and among 33 nulliparous patients majority were fibro adenomas (22 cases).

Table10: Association between parity and different lesions.

Parity	**Breast abscess**	**Duct ectasia**	**Fibro adenoma**	**Fibrocystic disease**	**Focal mastitis**	**Phylloides tumour**	**Total**
Nulliparous	8	0	22	0	3	0	33(38.8%)
Primipara	3	1	12	3	2	0	21(24.7%)
Multipara	4	1	16	1	0	2	24(28.2%)
Grandmultipara	1	0	6	0	0	0	7(8.2%)
Total	16	2	56	4	5	2	85(100%)
Chi square= 17.292, p value = 0.302, not significant							

In this study there was slight preponderance to right side(45.9%) as compare to left side(44.7%). 8 patients had bilateral lesions,5 being fibro adenoma.
Out of 16 breast abscess, 12 were right side, 3 were left side and 1was bilateral.
Of the fibrocystic diseases, 3 on right and 1 on both side.

Table11: Distribution of site of different lesions.

Site of d/s	**Breast abscess**	**Duct ectasia**	**Fibro adenoma**	**Fibrocystic disease**	**Focal mastitis**	**Phylloides tumour**	**Total**
Both	1	1	5	1	0	0	8 (9.4%)
Left breast	3	0	33	0	0	2	38(44.7%)

Right breast	12	1	18	3	5	0	39(45.9%)
Total	16	2	56	4	5	2	85(100%)
Chi square = 26.723, p value = 0.001 , highly significant							

In 39 cases (45.9%), size of the lumps were between 2 to 5cms, 27(31.8%) were more than 5 cm and 19(22.4%) were less than 2 cms. Fibro adenoma majority (about 26) had the size of 2-5cms,

Table 12: Distribution of Size of the Lumps

Size Of The Lumps	**Breast abscess**	**Duct ectasia**	**Fibro adenoma**	**Fibrocystic disease**	**Focal mastitis**	**Phylloides tumour**	**Total**
Less than 2cm	0	2	11	4	2	0	19(22.4%)
2 to 5 cm	10	0	26	0	3	0	39(45.9%)
6 to 10 cm	6	0	19	0	0	2	27(31.8%)
Total	16	2	56	4	5	2	85(100.0%)
Chi square =, 32.616 p value = , high 0.00 significant							

Among 56 cases of fibro adenoma, 55 cases USG results were accurate that is 98.2% and 1 cases (1.8%) were false negative. For fibro adenoma, USG was 1.8% not accurate that is false negative.
Among 2 phylloides tumor, 1(50%) case were accurately given as phylloides tumor and rest 50% were false – negative on USG finding.
For 16 Breast abscess cases all were accurately given by USG i.e. 100%.
Duct ectasia was 100% accurately diagnosed by USG.
For fibrocystic disease, and focal mastitis USG was 25% and 20% not accurate i.e. false positive.

Table 13: Associations between USG Finding and Clinical Diagnosis

		DIAGNOSED BY USG					
Clinical Diagnosis	**NO.**	**Breast abscess**	**Duct ectasia**	**Fibro adenoma**	**Fibrocystic disease**	**Focal mastitis**	**Phylloides tumour**
Breast abscess	16	16	0	0	0	0	0
Duct ectasia With focal mastitis	2	0	2	0	0	0	0
Fibro adenoma	56	0	0	55	0	0	1
Fibrocystic disease	4	0	0	1	3	0	0
Focal mastitis	5	0	0	1	0	4	0
Phylloides tumour	2	0	0	0	0	0	1
Chi square = 34.137, p value = 0.00, significant							

Among 56 of fibro adenoma cases, mammography was done in 14 cases and was accurately given as fibro adenomas in all patients.
Among 2 phylloides tumor, 2(100%) cases were accurately given as phylloides tumor.

Table 14: Association between Mammography and Clinical Diagnosis

		DIAGNOSED BY MAMMOGRAPHY					
Clinical Diagnosis	**NO.**	**Breast abscess**	**Duct ectasia**	**Fibro adenoma**	**Fibrocystic disease**	**Focal mastitis**	**Phylloides tumour**
Fibro adenoma	14	0	0	14	0	0	1
Focal mastitis	2	0	0	0	0	2	0
Phylloides tumour	2	0	0	0	0	0	2
Not Done	67	16	2	42	4	3	0
Chi square =,125.407 p value = 0.00, significant							

Among 56 of fibro adenoma, all 56 cases FNAC results were 100% accurate.
Among 4 fibrocystic diseases, all 4 were given as fibrocystic diseases.
Among 2 phylloides tumor, 2 cases were accurately given as phylloides tumor.
For Focal mastitis also FNAC was 100% accurate.

Table 15: Association between FNAC Finding and Clinical Diagnosis.

		DIAGNOSED BY FNAC					
Clinical Diagnosis	**NO.**	**Breast abscess**	**Duct ectasia**	**Fibro adenoma**	**Fibrocystic disease**	**Focal mastitis**	**Phylloides tumour**
Duct ectasia With focal mastitis	2	0	2	0	0	0	0
Fibro adenoma	56	0	0	56	0	0	0
Fibrocystic disease	4	0	0	0	4	0	0
Focal mastitis	5	0	0	0	0	5	0
Phylloides tumour	2	0	0	0	0	0	2
Not done	16	16	0	0	0	0	0
Chi square =42.50, p value = 0.00, significant							

Among 56 of fibro adenoma, all 56 cases HPE results were accurate that is 100%.
Among 2 phylloides tumor, 2(100%) cases were accurately given as phylloides tumor.

Table 16: Association between HPE Finding and Clinical Diagnosis.

		DIAGNOSED BY HPE					
Clinical Diagnosis	**NO.**	**Breast abscess**	**Duct ectasia**	**Fibro adenoma**	**Fibrocystic disease**	**Focal mastitis**	**Phylloides tumour**
Duct ectasia With focal mastitis	2	0	2	0	0	0	0
Fibro adenoma	56	0	0	56	0	0	0
Fibrocystic disease	4	0	0	0	4	0	0
Focal mastitis	5	0	0	0	0	5	0
Phylloides tumour	2	0	0	0	0	0	2
Not done	16	16	0	0	0	0	0
Chi square =42.50, p value = 0.00, significant							

Majority (63.5%) were treated surgically, some refused for surgical intervention.
Fibroadenosis patients were reassured and treated with Cap Evening primrose oil 500mg twice a day.
For 32 fibro adenomas simple excision was done.
All patients of Breast abscess were treated with I & D.
Among 2 phylloides tumors, both patients simple mastectomy was done as USG showed false negative result as fibro adenoma.

Table 17: Association between Treatment and Diagnosis

Treatments	**Breast abscess**	**Duct ectasia**	**Fibro adenoma**	**Fibrocystic disease**	**Focal mastitis**	**Phylloides tumour**	**Total**
Conservative	0	2	24	4	1	0	31(36.5%)
Excision	0	0	32	0	0	0	32(37.6%)
I & D	16	0	0	0	4	0	20(23.5%)
Simple mastectomy	0	0	0	0	0	2	2 (2.4%)
Total	16	2	56	4	5	2	85(100%)
Chi square = 175.374, p value = 0.00 significant							

IV. Discussion

In the present study, 85 cases of benign breast diseases were visited to our hospital- PCMS & RC, Bhopal were studied. Presently available literature on benign breast diseases was reviewed. After detailed history, clinical examination and relevant investigations and treatment following observations were made.

Distribution Of Variety Of Breast Disorders

Fibro adenoma accounts for 65.9% of the total cases studied. Malik MAN et al [4] reported 77%,Oluwole[5] reported 70.5% ,Rosen PP el al[6] 45%, Greenberget et al [7] 50%. Present study incidence is consistent with Oluwel. According to all above mentioned studies fibro adenoma is the most common.

Fibrocystic disease accounts for 4.7% in present study, where as 13% in Malik MAN et al and 14.2% in study by Rangabhashyam N , Gnanaprakashan D et al[8] Phylloides tumor incidence in present study is 2.4%, 2.3% in Oluwole[5] 0.4% in Malik MAN et al[4].

In India reports show a wide variation in the incidence of phylloides tumor: from 0.63% to 13.8% of the benign lesions[9].

Duct ectasia in present study is2.4%, Shukla et al showed 2.5% in prospective study.

Age Incidence

In the present study, majority of the patients are in the age group 14-25 years (37.6%) while according to Shukla S Hari [10]. Peak incidence of Benign Breast Disorders is between 21-30 years, similar to our study.

22 cases of fibro adenomas occurred between age group 14-25 years. 20 cases of fibro adenomas occurred between age group 26-35 year. Among total 56 cases, 42 are in age group 14-25years and 26-35years. The corresponding literature of Haagensen reported 70% between age 15-30 years. Fibro adenomas occur at younger age group than fibroadenosis according to Haagensen [11].

Mode of Presentation And Duration

The commonest type of presentation of BBD was lump in the breast constituting 100% in present study and lump and Mastalgia 44.7%. According to HagensenCD [11] lump was common type of presentation. Mastalgia is one of the commonest symptoms in patients attending a breast clinic and is also the most frequent reason for breast- related consultation in general practice[12] Mastalgia accounted for 56.9% in study by Uma Krishnaswamy [13].

Menstrual History And Parity

100% of our patients were in pre menopausal period. Maximum in second and third decade seems to be influenced by most intense endocrine activity. In our study 94.1% patient's attained menarche between 14-15 years, Tibor Decholnoky [14] had average at menarche to be 13-14 years. 52 out of 85 female patients (61.2%) were married,

Decholnoky Et al had 27.5%patients who experienced pregnancy and 63 % were nulliparous. 33 patients (38.8%) were nulliparous in present study.

Multiparty seems to influence the higher incidence in our population [8].

Site Of The Disease And Distribution

In this study 45.9% of the lesions were on right side, 44.7 in left side, bilateral being 9%.Soju F. Oluwel et al [15] showed 45% benign lesions in right breast, 41% in left breast, and bilateral 14%.

Size Of The Lumps

Majority of lumps 39cases (45.9%) in the present study averaged 2 to 5 cms in size, 31.8% were size more than 5 cms. 22.4% were less than 2 cms Tabor Decholnoky study shows that 57% of the benign lumps were less than 2cms. Haagensen [12] emphasized that 28% of this cases was less than 5cms.

Clinical And Histopathological Correlation

Among total 85 lesions, USG done for breast abscess patients and mammography done for age more than 35 years. Out of 69 FNAC done, 56 were positive for fibro adenoma in which HPE correlation showed all as true positive. Clinic pathological correlation for fibro adenoma, sensitivity =100%, Among total 85 lesions, Among 56 of fibro adenoma 55 cases USG results were accurate that is 98.2% and other 1.8% were false negative. Among 2 phylloides tumor 1(50%) case were accurately given as phylloides tumor and rest 50% were false negative

For 16 Breast abscess cases all were accurately given by USG i.e. 100%, for fibro adenoma, USG was 1.8% not accurate that is false negative. For fibrocystic disease, and focal mastitis USG was 25% and 20% not accurate i.e False positive. Duct ectasia was 100% accurately diagnosed by USG.

Mammography was done on 18 patients, Among 14 fibro adenomas cases all were (100%) accurately given as fbroadenomas. Among 2 phylloides tumor 2(100%) cases were accurately given as phylloides tumor . For phylloides tumor mammography was 100% accurate. In study by Nguansangiam et al[16] overall sensitivity =92.5%, specificity=90.2%.

Management

In this study of 85 cases of BBD, 31 cases were managed conservatively. Among 56 cases of fibro adenoma, For 32 cases simple excision was done, 24 were managed conservatively. In a study by Cant PJ et al [17] conservative approach is safe for clinically and cytologically benign breast lumps in women under 25 years, but very few will accept it. For 16 cases of Breast Abscess cases all underwent incision and drainage. Among 2 phylloide tumors, for both patients simple mastectomy was done. In a study by Abdulla HM, SakrMA[18] complete surgical excision by either wide local excision or mastectomy if necessary is important in the primary surgical treatment of phylloides tumors.

V. Conclusion

BBD occupy majority of total breast diseases. This study of 85 cases includes the clinical profile, its correlation with radiological and histopathology, and management of BBD. Fibro adenoma was the most common benign lesion encountered (65.9%) followed by Breast Abscess 18.8% disease. Fibro adenoma presented most often in the second and third decade (75%). Lump in the breast was the commonest presentation of BBD, Lump and Mastalgia was the second commonest symptom of BBD. There was a slight preponderance of lesions in the right breast (45.9%) as compared to left (44.7%), shown to be significant. Most of patients belong to middle class. 100% of the patients were in pre menopausal group. Majority (45.9%) of lesions were of the size 2-5 cms, 31.8% were between 6-10 cms FNAC was used for planning determining appropriate treatment modality, it was highly accurate in present study and was highly reliable for fibro adenoma than for other lesions.

There is increasing evidence that conservative approach is acceptable in adolescent patients, who choose conservative management need to be informed about the limitation of the test and must be assessed properly if there are symptoms and clinical changes, however in adult women evaluation by triple test is a prerequisite for conservative management. Although in present study all fibro adenomas willing for surgical procedure were managed by simple excision than follow up.

Breast self examination should be emphasized as a part of female adult education.

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