

Fibroadenoma and Homoeopathy

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General Description:

Fibroadenomas are the most common benign tumors of the female breast. They develop at any age but are more common in young women, often teenagers, and are mistaken for cancer.

It is a benign breast growth that most commonly presents in teenage girls and women under the age of thirty. The presence of a fibroadenoma mass in a breast often causes women anxiety and concern, partly because people associate any type of breast lump with cancer. Fibroadenoma carries a very slight menace for future breast cancer, but the majority of fibroadenoma are benign breast growths. They may be excised but frequent recurrence is common.

Incidence

Nearly 90% of breast masses in women are the result of benign lesions and are usually fibroadenoma in women in their 20s or 30s.

Symptoms of Fibroadenoma

A fibroadenoma tends to be sphere shaped, with a smoother surface than most malignant breast cancers. While malignant tumors tend to be immobile, fibroadenoma growths move easily within the breast.

Fibroadenoma growths are usually painless, but size and location of the growth can cause breast tenderness or pain. A fibroadenoma feels slightly malleable or rubbery to the touch when examined. While younger women tend to have clearly defined fibroadenoma growths, older women may present with breast calcification rather than masses.

These are usually isolated breast masses. In ten to fifteen percent of cases multiple fibroadenomas may occur, and may be present in both breasts.

Clinical Signs

- Palpable mass for young women, feels like small, slipper marbles.
- Mammographic density for older women.
- Mass is more circumscribed and mobile than carcinoma.

Causes of Fibroadenoma

Estrogen sensitivity is thought to play a role in fibroadenoma growth: some tumors may increase in size towards the end of the menstruation or during pregnancy.

After menopause, many fibroadenomas spontaneously shrink due to lower estrogen levels. Hormone therapy for postmenopausal women may prevent fibroadenomas from shrinking.

Types of Fibroadenoma

All fibroadenoma are composed of glandular cells and fibroconnective, or stromal, cells. The majority of fibroadenoma do not grow larger than one to three centimeters, but some may grow to over five centimeters, in length.

These unusually divided into two subcategories.

- Giant Fibroadenoma- large growths are referred to as giant fibroadenoma.
- Juvenile fibroadenomas- Fibroadenomas found in teenagers are often referred to as juvenile fibroadenomas.

Pathophysiology -

Exact cause is unknown. It may possibly due to increased fat consumption.

- Composed of both fibrous and glandular tissue.
- More frequent occurrence in upper outer quadrant of breast.
- Can grow as a spherical nodule to a size from <1cm to 10-15cms.
- Fibroadenomas are hormonally responsive - increases in size may occur during late phases of the menstrual cycle

Histopathology -

- Well presence of both basement membrane AND myoepithelial cells.
- Composed of 2 parts:
 - Delicate cellular fibroblastic stroma resembling stroma of intralobular tissue
 - Glandular/cystic spaces lined by epithelium and enclosed by stromal component.

Diagnosis of Fibroadenoma

- Physical examination- Fibroadenoma diagnosis begins with a physical examination.
- Mammogram- it is a special type of breast x-ray, used to diagnose tumors of breast.
- Breast ultrasound- it may be advised to support the diagnosis.
- Biopsy- a biopsy sample is the only definitive diagnostic method for fibroadenoma. Biopsy samples may be gathered by incisional surgery, or though fine needle aspiration.
- Fine needle aspiration cytology- in this procedure, a long thin needle is inserted into the fibroadenoma mass to retrieve cell samples.

While biopsy is the only sure way to confirm fibroadenoma, young women in their teens to mid twenties may not require a biopsy if the lump meets all the requirements for a characteristic fibroadenoma mass.

Surgical Treatment of Fibroadenoma

As benign growths, fibroadenomas are not always removed from the breast. Instead, the mass is left and carefully monitored for changes in shape and size. Whether fibroadenomas are removed depends on a number of physical and psychological factors.

- Tumor size- If tumor size or location causes pain or discomfort, then the fibroadenoma may be removed.
- Patient concerns and anxieties- these are also factors. If a woman is uneasy with the idea of a breast mass remaining untreated, the fibroadenoma may be removed to alleviate her anxiety.

A fibroadenoma may be removed under local anesthetic, either through surgery or through the use of a fine needle. If a biopsy is required to rule out malignancy, the entire fibroadenoma may be removed during the procedure.

Complications of Fibroadenoma

- Women with fibroadenoma have a slightly higher risk of breast cancer than other women, but not by a significant amount.

- Very rarely, cancerous cells are found in fibroadenoma biopsy samples, but almost all fibroadenoma are benign.
- Complications from fibroadenomas are not uncommon. Biopsies and fibroadenoma removal, like all surgical procedures, carry the risk of bleeding, scarring, and post-operative infection.
- After a fibroadenoma is removed, its recurrence is quite common.

Abstract

The fibroadenoma is the most common circumscribed benign solid tumor of the breast. As its name implies, it is composed of fibrous and adenomatous elements. A rarer variation is the fibroadenolipoma, which is an encapsulated lesion that may represent a hamartoma and contains, as the name implies, fat, fibrous, and adenomatous tissue elements. The fibroadenoma is hormonally sensitive and is more common in the young female. Beginning in the teenage years fibroadenomas are the most commonly biopsied solid lesion of the breast, and this remains true through the mid 30s. As solid lesions they cannot be distinguished from well-circumscribed malignancy by either physical examination or imaging methods, and there are no data to refute the surgical dictum that all solid masses in the breast should be excised. It is possible that one day with noninvasive histologic analysis the fibroadenoma will not require excision. Fibroadenomas are found frequently in postmenopausal women as well, but because of their hormone sensitivity they usually involute and become hyalinized. In some women this results in calcification, and these calcifications are among the most distinctive mammographically. Fibroadenomas do not become malignant, but frequently can grow to enormous size (giant fibroadenoma), and a potentially malignant cystosarcoma phylloides cannot be distinguished from a fibroadenoma except that it usually grows very rapidly.

Homoeopathic Treatment of Fibroadenoma

Calcarea carbonica

Breasts are hot and swollen. Chronic cystic mastitis. Blunt duct adenosis; best remedy for fibroadenoma. Lump in breast is hard, nodular and tender to touch in the beginning. Then the pains are reduced and the lump turns to be hard due to calcification. Calcarea acts best when the tumours are calcified. These breasts are swollen and tender before menses. Deficient lactation. The breasts are distended in lymphatic women. Patient complains of profuse sweating around the genitalia with dirty smell . Inflammatory condition of the breast. With breast condition patient has the mental symptoms due to sufferings. Patient is anxious, tired and weak, both mentally and physically.

Calcarea fluorica

This remedy is indicated in the fibroadenoma of the breast. Lump in the breast which is hard, movable with clear margins which are sharp in nature, or their edges are sharply defined. Most commonly they are solitary, very rarely multiple. Occurs in young patients usually unmarried. Nodules are in upper right quadrants. The patient is sad and depressed due to financial condition. Confused due to melancholic condition of mind. Patient is chilly, and she is very sensitive to cold air, cold wind and cold atmosphere in general. Genitals are sore. Urine is copious and offensive. Pain at the tip of the urethra while urinating and after the act. Pain in back extending to sacrum.

Conium maculatum

Mammary glands are hard and sore. A typical carcinoma of the breast, that is, scirrhous adenocarcinoma, which begins in the ducts and ends in the parenchyma. As the stage advances the Cooper's ligament shortens and thus it produces the notch. Sometimes the condition is associated with the inflammation of the breast tissue. The region is hard and nodular, tender to touch. Burning and stinging pains in the breast. The skin over

the tumour is adherent. Occasionally there is discharge of pus from the nipple. The lesion is hard, almost cartilaginous. The edges are distinct, serrated and irregular; associated with productive fibrosis.

Baryta carbonica

Inflammation, induration and enlargement are the fundamental pathogeneses of this drug. The mammary gland is enlarged and there is a lump, which is hard. There is very sensitive to touch. The glands which are enlarged are tender with infiltration. The women of late twenties are affected. These patients present with hard but not serrated mass with firm rubbery consistency. Their edges are sharply defined. Most commonly the tumours solitary. or occasionally are multiple. They are differentiated from cancer by smooth rather than irregular lobulations. A bloody discharge from nipple is indication of this drug. All the glands of the body are very sensitive to cold and they are worse by taking cold. The skin over the gland becomes ulcerated. It is seen that this remedy works better in Paget's disease of nipple which is supposed to be primary carcinoma of the mammary gland.

Hydrastis Canadensis

These patients have the tendency to indurated glands. Swelling of the mammary glands. Fat necrosis and glandular cell myoblastoma are common in this remedy. Fat necrosis tumour is probably post-traumatic. Patient complains of pain and tenderness. The lesion is fixed to the breast tissue, which sometimes causes dimpling of the overlying skin. Engorged nipples, cracks and discharges of watery fluid or there is serosanguinous discharge.

The patient is weak and emaciated, fainting due to improper assimilation or defective assimilation. All-gone sensation or empty feeling in the stomach, not relieved by eating. Chronic catarrhal condition of the membrane of the stomach. Patient is thirstless. Obstinate constipation, colicky and crampy pain in the abdomen. Liver is enlarged and tender.

Iodium

This remedy predominantly acts on the enlargement of the mammary glands which may be either neo-plastic or malignant.

The mucous membranes of the glands and the breast tissue are inflamed. The breast tissues are hypertrophied, enlarged, hard and nodular. Emaciation of the patient due to malabsorption. The tumours are well differentiated. They have a discrete capsule. Small lesions present leaf-like intracanalicular protrusions and large lesions have cystic space. Inflammation of the lesions, ulceration occasionally, excoriating and acrid discharge from the nipple or from the lesion. Oedematous swelling of the affected breast.

Lapis albus

The main action of this remedy is on the the glands of mammary region. These glands have the tendency to turn malignant. Remarkable results are observed in scrofulous condition of the glands. Fibroid tumours, intense burning pains in the parts. The tumours have pliability and a kind of softness rather than hardness. The margins are clear. The glands are elasticity, exactly the reverse of Calc. fluorica.