Research Article

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Breast Adenophaphy in Clinical Differential with Breast Mass for Case Report Since

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Abstract

For a painful period, I experienced a disease since breast mass to Cancinoma till breast adenophaphy diagnosis and recovery; as a doctor of mine in medicine of Neonatology crossing with gynecology and obstetrics I have reviewed the information during disease development that related with the lab analysis, clinical diagnosis and therapy advancement [1-2]. Breast Mass is a one clinical presentation for many breast diseases as varied infection, injury, breast fibrosis, adenosis of disease or cancer; some of the diseases have involved in extensive age and area for female healthy. As usual knowing, female healthy is related with generation, some discussion is valuable to write here for clinical consideration.

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The Case Report

Introduction for the Case

Clinical Information about the case patient, Female, Born in Apr 1967, age over 50y, BW 70kg, professional in Medicine, previously visited the hospitals have in the United States of America and China. The starting time since Feb 2019 found the breast mass by self unintended touch in China, Aug 2019 the local area began felt the sense of no consisted pain at outside of left breast, and since Sep 2019, the upper surface skin of the mass had broken gradual, and began the wound care by self and at University of Miami

hospital clinical department. Further therapy, I visited the University of Miami Miller Medical School Sylvester Cancer Center, the lab exams included Mammography, ultrasound, MRI, Biopsy techniques, the assessment diagnosis was at breast mass, left axillary lymphadenopathy, and highly indicated invasive ductal carcinoma. In Dec 2019, returned hometown in China, and pursued the therapy at Second Military Medical University affiliated Shanghai Changzheng Hospital, according to PET/CT exam results, the diseases may has involved more at axillary lymph nodes. So that the chemotherapy began and medicine delivered through peripheral vascular PICC port for 2times. Lab rechecked

for bilateral breast ultrasound in Jan 2020, the result found no breast mass detected and provided diagnosis of adenosis of disease; one month later, Chest CT re-exam have no shown breast mass phenomenon excepted light skin wound area; the treatment for skin wound care was in deliberated and almostly at the outpatient department of Changzheng Hospital and Fudan University Medical School affiliated Hospital of Gynecology and Obstetrics, which was noticed completely recovery in Mar 2020, so far more follow up care in the future.

Clinical Exam

(09 06 2019) Digital Diagnosis Bilateral Mammogram with Tomosynthesis Mammography in University of Miami Health Center UMHC Sylvester Imaging, Findings: the breast(s) is/are heterogeneously dense, with may obscure small masses. A 4.9 x 4.1 x 4.5 cm (CC x TR x AP) irregular. Hyperdense mass in the left outer breast, middle depth, 2 cm from nipple, mammographically extending to the left upper. Outer skin surface, with associated skin thickening and retraction, a single, round, 04 cm lymph node in the left axilla identified. Impression: Highly suspicious left upper outer breast mass with associated skin findings as described above.

(09 06 2019) Bilateral Complete Breast Ultrasound, Findings: In the left breast, there is an irregular, vascular heterogeneous mass with internal cystic component measuring at least 6.3 x 7.4 x 7.2 cm in the left breast, 1-2:00 4 cm from nipple, corresponding to the suspicious mass on the mammography and area of palpable concern. Associated involvement of the overlying skin thickening and edema, Multiple suspicious left axillary lymph nodes with cortical thickening measuring up to 1.2 cm. In the right breast, there are no suspicious cystic or solid masses, and no suspicious right axillary adenopathy. Both Exams Indication and final assessment: breast mass, left, axillary lymphadenopathy highly suggestive of malignancy Biopsy recommended.

(10 1 2019) Bilateral Breast MRI RESULT, Finding is the similar report to the bilateral breast ultrasound from oral communication with practice.

(11 21 2019) MAM Ultrasound Core Biopsy, Pathology results: invasive ductal carcinoma, cell differentiated poorly, immunohistochemistry for ER, PR, and HER2 is pending at the time of this dictation for 12 04 2019 filled this report, Note: there is no definite evidence of lymph and or mammary parenchyma, therefore, whether the represents a

primary mammary carcinoma in the axilla or a lymph node metastasis cannot be determined in this sample, the results are considered concordant with breast imaging.

Recommendation: Surgical/oncologic consultation is recommended.

(12 18 2019) PET/ CT Imaging at Second Military Medical University affiliated Shanghai Changzheng Hospital, Visited diagnoses: Breast Cancer Left, prepare for chemotherapy, Finding: Since Brain, face structure, thyroid, chest, liver, kidney till body bone in normal; Left axillary multiply lymph nodes, with FDG intake increasing, SUVmax:8.7. Exam Results: left breast cancer, left axillary lymph nodes multiply metastasis.

(01 10 2020) Bilateral Breast Ultrasound, Visited diagnoses: Breast Cancer, two times Chemotherapy recheck, Finding: bilateral breast structure phase less unclear, glands level rich, echo strength varies and distributed uneven, ductal inner dilation. Notes: 1. Left breast outer side is kind of difficult to detect for gauge covered, please combined with other exam, 2. Adenosis of Breast Bilateral.

(02 10 2020) Chest CT, Find: bilateral breast showed some patch or nodule, and with tender tissue shadow, enhanced scan no remarkable enhanced change.

X-RAY Diagnosis: Bilateral breast nodule change, and more others no related.

Diagnosis Advanced

According to earlier observation, the breast mass is a isolated density mass, movable and clear edge in left breast outside 3-2 cm near from nipple, in longer length about 4cm, the surface skin became thinner and color change in smaller area by assessment, About half year later feeling pain as sting sometimes became remarkable, visited Miami University hospital and clinical; in search history inquirement and rule out the possible from injury, the provider indicated breast mass and ordered mammography exam found the breast(s) is/are heterogeneously dense, with may obscure small masses irregular. hyperdense mass in the left outer breast, and ultrasound exam finding In the left breast, there is an irregular, vascular heterogeneous mass with internal cystic component, Multiple suspicious left axillary lymph nodes with cortical thickening measuring up to 1.2 cm, the both exam diagnosis was breast mass, left, axillary lymphadenopathy, and these finds are highly concerning for malignancy of the

left breast metastatic to the left axilla, for advanced bilateral breast MRI exam had not found difference from previous exams. About one month later breast left and axillary lymph node biopsy, pathology results: invasive ductal carcinoma, poorly cell differentiated, immunohistochemistry for ER, PR, and HER2 is pending for negative result possible, so surgical/oncologic consultation is recommended. About the final diagnosis, at the time discussion with professional doctor, the clinical impression was breast cancer, and decided chemotherapy earlier with therapy group. Along with transferred hometown in China, the chemotherapy worked out at Second Military Medical University affiliated Shanghai Changzheng Hospital, before therapy, the PET/CT exam has the result that left breast cancer, left axillary lymph nodes multiply metastasis; after second chemotherapy, the ultrasound recheck showed the breast mass has not detected and the diagnosis is Adenosis of Breast Bilateral; one month later chest CT results just showed bilateral breast nodule less, included recovery and future care follow up.

Disease Therapy

The formal therapy was since chemotherapy depending on the breast cancer, invasive inductal type, the therapy program has included Epirubicin (C₂₇H₂₉NO₁₁), as antibiotic antitumor, function at direct inserted into DNA Bases middle and interrupt transfuse to mRNA, and DNA/RNA formed; another main drug were Cyclophosphamide, a broad spectrum antitumor medicine and Dexamethasone. The therapy was through peripheral intravenous delivery medicine from one time catheterized port, and the interval time was 3weeks for next time, In the middle recombinant human granulocyte colony stimulating factor GSF was used to increase white blood cell count, and the assistant medicine as antibleeding, anti stomach moved Ennopin and decreasing stress medicine Olanzapine. For the skin wound care, the gauze, pad and oil inner mess has selected in deliberated and adjusted in time; high technique exams investigated the disease outcome till recovery in term.

Discussion

For the case report since, the diagnosis development along with exams and therapy, from the earlier time of breast mass, lymphadenopathy, suspicious cancer, cancer till adenosis of breast disease and recovery with skin wound cured, combine with the pathophysiological change as dense mass, vascular heterogeneous with internal cystic component, cell differential, breast adenophaphy with glands rich, and nodule less, therefore, what I thought breast is a sort of special organ

in human body, it can have changeable in diagnosis and the diagnosis also matched to the inner pathophysiological change at same time; meanwhile, following disease type change combined with clinical differential and lab exams, which is important to indicate the therapy program in materialism dialectical investigation.

Breast Adenophaphy in Clinical Differential with Breast Mass

For breast mass, Breast Adenophaphy is in benign pathophysiological change for adenosis of disease, also there have several clinical differential diagnosis including breast fibroadenosis, cyst, intraductal papilloma, inductal dilation, varied infection or cancer with different pathophysiological phenomena when breast mass happened, these diseases' diagnosis and clinical differential can work out from inquirement history, clinical observation and high techniques exams assistant detection [3-4].

For these diseases character, adenosis of disease is usual in isolated mass, clear edge, movable, near to skin; in pattern it can be tender and harder mass; current research have not identified the confirmation the entity relation the breast malignancy change. breast fibroadenosis is usual in single, clear edge, easy touch, smooth surface, movable but it is in degree difference from adenosis disease. In pathophysiology, breast cyst is breast lobes in swellow; breast inductal dilation is plasma cell mastitis, both usual with a mass as first observed symptom. Breast infection, as TB, G+bacterial infection, incurred from transfection in special area, surface skin infection from new born breast feeding. Breast cancer includes various types, it is one of the popular serious disease in the world, it can induce from various heterogeneous reasons as DNA abnormal change, or hormone imbalance, except clinical differential with breast mass, it should combine with regular check, lab exams and effective therapy.

Summary

Breast mass is as the tumor in the mind for mostly persons, the diagnosis in advancement is related with the disease's treatment and recovery; the diseases has since benign till malignancy in degrees, and the incurring reasons is varied from slight injury, infection, hormone related or DNA abnormal transferred. In disease clinical presentation is earlier recovery from the inner pathophysiological change, then the outcome should follow up the clinical and exams to get to the final recovery in body. However, above all, breast cancer is the most serious diseases, current overall cancer

recovery rates continue to increase, as the American Cancer Society Annual Report [4], these trends reflect population changes in cancer risk factors, screening test use, diagnostic practices, and treatment advances; I hopes this article would value effective in the future medicine.

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