

BÖLÜM 9

BENİGN MEME HASTALIKLARI

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Meme kanseri dünya genelinde kadınları en çok etkileyen kanser türüdür. Bu sebeple meme hastalıklarını anlamak ve bu hastalıklar arasında benign-malign ayırımı yapabilmek çok önemlidir. Cerrahlar benign meme hastalıkları ile ilgili yeterli bilgiye sahip olmazlarsa hastayı yanlış yönlendirebilir, gereksiz tedavilere yönelebilir veya meme kanseri tanısında gecikmelere yol açabilirler.

Burada bahsedeceğimiz meme hastalıklarından bir kısmının tamamen benign olarak düşünülürken, bir kısmı gelecekte meme kanseri riskinde artışa sebep olabilecek lezyonlardır.

Benign meme lezyonları birkaç başlık halinde incelenebilir (Tablo 1).

Tablo I. Benign meme hastalıkları

1. MEMENİN ENFEKSİYOZ VE İNFLAMATUVAR HASTALIKLARI
1. 1 Bakteriyel enfeksiyonlar
1. 2 Mikotik enfeksiyonlar
1. 3 Hidroadenitis supurativa
1. 4 Mondor hastalığı
1. 5 İdiopatik granümatöz mastit
2-MEMENİN EPİTELYAL LEZYONLARI
2. 1-NONPROLİFERATİF MEME LEZYONLARI
2. 1. 1 Basit meme kisti (kompleks ve komplike kistler patolojik özelliklerine göre gruplandırılır)
2. 1. 2 Hafif şiddette duktal epitelyal hiperplazi
2. 1. 3 Papiller apokrin değişiklikler
2.2PROLİFERATİF ATİPİSİZ MEME LEZYONLARI
2. 2. 1 Geleneksel duktal hiperplazi
2. 2. 2 İntraduktal papillom
2. 2. 3 Sklerozan adenozis
2. 2. 4 Radyal skar
2. 2. 5 Basit fibroadenom
2. 3-PROLİFERATİF ATİPİLİ MEME LEZYONLARI
2. 3. 1 Atipik duktal hiperplazi
2. 3. 2 Atipik lobuler hiperplazi
2. 3. 3 Flat epitelyal atipi

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Jinekomasti meme kanserinden ayırt edilmesi çok önemlidir. Bu ayırım çoğu zaman zaman zaman fizik muayene ile yapılabilir. Meme kanserlerinde tipik olarak tek taraflı, hassas olmayan ve immobil kitleler vardır ve buna meme başı akıntısı, ciltte retraksiyon, ülserasyon ve aksiller lenfadenopati eşlik edebilir. Jinekomasti saptanan hastalarda öncelikle malignite ekarte edilmelidir. Ardından bu hastalar etyolojiyi araştırmak için rutin kan testlerine ek olarak, testesteron, luteinizan hormoni bHCG, östrodiol ve TSH seviyeleri bakılmalı, şüpheli durumlarda endokrinoloji ve üroloji konsültasyonları yapılmalıdır⁶⁰.

Etyolojide farmakolojik nedenler ve karaciğer hastalıkları gözden kaçırılmamalıdır.

3. 11. Memenin Adenomları

Adenomlar memenin saf epitelyal neoplazmlarıdır. Seyrek stromal elemanları ile fibroadenomlardan ayırt edilirler. Adenomlar tübüler, emziren, apokrinduktal ve pleomorfik olarak gruplandırılır. Ancak tübüler ve laktasyon adenomları dışındakiler nadirdir. Hem tubulur hem de laktasyon adenomları reproduktif dönemde özellikle de hamilelikte yaygın olarak görülür⁶¹. İyi sınırlı lobule kitlelerdir. Boyutları nedeniyle eksizyona ihtiyaç duyabilmelerine rağmen, malign potansiyelleri yoktur ve lokal nüks beklenmez^{23,49}

Laktasyon adenomu hamilelik ve loğusalık döneminde en yaygın ortaya çıkan meme kitlesidir. Soliter veya multiple, mobil ve genellikle küçük (<3 cm) meme kitleleri olarak ortaya çıkar. Bu adenom, aksilla, göğüs duvarı veya vulva gibi ek-topik bölgelerde de gelişebilir^{50,62}

Memenin tübüler adenomu ise soliter, iyi sınırlı bir kitle olarak ortaya çıkar. Radyolojik olarak kalsifiye olmayan fibroadenomun görünümüne benzeyebilir. ; mamografi ve ultrasonografide çok sayıda minik, noktalama ve düzensiz mikro kalsifikasyon öne çıkmaktadır⁶³

KAYNAKÇA

1. Uptodate(2018) Overview of benign Breast Disease.2018 (20.05.2020.tarihinde <https://www.uptodate.com/contents/overview-of-benign-breast-disease>, adresinden ulaşılmıştır)
2. Foxman B, D'Arcy H, Gillespie B, et al. Lactation mastitis: occurrence and medical management among 946 breastfeeding women in the United States. *Am J Epidemiol*. 2002;155(2):103-114. Doi:10.1093/aje/155.2.103
3. Kvist LJ, Larsson BW, Hall-Lord ML, et al. The role of bacteria in lactational mastitis and some considerations of the use of antibiotic treatment. *Int Breastfeed J*. 2008;3:6. Doi:10.1186/1746-4358-3-6
4. Spencer JP. Management of mastitis in breastfeeding women. *Am Fam Physician*. 2008;78(6):727-731.

5. Abdelhadi MS, Bukharie HA. Breast infections in non-lactating women. *J Family Community Med.* 2005;12(3):133-137.
6. Bharat A, Gao F, Aft RL, et al. Predictors of primary breast abscesses and recurrence. *World J Surg.* 2009;33(12):2582-2586. Doi:10.1007/s00268-009-0170-8
7. Rizzo M, Gabram S, Staley C, et al. Management of breast abscesses in nonlactating women. *Am Surg.* 2010;76(3):292-295.
8. Kelly KH, John FR, Robertson B. Meme Hastalıkları. In: Brunicardi FC, ed. *Schwartz Cerrahinin İlkeleri*. 10. Baskı ed: Güneş Kitabevi; 2016:497-511.
9. Zuska JJ, Crile G, Jr., Ayres WW. Fistulas of lactiferous ducts. *Am J Surg.* 1951;81(3):312-317. Doi:10.1016/0002-9610(51)90233-4
10. Versluijs-Ossewaarde FN, Roumen RM, Goris RJ. Subareolar breast abscesses: characteristics and results of surgical treatment. *Breast J.* 2005;11(3):179-182. Doi:10.1111/j.1075-122X.2005.21524.x
11. Andrews JI, Fleener DK, Messer SA, et al. The yeast connection: is Candida linked to breastfeeding associated pain? *Am J Obstet Gynecol.* 2007;197(4):424 e421-424. Doi:10.1016/j.ajog.2007.05.053
12. Wiener S. Diagnosis and management of Candida of the nipple and breast. *J Midwifery Womens Health.* 2006;51(2):125-128. Doi:10.1016/j.jmwh.2005.11.001
13. Alikhan A, Lynch PJ, Eisen DB. Hidradenitis suppurativa: a comprehensive review. *J Am Acad Dermatol.* 2009;60(4):539-561; quiz 562-533. Doi:10.1016/j.jaad.2008.11.911
14. Becker L, McCurdy LI, Taves DH. Superficial thrombophlebitis of the breast (Mondor's disease). *Can Assoc Radiol J.* 2001;52(3):193-195.
15. Catania S, Zurrida S, Veronesi P, et al. Mondor's disease and breast cancer. *Cancer.* 1992;69(9):2267-2270. Doi:10.1002/1097-0142(19920501)69:9<2267::aid-cnrcr2820690910>3.0.co;2-u
16. Imoto S, Kitaya T, Kodama T, et al. Idiopathic granulomatous mastitis: case report and review of the literature. *Jpn J Clin Oncol.* 1997;27(4):274-277. Doi:10.1093/jjco/27.4.274
17. Varshochi M, Haghdoost M, Marshrabi O. Idiopathic granulomatous mastitis: a case report. *Am J Infect Dis.* 2010;6(3):61-65. Doi:10.3844/ajidsp.2010.61.65
18. Yukawa M, Watatani M, Isono S, et al. Management of granulomatous mastitis: a series of 13 patients who were evaluated for treatment without corticosteroids. *Int Surg.* 2015;100(5):774-782. Doi:10.9738/INTSURG-D-14-00231.1
19. Schnitt SJ. Benign breast disease and breast cancer risk: morphology and beyond. *Am J Surg Pathol.* 2003;27(6):836-841. Doi:10.1097/00000478-200306000-00017
20. Rinaldi P, Ierardi C, Costantini M, et al. Cystic breast lesions: sonographic findings and clinical management. *J Ultrasound Med.* 2010;29(11):1617-1626. Doi:10.7863/jum.2010.29.11.1617
21. Daly CP, Bailey JE, Klein KA, et al. Complicated breast cysts on sonography: is aspiration necessary to exclude malignancy? *Acad Radiol.* 2008;15(5):610-617. Doi:10.1016/j.acra.2007.12.018
22. Berg WA, Campassi CI, Ioffe OB. Cystic lesions of the breast: sonographic-pathologic correlation. *Radiology.* 2003;227(1):183-191. Doi:10.1148/radiol.2272020660
23. Schnitt SJ, Collins LC. Pathology of benign breast disorders. In: Harris JR, ed. *Breast diseases* 2010:69.
24. Hartmann LC, Sellers TA, Frost MH, et al. Benign breast disease and the risk of breast cancer. *N Engl J Med.* 2005;353(3):229-237. Doi:10.1056/NEJMoa044383
25. Wen X, Cheng W. Nonmalignant breast papillary lesions at core-needle biopsy: a meta-analysis of underestimation and influencing factors. *Ann Surg Oncol.* 2013;20(1):94-101. Doi:10.1245/s10434-012-2590-1
26. Ali-Fehmi R, Carolin K, Wallis T, et al. Clinicopathologic analysis of breast lesions associated with multiple papillomas. *Hum Pathol.* 2003;34(3):234-239. Doi:10.1053/hupa.2003.25
27. Wang J, Costantino JP, Tan-Chiu E, et al. Lower-category benign breast disease and the risk of invasive breast cancer. *J Natl Cancer Inst.* 2004;96(8):616-620. Doi:10.1093/jnci/djhs105
28. Kennedy M, Masterson AV, Kerin M, et al. Pathology and clinical relevance of radial scars: a review. *J Clin Pathol.* 2003;56(10):721-724. Doi:10.1136/jcp.56.10.721

29. Rabban JT, Sgroi DC. Sclerosing lesions of the breast. *Semin Diagn Pathol.* 2004;21(1):42-47. Doi:10.1053/j.semdp.2003.10.004
30. Linda A, Zuiani C, Furlan A, et al. Radial scars without atypia diagnosed at imaging-guided needle biopsy: how often is associated malignancy found at subsequent surgical excision, and do mammography and sonography predict which lesions are malignant? *AJR Am J Roentgenol.* 2010;194(4):1146-1151. Doi:10.2214/AJR.09.2326
31. Carty NJ, Carter C, Rubin C, et al. Management of fibroadenoma of the breast. *Ann R Coll Surg Engl.* 1995;77(2):127-130.
32. Sklair-Levy M, Sella T, Alweiss T, et al. Incidence and management of complex fibroadenomas. *AJR Am J Roentgenol.* 2008;190(1):214-218. Doi:10.2214/AJR.07.2330
33. Hille-Betz U, Klapdor R, Henseler H, et al. Treatment of Giant Fibroadenoma in Young Women: Results after Tumor Excision without Reconstructive Surgery. *Geburtshilfe Frauenheilkd.* 2015;75(9):929-934. Doi:10.1055/s-0035-1546108
34. Mishra SP, Tiwary SK, Mishra M, et al. Phyllodes tumor of breast: a review article. *ISRN Surg.* 2013;2013:361469. Doi:10.1155/2013/361469
35. Barrio AV, Clark BD, Goldberg JL, et al. Clinicopathologic features and long-term outcomes of 293 phyllodes tumors of the breast. *Ann Surg Oncol.* 2007;14(10):2961-2970. Doi:10.1245/s10434-007-9439-z
36. Spitaleri G, Toesca A, Botteri E, et al. Breast phyllodes tumor: a review of literature and a single center retrospective series analysis. *Crit Rev Oncol Hematol.* 2013;88(2):427-436. Doi:10.1016/j.critrevonc.2013.06.005
37. Uptodate(2018)Phyllodes tumors of the breast. 2019; (20.05.20020 tarihinde <https://www.uptodate.com/contents/phyllodes-tumors-of-the-breast>, adresinden ulaşılmıştır).
38. The American Society of Breast Surgeon This statement was developed by the Society's Research Committee and on April 29, 2008, was approved by the Board of Directors.(23.05.2019 tarihinde <https://www.breastsurgeons.org/docs/statements/Management-of-Fibroadenomas.pdf>. adresinden ulaşılmıştır.)
39. Hubbard JL, Cagle K, Davis JW, et al. Criteria for excision of suspected fibroadenomas of the breast. *Am J Surg.* 2015;209(2):297-301. Doi:10.1016/j.amjsurg.2013.12.037
40. Greenberg R, Skornick Y, Kaplan O. Management of breast fibroadenomas. *J Gen Intern Med.* 1998;13(9):640-645. Doi:10.1046/j.1525-1497.1998.cr188.x
41. Degenim AC, Visscher DW, Berman HK, et al. Stratification of breast cancer risk in women with atypia: a Mayo cohort study. *J Clin Oncol.* 2007;25(19):2671-2677. Doi:10.1200/JCO.2006.09.0217
42. London SJ, Connolly JL, Schnitt SJ, et al. A prospective study of benign breast disease and the risk of breast cancer. *JAMA.* 1992;267(7):941-944.
43. Wagoner MJ, Laronga C, Acs G. Extent and histologic pattern of atypical ductal hyperplasia present on core needle biopsy specimens of the breast can predict ductal carcinoma in situ in subsequent excision. *Am J Clin Pathol.* 2009;131(1):112-121. Doi:10.1309/AJCPGHEJ2R8UY-FGP
44. Margenthaler JA, Duke D, Monsees BS, et al. Correlation between core biopsy and excisional biopsy in breast high-risk lesions. *Am J Surg.* 2006;192(4):534-537. Doi:10.1016/j.amjsurg.2006.06.003
45. Uptodate(2020) Atypia and lobular carcinoma in situ: High-risk lesions of the breast. 2020; (23.05.2020 tarihinde https://www.uptodate.com/contents/atypia-and-lobular-carcinoma-in-situ-high-risk-lesions-of-the-breast?search=Atypia%20and%20lobular%20carcinoma%20in%20situ:%20High-risk%20lesions%20of%20the%20breast&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1, adresinden ulaşılmıştır).
46. Bowman K, Munoz A, Mahvi DM, et al. Lobular neoplasia diagnosed at core biopsy does not mandate surgical excision. *J Surg Res.* 2007;142(2):275-280. Doi:10.1016/j.jss.2007.03.052
47. Schnitt SJ. The diagnosis and management of pre-invasive breast disease: flat epithelial atypia--classification, pathologic features and clinical significance. *Breast Cancer Res.* 2003;5(5):263-268. Doi:10.1186/bcr625

48. Uzoaru I, Morgan BR, Liu ZG, et al. Flat epithelial atypia with and without atypical ductal hyperplasia: to re-excise or not. Results of a 5-year prospective study. *Virchows Arch.* 2012;461(4):419-423. Doi:10.1007/s00428-012-1312-1
49. Guray M, Sahin AA. Benign breast diseases: classification, diagnosis, and management. *Oncologist.* 2006;11(5):435-449. Doi:10.1634/theoncologist.11-5-435
50. Rosai J. Breast. *Rosai and Ackerman's Surgical Pathology.* Philadelphia: Mosby; 2004:1763-1876.
51. Soo MS, Kornguth PJ, Hertzberg BS. Fat necrosis in the breast: sonographic features. *Radiology.* 1998;206(1):261-269. Doi:10.1148/radiology.206.1.9423681
52. Sevim Y, Kocaay AF, Eker T, et al. Breast hamartoma: a clinicopathologic analysis of 27 cases and a literature review. *Clinics (Sao Paulo).* 2014;69(8):515-523. Doi:10.6061/clinics/2014(08)03
53. Tse GM, Law BK, Ma TK, et al. Hamartoma of the breast: a clinicopathological review. *J Clin Pathol.* 2002;55(12):951-954. Doi:10.1136/jcp.55.12.951
54. Masciadri N, Ferranti C. Benign breast lesions: Ultrasound. *J Ultrasound.* 2011;14(2):55-65. Doi:10.1016/j.jus.2011.03.002
55. Sabate JM, Clotet M, Torrubia S, et al. Radiologic evaluation of breast disorders related to pregnancy and lactation. *Radiographics.* 2007;27 Suppl 1:S101-124. Doi:10.1148/rg.27si075505
56. Haj M, Weiss M, Herskovits T. Diabetic sclerosing lymphocytic lobulitis of the breast. *J Diabetes Complications.* 2004;18(3):187-191. Doi:10.1016/S1056-8727(03)00034-5
57. Lammie GA, Bobrow LG, Staunton MD, et al. Sclerosing lymphocytic lobulitis of the breast--evidence for an autoimmune pathogenesis. *Histopathology.* 1991;19(1):13-20. Doi:10.1111/j.1365-2559.1991.tb00889.x
58. Lower EE, Hawkins HH, Baughman RP. Breast disease in sarcoidosis. *Sarcoidosis Vasc Diffuse Lung Dis.* 2001;18(3):301-306.
59. Braunstein GD. Clinical practice. Gynecomastia. *N Engl J Med.* 2007;357(12):1229-1237. Doi:10.1056/NEJMcp070677
60. Uptodate(2019) Clinical features, diagnosis, and evaluation of gynecomastia in adults. 2019; (22.05.2020 tarihinde [https://www.uptodate.com/contents/clinical-features-diagnosis-and-evaluation-of-gynecomastia-in-adults?search=Clinical%20features,%20diagnosis,%20and%20evaluation%20of%20gynecomastia%20in%20adults&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1.adresinden ulařılmıştır.](https://www.uptodate.com/contents/clinical-features-diagnosis-and-evaluation-of-gynecomastia-in-adults?search=Clinical%20features,%20diagnosis,%20and%20evaluation%20of%20gynecomastia%20in%20adults&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1.adresinden%20ulařılmıştır.))
61. Silverberg SG, Masood S. The Breast. In: Silverberg SG, DeLellis RA, Frable WJ, eds. *Principles and Practice of Surgical Pathology and Cytopathology.* New York: Churchill-Livingstone, Inc.; 1997:575- 673.
62. Reeves ME, Tabuenca A. Lactating adenoma presenting as a giant breast mass. *Surgery.* 2000;127(5):586-588. Doi:10.1067/msy.2000.102603
63. Soo MS, Dash N, Bentley R, et al. Tubular adenomas of the breast: imaging findings with histologic correlation. *AJR Am J Roentgenol.* 2000;174(3):757-761. Doi:10.2214/ajr.174.3.1740757