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ASSESSMENT OF LONG - TERM RESULTS OF TREATMENT PAGET'S BREAST CANCER

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SUMMARY

Information is presented about Paget's breast cancer, its long-term results of treatment of those who received complex treatment at the Andijan branch of the Republican Scientific and Practical Medical Center of Oncology and Radiology from 2011 to 2022. 71 patients – first group. Tis Paget's cancer in 46 (64.8%) patients, stage I - II A. – in 17 (23.9%), II B – III A st. in 8 (11.3%). Comparison group (second), 64 patients who received complex treatment for breast cancer Tis in 11 (17.2%) patients, I - II A stage. – in 49 (76.5%), II B – III A st. in 4 (6.3%). The incidence of Paget's cancer was 1.4%.

KEY WORDS: *Paget's cancer, breast cancer, relevance, histogenesis, morphology, clinical symptoms, treatment, prognosis.*

RELEVANCE

Paget's breast cancer (BCBC) is a type of breast cancer that manifests as an eczema-like lesion of the nipple. The incidence of breast cancer is 1–2% of cases in the structure of breast cancer. The predominant age is 40 – 75 years. In the structure of the incidence of malignant neoplasms in the female population of the Republic of Uzbekistan, breast cancer ranks first. At the same time, statistics from recent years indicate a steady, intensive increase in morbidity and mortality from this pathology in many other countries as well. Every year, more than 1 million new cases of breast cancer are detected worldwide, which in Western Europe and North America is the leading cause of death in women aged 35-54 years and the second after cardiovascular diseases in women aged 55 years and older [1, 5, 6]. Among the various manifestations of breast cancer, a unique rare form is noted - Paget's cancer, which occurs in 0.5-5% of cases of breast neoplasia and usually occurs in the form of damage to the nipple and areola. As a rule, this pathology, the clinical picture and mechanism of development of which were first described by James Paget in 1874, is diagnosed in postmenopause, with a peak incidence observed between 50 and 60 years of life [7].

The main theories of Paget's cancer development are epidermotropic and in situ transforming theories. The epidermotropic theory states that Paget cells are cells of intraductal breast carcinoma (present in most patients with Paget cancer) that, over time, migrate along the basement membranes of the ducts into the epidermis of the nipple and areola. In turn, Paget's in situ transformative theory of the histogenesis of cancer assumes the malignancy of existing cells and defines Paget's cells as malignant keratinocytes [1, 7]. Under microscopy, Paget's cells are visualized as large intra-epidermal cells that do not form intercellular bridges with neighboring spinous cells, round or oval in shape, with cleared cytoplasm, an enlarged pleomorphic hyperchromatic nucleus and dimly stained nucleoli. Paget cells can be located either singly along the epidermal cells of the basal layer, or with the formation of small nests of cells similar to ductal or glandular structures. Their number varies significantly from a small number of isolated malignant cells to complete replacement of the epidermal layer [2, 7].

Most patients with Paget's cancer note changes in sensitivity, itching, burning in the area of the nipple and areola. Peeling and maceration are also often observed, which over time leads to pronounced eczematous changes in both the nipple and areola and the surrounding skin of the mammary gland. As a rule, the area of eczematous lesion is slightly raised above the level of unaffected skin and has clear boundaries. In later stages of the disease, ulceration and destruction of the nipple-areolar complex are observed with possible profuse bleeding from the affected areas. In addition, flattening of the nipple and then its retraction are noted [2, 6].

PURPOSE OF THE STUDY

To evaluate the long-term results of treatment for breast cancer.

MATERIALS AND METHODS

In Andijan branch of the Republican Scientific and Practical Medical Center of Oncology and Radiology from 2011 to 2022. 71 patients received complex treatment for breast cancer - the first group. Tis Paget's cancer in 46 (64.8%) patients, stage I - II A. – 17



(23.9%), II B – III A st. in 8 (11.3%). Comparison group (second), 64 patients who received complex treatment for breast cancer Tis in 11 (17.2%) patients, I - II A stage. – in 49 (76.5%), II B – III A st. in 4 (6.3%). The incidence of Paget's cancer was 1.4%. The average age of patients in the first group was 54.7 years, in the second – 58.6 years. Ovarian-menstrual function was preserved in 39 (54.9%) patients of the first group, in the second group - 33 (51.6%). 32 (45.1%) patients of the first group, 31 (48.4%) of the second group were in menopause of various periods. In the first group, operations were performed: Madden mastectomy in 68 (95.7%) patients, Patey mastectomy in 3 (4.3%) patients. In the second group, the following was performed: Madden mastectomy in 47 (73.4%) patients, Paty mastectomy in 3 (4.7%), radical resection in 14 (21.9%). In the postoperative period, patients in both groups received radiation therapy, adjuvant courses of drug therapy (chemotherapy, hormonal therapy) were carried out according to generally accepted recommendations.

RESULTS

In 7 (9.9%) patients of the first group, metastasis occurred before 3 years of observation, in 9 (12.7%) before 5 years. In the second group of patients - in 8 (12.5%) up to 3 years, in 14 (21.9%) up to 5 years. Relapse in the surgical area occurred in 3 (4.2%) patients of the first group before 3 years, in 5 (7.0%) before 5 years. In the second group, 5 (7.8%) patients were under 3 years of age and 9 (14.1%) patients were under 5 years of age. In the first group, 6 (8.5%) patients died from generalization of the process before 3 years of age, and 11 (15.4%) before 5 years of age. In the second group, patients died: 7 (10.9%) before 3 years, 11 (17.2%) before 5 years.

CONCLUSIONS

Thus, overall and relapse-free survival for breast cancer does not differ from the average statistical indicators for breast cancer, since all currently known factors influencing the prognosis for typical morphological variants of breast cancer are, to one degree or another, also important for breast cancer .

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