

MORPHOLOGICAL FEATURES OF BREAST CANCER

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Abstract

The state discusses the etiology of fibrocystic disease (FCB) or mastopathy, benign breast dysplasia (DDMJ), fibroadenoma (FA) and breast cancer (RMJ), precancerous condition, as well as the relationship of risk factors with increased breast risk, more serious causes, pathogenesis and morphogenesis, the mechanism of development of apoptosis factors In the breast cell. FCB and breast cancer have a common etiology, most of the risk factors are the same. Numerous risk factors disrupt the hormonal balance in a woman's body, cause hyperestrogenism and hyperproliferation of the epithelium in breast tissues, which leads to the development of PCB, in the presence of congenital or acquired gene damage – to the development of breast cancer. The morphological examination of breast tissue obtained during biopsy is crucial in assessing the risk of breast cancer in a patient with FCB. The risk of breast cancer does not increase or is minimal in the non-proliferative form of FCB. With the proliferative form of the FKB gland, the atypical risk of RMJ increases by 2 times, with atypical – by 4 times. The risk of developing breast cancer in FCB with ductal or lobular carcinoma in place is maximum and can increase by 12 times.

Keywords: Breast cancer, precancerous disease, mastopathy, dishormonal diseases, apoptosis, fibro adenoma, fibrocystic disease.

Introduction

Fcc is the most common pathology of the breast. The Fcc is not maintained by a statistical list, but, according to calculations by various authors, its frequency among the female population reaches up to 50%. [1, 2]. There are no uniform principles of terminology that are currently generally accepted in the diagnosis and treatment of this pathology, according to some literature, there are differences in the difference in this issue. In domestic and foreign literature, it has been established that this pathology is usually used with the terms "mastopathy", "fibrocystic disease", "fibroadenomatosis", "hormonal breast dysplasia", "good quality breast dysplasia". All these terms are actually used to refer to breast diseases characterized by edema, mastalgia, the appearance of diffuse and nodular formations in tissues, sometimes pathological discharge from the nipple. In breast diseases of good quality, formations and cysts are detected during X-ray mammography and ultrasound (UTT), histological examination reveals hyperplasia, atypical hyperplasia of epithelial tissue in cell-free and fragmented structures, connective tissue hyperplasia. For a long time it was considered as a stage of the SBS front, the fcc was separated at the end of the XIX century into a separate nosological unit. Currently, views on the fcc have undergone significant changes, in general, this pathology is not a previous stage of the oncological process in the mammary gland. However, the role of the Fcc in the development of



SBS should not be ignored. In countries with a high incidence of SBS, the prevalence of Fcc is high; in countries with a low incidence of SBS, it was found that the number of women with Fcc is small. In the 20th century, the steady increase in the incidence of SBS in many countries was accompanied by a parallel increase in the prevalence of Fcc[3, 4]. Breast cancer is the most common type of cancer that occurs among women in the world: for every 100,000 women aged 13 to 90 years, 99.4 cases have been registered. According to WHO, between 800,000 and 1,000,000 new cases of the disease are registered annually in the world. [5,6]. According to the WHO definition (1984), mastopathy is presented as a fibrocystic disease (FCC) characterized by a wide range of proliferative and regressive changes in breast tissue, with a violation of the ratio of epithelial and connective tissue components. The problem of breast diseases is one of the priorities of modern medicine, of which benign breast dysplasia (SBYAD) is the most common disease. Their frequency in the population is 30-43%. The development of SBYAD can be the result of many reasons. Among neuroendocrine diseases, the main role is played, a large amount of information has been collected about the dependence of this disease on absolute harmonics[5]. Breast diseases in the composition of SBNAD, the diffuse form of mastopathy and fibroadenoma of the mammary glands occupy a leading position. Factors such as hyperprolactinemia in Sbyad, absolute or relative hyperestrogenemia, mutations of the BRCA 1 and BRCA 2 genes, the use of combined hormonal contraceptives or hormone therapy during menopause, high breast density during mammography, vitamin D deficiency attracted particular attention among the risk factors for SBS. [7]. The search for ways of primary prevention is at the heart of the SBS morbidity reduction program. In recent years, there has been a tendency to increase the number of SBYAD, which is diagnosed in every 4th woman under the age of 30 and in 60% of patients over 40 years old. In addition, every second woman of late reproductive age suffers from fibrocystic mastopathy (54%), nodular mastopathy (26%), fibroadenoma (18%), SBS (2%). [5]. There are more than 50 variants of benign breast diseases or Fcc[9], many of which significantly increase the risk of SBS. Timely diagnosis and treatment of Fcc is very important, since the fight against this pathology should not only improve the quality of the diet, but also be aimed at preventing breast cancer. This article is devoted to the analysis of the relationship between Fcc and SBS and the assessment of the risk of breast cancer in patients with Fcc to the study of the mechanisms of cell apoptosis in precancerous breast cases. There is a relationship between the etiology and risk factors of Fcc and breast cancer, a polyethological disease that has been diagnosed with more than 80 risk factors to date, which can be divided into 5 categories: 1. Gender and age, 2. Heredity, 3. Reproducibility, 4. Hormonal and metabolic properties., 5. Environment and lifestyle, as a rule, lead to the development of breast cancer not by one factor, but by a whole complex. The etiology of Fcc compared to SBS has been less studied, but it can be said that Fcc is a polyethological disease, and risk factors can be divided into the 5 groups mentioned above. The main risk factors for breast cancer and Fcc are presented in Table 1. Table 1 risk factor groups SBS risk factor groups Fcc gender and age 1/3 premenopausal cholate, 2/3 postmenopausal cholate 30-50 years heredity blood relatives with SBS; mutations of other mutant genes BRCA1 and BRCA2 - p53, ATM, NBS1, LKB1; genetic syndromes. In it, many primary tumors are part of the SBS [8-14] polymorphism of mutant genes responsible for DNA repair and biosynthesis of sex hormones in the careers of patients with SBS; carriers of the



BRCA1 and BRCA2 genes; reproducibility of early menarchy - up to 12 years; late menopause - after 52 years; late first childbirth - after 30 years; absence or short duration of breastfeeding, abortions, high density of early menarchy - up to 12 years; low birth rate; one low pregnancy rate, high frequency of artificial abortions; absence or short duration of breastfeeding; high density of mammograms in women of late reproductive age hormonal and metabolic signs of hyperestrogenism, hyperprolactinemia, hypothyroidism; high level of the first insulin-dependent growth factor, menstrual cycle disorders, infertility, mastopathy, adnecitis, ovarian cysts, uterine fibroids, endometriosis, obesity in postmenopausal age, diabetes mellitus, liver diseases, hormone replacement therapy, the use of hormonal contraceptives. hyperestrogenism, hyperprolactinemia, hypothyroidism; progesterone deficiency in the luteal phase, thyroid diseases, menstrual disorders, uterine fibroids, endometriosis, endometrial hyperplasia, ovarian cysts and tumors, polycystic ovarian syndrome, congenital dysfunction of the adrenal cortex, obesity, metabolic syndrome, diabetes mellitus, liver diseases. Environment and lifestyle of ionizing rays and chemical carcinogens excess alcohol, fat, caloric content of hemp oil; excess alcohol, caloric content of fats, hemp proteins, carrots and fruits vitamin and mineral deficiency, depression, sleep disorders, night shift work, inactivity proteins, carrots and fruits vitamin and mineral deficiency, depression, sleep disorders, night shift work, inactivity, various zinc strains.

References

1. Gowacka-Mrotek I, Sowa M, Nowikiewicz T, et al. Foot posture in female patients 5 years after breastconserving surgery: a case-control study. *Breast Cancer*. 2018;25:325-333.
2. Haddad CA, Saad M, Perez Mdel C, et al. Assessment of posture and joint movements of the upper limbs of patients after mastectomy and lymphadenectomy. *Einstein (Sao Paulo)*. 2013;11:426-434.
3. Fong SSM, Choi AWM, Luk WS, et al. Bone mineral density, balance performance, balance selfefficacy, and falls in breast cancer survivors with and without qigong training: an observational study. *Integr Cancer Ther*. 2018;17:124-130.
14. Mazzocchi S, et al. A study of postural changes after breast reduction. *Aesthetic Plast Surg*. 2012;36:1311-1319.
4. Mazzocchi M, Dessy LA, Iodice P, et al. A study of postural changes after breast augmentation. *Aesthetic Plast Surg*. 2012;36:570-577.
5. Nicoletti G, Passaro I, Malovini A, et al. Objectiv eintegra tedassessment of functional outcomes in reduction mammoplasty. *Plast Reconstr Surg Glob Open*. 2013;1:e61.
6. Von Elm E, Altman DG, Egger M, et al.; STROBE Initiative. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement: guidelines for reporting observational studies. *Int J Surg*. 2014;12:1495-1499.
7. Crum RM, Anthony JC, Bassett SS, et al. Population-based norms for the Mini-Mental State Examination by age and educational level. *JAMA*. 1993;269:2386-2391.
19. Albornoz CR, Matros E, Lee CN, et al. Bilateral mastectomy versus breastconserving surgery for early-stage breast cancer: the role of breast reconstruction. *Plast Reconstr Surg*. 2015;135:1518-1526
8. Veronesi U, Zucali R, Del Vecchio M. Conservative treatment of breast cancer with Q.U.A.R.T. Technique. *World J Surg*. 1985;9:676-681.
3. Veronesi U, Volterrani F, Luini



- A, et al. Quadrantectomy versus lumpectomy for small size breast cancer. *Eur J Cancer*. 1990;26:671–673.
9. Serel S, Tuzlalı ZY, Akkaya Z, et al. Physical effects of unilateral mastectomy on spine deformity. *Clin Breast Cancer*. 2017;17:29–33.
 10. Hojan K, Manikowska F. Can the Weight of an external breast prosthesis influence trunk biomechanics during functional movement in postmastectomy women *Biomed Res Int*. 2017;2017:9867694.
 11. Gonza lez-Ferna ́ndez S, Ferna ́ndez-Rodri ́guez C, Mota-Alonso MJ, et al. Emotional state and psychological flexibility in breast cancer survivors. *Eur J Oncol Nurs*. 2017;30:75–83.
 12. Crosible J, Kilbreath SL, Hollman L, et al. Scapulohumeral rhythm and associated spinal motion. *Clin Biomech*. 2008;23:184–192.
 13. Crosible J, Kilbreath SL, Dylke E, et al. Effect of mastectomy on shoulder and spinal kinematics during bilateral upper-limb movement. *Physical*. 2010;90:679–692.
 14. Yamamoto D, Tanaka Y, Tsubota Y, et al. Immediate breast reconstruction for breast cancer. *Gan To Kagaku Ryoho*. 2014;41:1892–1894. 1
 15. Aslonov S. G. et al. Modern Approaches to Oropharyngeal Cancer Therapy //International Journal of Discoveries and Innovations in Applied Sciences. – 2021. – T. 1. – №. 3. – C. 38-39.