

TEST METHODS USED TO DETECT BREAST CANCER IN THE EARLY STAGES

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Annotation: This article describes the examination methods used to detect breast cancer. The description of the most widely used instrumental inspection tools is given below.

Key words: Breast cancer, mammography, palpation technique

When breast cancer is suspected, smearing, palpation, examination of both mammary glands by ultrasound and mammography methods, cytological examination of the punctate obtained from the tumor, and histological examinations with sectoral resection, if necessary, are carried out. Examination is of great importance for diagnosis. Factors that cause cancer can be determined by the presence of diseases in the genital organs from a young age, the time when menstruation starts and stops, the number of pregnancies and abortions, breastfeeding, the use of hormonal drugs, and other questions. Palpation is a very important method. Comparing the two mammary glands when the patient is standing upright, the breasts are lowered and the head is tilted back, it is determined that the mammary glands are different from each other, their shape has changed, there are lumps or sunken areas. By palpation, both nipples are checked from the tip to the bottom, if a knot is found, two fingers are placed between them. If the nodule changes in size and shape when pressed against the chest wall with the palm of the hand, it is a reason to call it cancer. In this case, fluid discharge from the nipple and the state of regional lymph nodes will also be determined. Such tests should be performed when the woman is lying down. Mammography. This is an X-ray study of the internal structure of the mammary gland. Mammography is performed using special x-ray diagnostic equipment without any contrast agents. The method of fluoromammography is rarely used in recent years. X-rays are taken in bottom and side projections. Usually, mammography is performed in such projections for comparison. Examination of young women is performed between menstruation. In mastopathies, it is possible to see diffuse and fibrous changes in the structure of the mammary gland, and between them small lights (cysts) have appeared. While the mammography method has a high level of diagnostic value in the examination of the mammary gland, one should not forget its carcinogenicity (cancer formation in the gland). Therefore, this method can be used only 1-2 times in young people. This method should be used mainly in women over 50 years of age. Ultrasound examination method (sonography). In recent years, this method has been widely used in the

examination of mammary glands. It clearly identifies cystic and nodular changes. Since this method is harmless to the mammary gland, it can also be used in young patients. Other special examinations (thermography, ductography, transillumination, xeromammography, contrast mammography, arteriography, radioisotope diagnostics) are not widely used for some reasons. Radioisotope examination is mainly used to detect bone metastases. When changes in the mammary gland are examined by all available methods, the diagnosis of cancer is made only after pathomorphological, cytological and histological examinations. For cytological examination, the skin of the mammary gland is pierced with a special needle, and the contents of the nodule or lesion are drawn into a syringe (puncture biopsy) and microscopic examination is performed. In this case, abnormal (atypical) and cancerous cells can be found in the mammary gland. 80-90% of patients are diagnosed with cancer by cytological examination method. But if the puncture biopsy results are negative, then the suspicious place in the mammary gland is cut out with a sectoral resection and sent for histological examination. Sectoral resection is considered a decisive method in the diagnosis of cancer. In addition, it serves as a method of radical treatment of fibroadenoma, nodular form of mastopathy and mammary papillomas. The operation is performed in an inpatient or outpatient setting under local anesthesia using a 0.25% novocaine solution. Two semi-circumcised skin incisions are made in the radial direction, 2 cm away from the border of the tumor. One of the incisions goes deep to the pectoralis major muscle. The left ash fingers are inserted into the resulting bush, and the sector to be removed is waiting. After that, an incision on the opposite side of the carapace with connective tissue is deepened, and the damaged sector is cut. In a technically correct resection, the bottom of the wound is the fascia of the pectoral muscle. The removed tumor is surrounded by mammary tissue from all sides. When nodular mastopathy, fibroadenoma and cancer are suspected, sectoral resection is performed in the same way, without any technical difference. There is a difference in skin incision in breast papilloma. In this case, from the point of view of cosmetic points, the edge of the areola can be cut in an arc shape. The skin pieces are separated to one edge with a fat tissue. After that, the damaged sector of the mammary gland is cut in the radial direction. There are two ways of early detection of cancer: mainly, women should regularly check themselves, and of course, doctors should carefully check their mammary glands when they go to the outpatient clinic with any disease. A woman should stand in front of a mirror undressed to the waist for a breast examination. At first, while standing, he should lower his breasts, and then wait for them to rise, carefully observe both mammary glands in the mirror, and then feel each mammary gland separately. If it is found, if there is a liquid mixed with mine from the nipple, it is necessary to immediately consult an oncologist. Women over 25-30 years old are recommended to check their mammary glands every month. When breast cancer is

suspected, it should be differentiated from fibroadenoma, cyst (galactocele), chronic mastitis, nodular form of mastopathy and benign tumors. The nodular form of fibroadenoma, cyst and mastopathy differs from breast cancer by the burden of skin symptoms, the fact that the tumor at the end of the gland is not covered with surrounding tissues and easily disappears, as well as the burden of an enlarged lymph node under the nipple. The difference between chronic inflammation of the mammary gland and cancer is that the exact boundaries of the cancer are blurred, and when palpated, the hardness is obvious, and the lymph nodes do not hurt. In the early stages of Paget's disease, it should be distinguished from nipple eczema, dermatitis, and erosions caused by inflammation. The above-mentioned diseases mainly occur in young lactating women, the nipples are not swollen and the treatment results are good.

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