

Benign breast disease

Benign breast diseases are the breast diseases in which malignant cells are not present in the breast or, if present, do not spread from the epithelial glands to the deeper layers.

There are two transitional units on the border between benign and malignant lesions: **atypical hyperplasia** and **carcinoma in situ**. Due to the epithelial cells from which the changes develop, we distinguish between **ductal** and **lobular** types. While **atypical ductal hyperplasia** (ADH) differs a lot from **ductal carcinoma in situ** (DCIS) that ADH is classified as a benign disease (only with an increased risk of invasive cancer) and DCIS directly between malignant lesions, the boundary between **atypical lobular hyperplasia** (ALH) and **lobular carcinoma in situ** (LCIS) was determined very artificially and does not indicate either biological behavior or prognosis and ALH and LCIS do not differ in therapeutic approach either. Therefore, today ALH and LCIS are combined into one nosological unit as **lobular neoplasia**.

Distribution

They are divided into four groups according to the risk of developing invasive cancer in the field of the diagnosed disease^[1].

Non-proliferative lesions

These include **epithelial metaplasia** , **cysts** , **papilloma** , **fibroadenoma** , **adenosis** and **mild and moderate epithelial hyperplasia** ..

Epithelial metaplasia is the change from a fully differentiated epithelium to another fully differentiated epithelium and is very common in breasts. (True metaplastic cancer is very rare.)

The cysts themselves are benign in nature, however the discovered intracystic formation is an indication for biopsy^[1].

The relative risk of developing invasive cancer is not increased in these lesions^[1].

Proliferating lesions without atypia

These are severe epithelial hyperplasia, multiple papillomatosis and perhaps sclerosing adenosis.

The relative risk of developing invasive cancer is 1.5-2^[1].

Proliferating lesions with atypia

It is **atypical ductal hyperplasia** . The relative risk of developing invasive cancer is 4-6^[1].

Lobular neoplasia

It is an umbrella term for lobular carcinoma in situ and atypical lobular neoplasia (see above). The relative risk of developing invasive cancer is 6-12^[1].

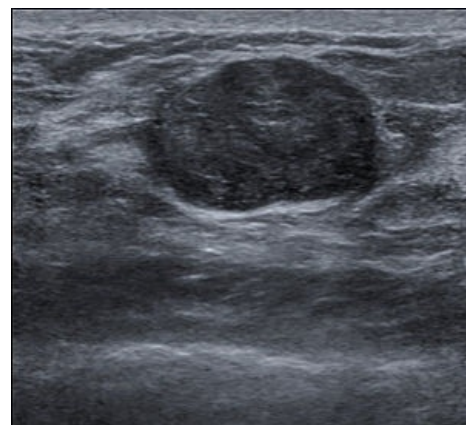
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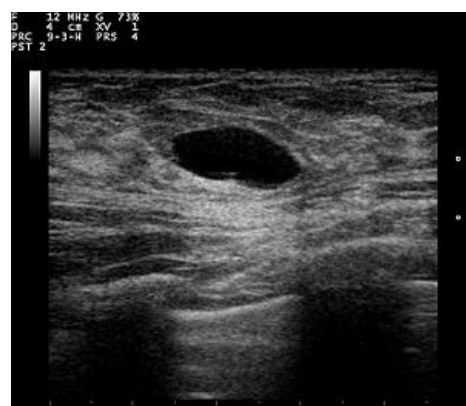
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Reference

1. ROB, Lukáš, Alois MARTAN and Karel CITTEBART. *Gynecology*. 2nd edition. Prague: Galén, 2008. 390 pp. 251-267. ISBN 978-80-7262-501-7



USG image of fibroadenoma.



USG image of simple cysts.

1. **Cite error: Invalid <ref> tag; no text was provided for refs named Rob-Martan**