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Benign breast disease: management in the primary care setting

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Background and Aim: Benign breast disease represents a spectrum of disorders that are very common in the Primary Care Setting. Usually they are presented to physicians as imaging abnormalities or palpable lesions found on physical examination. Some lesions confer an increased patient's future risk of developing breast cancer but many other have a negligible course. It is a source of anxiety to women and Family Physicians should know how to approach different situations and give advice to patients. The aim of this work was to create an algorithm explaining how to approach the diversity of benign breast disorders.

Method: Research of review articles and guidelines published in scientific databases, in English and Portuguese languages, using the MeSH terms “Breast Diseases” and “Fibrocystic Breast Disease”.

Results: Benign breast disease can be classified histologically into three categories: nonproliferative (65%), proliferative without atypia (30%) and atypical hyperplasia (5%-8%). Clinical presentation is highly variable and many patients are asymptomatic. Nonproliferative epithelial lesions are generally not associated with an increased risk of breast cancer and management is directed at making a definitive diagnosis and providing relief of symptoms. Proliferative lesions without atypia are associated with a small increased risk of developing breast cancer, and once the diagnosis is established, no additional treatment is indicated. Atypical hyperplasia confers a substantial increase in the risk of malignant lesions (relative risk 3.7-5.3). Women with atypical hyperplasia should be closely monitored and counseled regarding risk reduction strategies. Clinical approaches to these lesions are different depending on their increased risk of cancer.

Conclusion: Primary Care physicians are responsible for the diagnosis and management of benign breast diseases. The goal is to reduce patient's anxiety and refer them to specialized medical departments if necessary. This algorithm contributes to a better clinical practice giving a systematic approach to benign breast lesions.