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## **Thoracic manifestations of Breast Cancer are most commonly related to metastases and can be observed in long time after the diagnosis of Breast Cancer**

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The objective of the study is to evaluate the thoracic manifestations in Sudanese patients with breast cancer. This is a prospective descriptive cross-section hospital-based study, carried out during the period from January to September 2017 at private clinic of breast cancer of Dr. Ayda Hussein, Respiratory Department in Alshaab Teaching Hospital and Oncology Units at Alamel Tower, included all patients with breast cancer associated with thoracic abnormalities, which confirmed clinically and radiologically by chest X-ray and CT chest. The data was collected by questionnaire then analyzed by computer using SPSS.

A total of 70 patients with breast cancer were evaluated clinically and radiologically, 68 (97.1%) were females and 2 (2.9%) were males, the mean age was  $(49.91 \pm 18.26)$  years, 39 (55.07%) were from Khartoum and 31 (44.93%) patients from outside Khartoum State, 47 (67.1%) patients not smokers, the time interval between the diagnosis of primary breast cancer and detection of thoracic manifestations was found to be 1-3 years in half of the study population 35 (50.0%), and <1 year in 16 (22.9%) patients, while 4-6 years in 19 (27.1%) patients, 59 (84.3%) patients were with unilateral breast cancer, while, 11 (15.7%) patients were with bilateral breast cancer. The

symptoms of thoracic manifestations, were SOB in 68(97.1%) cases, cough in 59 (84.3%) patients [38 (64.4%) productive cough and 21 (35.6%) dry cough], 29 (41.4%) patients had chest pain, fever, weight loss, and hemoptysis were 25 (36.2%), 24 (34.3%), and 11(15.7%) respectively. Thoracic manifestations of the breast cancer radiologically based on X-ray were pleural effusion in 39 (55.7%) patients, nodules in 26 (37.1%) patients, consolidation in 13 (18.6%) patients, Infiltration (lymphangities carcinomatosis) in 7 (10.0%) patients, Cavity in 6 (8.6%) patients and mass in 6 (8.6%), Reticulation in 1(1.4%) patients, while detection radiologically based on CT were pleural effusion was found in 39 (55.7%) patients, nodules in 26 (37.1%) patients, consolidation in 13 (18.6%) patients, pulmonary embolism in 7 (10.0%) patients, lymphangities carcinomatosis in 6 (8.6%) patients, mass in 5 (7.1%), Cavity in 4 (5.7%) patients and fibrosis in 3 (4.3%). Among patients with Pleural effusion, 19 (48.7%) developed right sided pleural effusion, 15 (38.5%) developed left sided pleural effusion, and 5 (12.8%) developed bilateral sided pleural effusion. There was statistically insignificant correlation between presences of nodule, pleural effusion and the side of breast cancer (P. value = 0.735, P. value = 0.735) respectively.

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