



## **Benign Proliferative Breast Disease: A Histopathological Review of Cases at Korle Bu Teaching Hospital**

**Leonard Derkyi-Kwarteng<sup>1\*</sup>, Ato A. Brown<sup>2</sup>, Abigail Derkyi-Kwarteng<sup>3</sup>,  
Eric Gyan<sup>1</sup>, Kafui P. Akakpo<sup>1</sup> and Afua Abraham<sup>4</sup>**

<sup>1</sup>Department of Pathology, UCCSMS, University of Cape Coast, Ghana.

<sup>2</sup>Department of Anatomy, UCCSMS, University of Cape Coast, Ghana.

<sup>3</sup>Ghana Health Service, University of Cape Coast, Cape Coast, Ghana.

<sup>4</sup>Department of Pathology, Korle Bu Teaching Hospital (KBTH), University of Cape Coast, Ghana.

### **Authors' contributions**

*This work was carried out in collaboration among all authors. Research was designed by authors LDK, AAB and ADK. The pathology slides were reviewed by authors LDK, KPA and AA. The data was analysed by authors EG and ADK. All authors read and approved the final manuscript.*

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### **ABSTRACT**

**Background:** With the increasing education on breast cancer, most women are reporting to the hospital with breast lumps most of which are benign breast lesions. Benign breast diseases constitute a heterogeneous group of lesions including developmental abnormalities, inflammatory lesions, epithelial and stromal proliferation and neoplasms. This is to look at the various histologic type of benign proliferative breast diseases among Ghanaian women.

**Methods:** This is a retrospective study of breast excisions received between 2006-2013 at the Department of Pathology, Korle Bu teaching hospital (KBTH), Ghana. All histological slides were retrieved and examine. Demographic information was also retrieved from the request form. The data was subject to analysis using SPSS version 16.5 and Windows Excel.

**Results:** During the period of study, 2,805 cases of benign breast lesions were received by the department, out of which 2,396 were proliferative benign lesions representing 89.4%. The top five

\*Corresponding author: E-mail: [l.derkyi-kwarteng@uccsms.edu.gh](mailto:l.derkyi-kwarteng@uccsms.edu.gh);

lesions were fibroadenoma (89.01%), fibroadenomatoid hyperplasia (3.26%), tubular adenoma (2.51%), benign phylloides tumour (1.71%) and intraductal papilloma (1.59%). The average ages of clients with these lesions were 24 years ( $\pm 8.3$  years), 28 years ( $\pm 10.7$  years), 22.7 years ( $\pm 15$  years), 38 years ( $\pm 14.2$  years) and 45.4 years ( $\pm 8.3$  years) respectively. Fibroadenoma and benign phelloides tumour have a preponderance to the right and left breast respectively with statistical significance.

**Conclusion:** There are some differences between benign breast lesions in Ghanaian women as compared to other African countries within the Sub Saharan region.

**Keywords:** *Benign proliferative breast disease; fibroadenoma; fibroadematoid hyperplasia; phylloides tumour.*

## LIST OF ABBREVIATIONS

*BBD - Benign breast disease;*  
*KBTH – Korle-Bu Teaching Hospital.*

## 1. INTRODUCTION

With the increasing education on breast cancer, most women are reporting to the hospital with breast lumps most of which are benign breast lesions. [1,2] Benign breast diseases constitute a heterogeneous group of lesions including developmental abnormalities, inflammatory lesions, epithelial and stromal proliferation and neoplasms. These may present with a wide range of symptoms or may be detected as incidental microscopic findings, [3] examples include fibroadenomas, hyperplasia, cysts, intraductal papilloma, sclerosing adenosis, radial scars, fat necrosis and cysts, mastitis, granular cell tumour, duct ectasia, lobular carcinoma in situ, amidst others [4].

Although these benign conditions could occur in men, they are rather common in women and can sometimes lead to breast cancer [5].

Fortugno (2007) described breast cancer as a malignant tumour that starts in the cells of the breast [6]. BBDs that could increase the risk of developing breast cancers comprise fibroadenoma, multiple papilloma and adenosis [7].

According to Guray and Sahin (2006), the incidence of benign breast lesions begins to rise during the second decade of life and peaks in the fourth and fifth decades, as opposed to malignant diseases, for which the incidence continues to increase after menopause, although at a less rapid pace [2].

As explained by Chinyama (2013), currently, many such BBDs may be detected by mammography, ultrasound, and magnetic

resonance imaging of the breast, as well as the use of needle biopsies. Thus, the diagnosis could be accomplished without surgery in the majority of patients [8].

Histologically, BBDs could also be classified under three groups which provide an idea regarding potential future cancer risk-Non-proliferative disorders (no increased risk), proliferative disorders without atypia (mild to moderate increase in risk) and atypical hyperplasia (substantial increase in risk) [9].

Over the past few years, the pertinent story of BBDs has shown some dynamism across Africa, concerning the commonest types of benign proliferative breast diseases, diagnosis and management and general risk awareness amongst the populace [2].

This paper is to look at the different histologic types of benign proliferative breast disease among a group of Ghanaian women.

## 2. METHODOLOGY

This is a retrospective study of breast excisions received between January 2006 and December 2013 received at the Department of Pathology, Korle-Bu Teaching Hospital, Accra, Ghana. Clinical and demographic data regarding age, gender, and clinical information were obtained from the histopathology request forms and registry. Histopathology slides of cases within the study period were reviewed by the authors. The slides were independently reviewed by three pathologists. New slides for faded cases were prepared from formalin-fixed paraffin-embedded tissue blocks. The study addressed basic demographic and pathological information. The data was entered and analysed using Statistical Package for Social Sciences Software v 16.5 (SPSS Inc: Chicago, IL, USA) with p-value calculated at a confidence interval of 95%.

### 3. RESULTS

During the seven years of study 2,805 cases of benign breast diseases were received. Out of which 2,396 were benign proliferative diseases forming 85.4% of all benign breast diseases throughout the study. Table 1: fibroadenoma is the leading proliferative breast disease (89.01%) followed by fibroadenomatoid hyperplasia (3.26%), tubular adenoma (2.51%), benign phylloides tumour (1.71%), Intraduct papilloma (1.59%), lactating adenoma (1.04%).

The mean ages calculated are fibroadenoma 24 years ( $\pm 8.3$  years), fibroadenomatoid hyperplasia 28 years ( $\pm 10.7$  years), benign phylloides tumour 38 years (14.2 years), intraductal papilloma 45.4 years ( $\pm 8.3$  years), lactating adenoma 29.6 years ( $\pm 6.0$  years), tubular adenoma 22.7 years

( $\pm 15.0$  years), atypical hyperplasia 48.3 years ( $\pm 6.1$  years), ductal hyperplasia 43.4 years ( $\pm 13.8$  years), epithelial hyperplasia 55 years ( $\pm 18$  years), microglandular hyperplasia, 45 years ( $\pm 0.0$  year), stromal hyperplasia 12 years ( $\pm 1.0$  year) and fibroepithelial polyp 24.3 years ( $\pm 2.1$  years). Most of the women above the age of 40 years are likely to present with intraductal papilloma, atypical hyperplasia ductal hyperplasia and epithelial hyperplasia as compared to those less than 40 years.

From Table 2, the only lesions that show statistical significance with the common site of occurrence are fibroadenoma and benign phelloides tumour. Fibroadenoma commonly occurs in the right breast ( $p = 0.006$ ) and benign phelloides tumour in the left breast ( $p = 0.006$ ).

**Table 1. Distribution of benign proliferative breast diseases by number of cases and mean ages from 2006-2013, KBTH**

Breast condition	Cases (%)	Mean age ( $\pm$ SD)
Fibroadenoma	2130 (89.01)	24 ( $\pm 8.3$ )
Fibroadenomatoid Hyperplasia	78 (3.26)	28.0 ( $\pm 10.7$ )
Benign Phylloides tumour	41 (1.71)	38 ( $\pm 14.2$ )
Intraductal Papilloma	38 (1.59)	45.4 ( $\pm 8.3$ )
Lactating Adenoma	25 (1.04)	29.6 ( $\pm 6.0$ )
Tubular Adenoma	60 (2.51)	22.7 ( $\pm 15.0$ )
Atypical Hyperplasia	3 (0.13)	48.3 ( $\pm 6.1$ )
Ductal Hyperplasia	12 (0.50)	43.4 ( $\pm 13.8$ )
Epithelial Hyperplasia	3 (0.13)	55 ( $\pm 18.0$ )
Microglandular Hyperplasia	1 (0.04)	45 ( $\pm 0.0$ )
Stromal Hyperplasia	2 (0.08)	12 ( $\pm 1.0$ )
Fibroepithelial Polyp	3 (0.13)	24.3 ( $\pm 2.1$ )

**Table 2. Benign proliferative breast diseases and more likely site of occurrence**

Breast condition	Right	Left	Bilateral	Total	p-value
Fibroadenoma	920	845	168	1933*	0.006
Fibroadenomatoid Hyperplasia	35	35	7	77*	0.932
Benign Phylloides tumour	11	28	1	40*	0.006
Intraductal Papilloma	14	16	4	34*	0.642
Lactating Adenoma	12	11	0	23*	0.363
Tubular Adenoma	25	27	4	56*	0.894
Atypical Hyperplasia	2	1	3	6*	0.747
Ductal Hyperplasia	2	9	0	11*	0.047
Epithelial Hyperplasia	2	1	0	3	0.743
Microglandular Hyperplasia	1	0	0	1	0.567
Stromal Hyperplasia	2	0	0	2	0.321
Fibroepithelial Polyp	1	2	0	3	0.718

\* missing data

#### 4. DISCUSSION

Benign lesions of the breast have been said to have assumed increasing importance in recent years because of the public awareness of breast cancer [2,10,11]. This is indicative of the recognition of the diseases as important risk factors for the development of breast cancer [11]. This risk is reported to be higher with atypical ductal and atypical lobular hyperplasia. Women with benign proliferative or atypical breast lesions have a two-fold risk of developing breast cancer in western populations [10].

In this study, the commonest benign proliferative breast disease is fibroadenoma (89.1%) which is in line with research was done by Ohene-Yeboah and Amaning (2008), Uwaezuoke and Udoyen (2014) and Olu-Eddo and Ugiabe (2011) in Ghana, Belyasa state and Benin state in Nigeria respectively [11,12,13]. The next common lesion is fibroadenomatoid hyperplasia (3.26%), benign phylloides tumour (1.71%) and intraductal papilloma (1.59%). This is in contrast to what was reported by Okoth et al. [10]. In their study, the third and fourth commonest lesions were epidermoid cyst and fat necrosis. By definition these lesions are non-proliferative.

The four least diagnosed lesions were epithelial hyperplasia (0.13%), fibroepithelial polyp (0.13%), stromal hyperplasia (0.08%) and microglandular hyperplasia (0.04%).

Lesions with high malignant transformation were diagnosed. These lesions were atypical hyperplasia (0.13%), ductal hyperplasia (0.5%), tubular adenoma (2.5%) and lactating adenoma (1.04%). These figures are as low as those reported by Olu-Eddo and Ugiagbe [11]. In the study by Dupoint et al. (2006), they reported a fourfold increase in invasive carcinoma as compared to the general population [14].

The average age of occurrence of fibroadenoma in our study is 24 years ( $\pm$  8.3 years). This is in line with the Benin State study which had a mean age of 22.3 years ( $\pm$ 6.7 years) [11]. A similar study was done in Ghana by Bewtra (2009) also estimated the mean age at presentation with fibroadenoma as 23 years which is in line with this current study [15]. In our study also we noticed that fibroadenoma has a predilection for the right breast ( $p=0.006$ ). The mean age of the fibroadenomatoid hyperplasia was also in line with the Nigerian study [11,16,17]. There is no statistical significance to the site of this lesion.

#### 5. CONCLUSION

Although there are some differences between the benign proliferative breast diseases in Ghana and certain African countries, fibroadenoma remains the commonest benign proliferative breast disease as seen in other countries. Fibroadenoma forms more than four-fifths of all benign proliferative conditions in Ghana.

#### CONSENT AND ETHICAL APPROVAL

Ethics approval and consent to participate: Ethics approval was waived for the project because of its retrospective nature and no direct human or animal contact.

#### DATA AVAILABILITY

The raw data can be found at Korle-Bu Teaching Hospital Department of Pathology archives and the processed data is accompanying this manuscript.

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#### COMPETING INTERESTS

Authors have declared that no competing interests exist.

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