

Excisional Biopsies for Diagnosis and Treatment of Breast Lumps in Nigerian Women

David O. Irabor , Oluwole G. Ajao
Department of Surgery, University College Hospital Ibadan, Nigeria

Cite this article as: Irabor DO, Ajao GA. Excisional Biopsies for Diagnosis and Treatment of Breast Lumps in Nigerian Women. Eur J Breast Health 2018; 14(4): 238.

Dear Editor,

In developed countries where technology for breast cancer treatment is advanced, fine-needle aspiration biopsy (FNAB) known as minimally invasive breast biopsy (MIBB), has been advocated as an initial pathological diagnosis (1, 2). However, in developing countries like Nigeria excisional biopsy of a breast lump is advocated as the first line of diagnosis (except in some cases), and possible treatment of a breast lump (3, 4). MIBB is championed in the United States because open biopsies add to more surgical costs, inconvenience (to the patient), morbidity and scarring (1, 2). However, in Nigerian women, the main concern is removing the breast lesion (3). Considerations of cosmetic appearance of the breast are less important to the Nigerian patient than being completely rid of the lump (3, 4). The case presented below shows that FNAB as the first line of pathological diagnosis may carry more emotional and financial burden for the patient than immediate excisional biopsy of an obvious breast mass.

A 43-year-old lady with a family history of malignancy (breast cancer in mother, multiple myeloma in father), had on three occasions previous excisional breast lump biopsies which were benign. She developed another breast lump 4 years ago. Ultrasonography showed benign features; she had FNAB with a report of “fat necrosis”.

Some months later, the FNAB site became hard, but not tender, and because of her family history of malignancy she became very anxious. A repeat ultrasonography of the area of the FNAB showed “increased vascularity” in the area of previous “fat necrosis”. Excisional biopsy was then performed, and the histology showed “chronic mastitis with associated micro-abscesses and fibrosis”.

This finding was a complication of FNAB she had 4 years earlier. The emotional problems and the expenses she experienced could have been avoided if she had excised the “fat necrosis” at the time.

While one index case like this does not make the ‘forest’ of validation, it serves to underscore our experience that Nigerian women prefer total removal of a breast lump as soon as it is discovered.

Peer-review: Externally peer-reviewed.

Conflict of Interest: The authors have no conflicts of interest to declare.

Financial Disclosure: The authors declared that this study has received no financial support.

References

1. Zimmermann CJ, Sheffield KM, Duncan CB, Han Y, Cooksley CD, Townsend CM Jr, Riall TS. Time trends and geographical variation in use of minimally invasive breast biopsy. *J Am Coll Surg* 2013; 216: 814-824. (PMID: 23376029) [[CrossRef](#)]
2. Silverstein M. Where is the outrage? *J Am Coll Surg* 2009; 208: 78-79. (PMID: 19228507) [[CrossRef](#)]
3. Ajao OG. Rejoinder to “Where is the outrage?” *J Am Coll Surg* 2009; 209: 289-290. (PMID: 19632615) [[CrossRef](#)]
4. Irabor DO, Okolo CA. Outcome of one hundred and forty-nine consecutive breast biopsies in Ibadan, Nigeria. *Breast Dis* 2011; 33: 109-114. (PMID: 22233729) [[CrossRef](#)]