

## Prevention of breast cancer of young women in Slovak Republic in region Trencin

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**Introduction:** Breast cancer is the most common malignancy of the female population; the incidence is increasing mainly statistically between 50s and 60s, 60s and 70s. Recently, however, we meet more often with the occurrence of breast cancer in women in 30s and significantly between 20 and 40 years. For women at this age range in Slovakia, preventive or screening mammography doesn't exist, only sonography and clinical self-examination by touch.

**Methodology:** In period from 1.5.2005 and 30.6.2016 we performed more than 70,000 mammography examinations and more than 185,000 ultrasound examinations. The youngest patient was 6 months and the oldest was 94 years. Patients were sent for examination by attending gynecologist, general practitioner. Preventive examinations completed asymptomatic women without clinical symptoms. Young women and girls were examined by ultrasound with 18 MHz linear probe, with CFM and elastography. Next if necessary, we performed mammography, MR-mammography a CCB too. During the monitored period we diagnosed 398 new cases of the breast cancer, all cases are verified by histopathology. The age distribution of patients with newly diagnosed cancer we transparently stored in tables and graphs. We focused on women in the age group to 39 and 49-year-old. In the category women between 18s and 39s, we diagnosed 32 new cases of breast cancer, between 40s and 49s - 64 cases. Summary is that, we found 86 new cases of breast cancer in women between 18 and 49 years. We analyzed the different findings, especially with respect to possibility of diagnostic self-examination, combined with ultrasound, MR mammography, mammography and core cut biopsy under ultrasound control. The number of the young women with new diagnosed breast cancer slowly increased. Our aim is the early diagnostics, without vascular cancer and vascular invasivity, without the lymphadenopathy. We retrospectively focused on genetic anamnesis factor, short time of the diagnosis and therapy.

**Cases:** The following are examples of three young women who had different symptoms who failed primary diagnosis was revalued the importance of sonography and age, did not think the possibility of the presence of cancer. We present three interesting case reports.

1. 26 year old woman with a palpable mass to the right region of the areola and mamilla. USG image, palpable finding impressed as fibroadenoma, only ultrasound image of macrocalcifications was suspected. We performed biopsy with 16 G needle and after the core cut biopsy it proved breast invasive ductal carcinoma.
2. 35 year old woman with three children, breastfed for 8 years, with small resistance in the upper quadrant to the right breast. We performed a ultrasound examination, and mammography was found, the finding was suspicious, and after performing a core cut biopsy, invasive breast cancer proved to be present. The next steps was a conservative surgical treatment.
3. The young 22-year-old woman had multi-layered bearings in both of her breasts, she was regularly watched, herself found an increasing bearing. The discovery was debated, we performed core cut needle biopsy and demonstrated the presence of phyllodes tumor of the tumor with a malignant type of stromas

**Results:** The patients presented were finally correctly diagnosed, treated with a relatively good prognosis. Their diagnosis, however, could be faster and smaller tumors. In the three case reports we have shown that it does not apply: breastfeeding is a protection against the onset of breast cancer, young woman can not cure breast cancer, and that there may be a malignant bearing among the multiple benign lesions. However, despite the fact that Slovakia has enacted preventive investigation of the breast young women from the 20 to 40th of clinically and sonographically, encountered in practice, often with cases of breast cancer diagnosed late.

**Conclusion:** In the three case reports, we highlight the diversity of clinical symptoms and the possibility of imaging diagnostic techniques in the diagnosis of breast disease

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of young women. We also want to draw attention to some underestimation of clinical symptoms, while reevaluation results of sonographic examinations. An important factor is the quality of the ultrasound device and effective consultation and cooperation with other diagnostic departments.

### **Biography**

Jana Slobodnikova has completed her graduation at Charles University, Prague in 1987. She has completed her CSc & PhD degrees from Institute of Experimental Oncology Slovak Academy of Science. She worked as an Assistant Professor in Trnaviensis University and as Professor Emeritus in St. Elizabeth High School. She has lectured in several universities - Prague, Trenčín, Trnava and Bratislava, and is the author of teaching scripts, university textbooks. She led several workshops and organized international congresses. She has published more than 90 scientific papers, 25 papers in renowned journals and has been serving as an Editorial Board Member for five reputed journals. She has published three monographies and founded the section of Breast Imaging in 1996. From 1996, she is the President of the section of Breast Imaging of Slovak Radiologic Society and Vice President of the Slovak Society of Ultrasound in Medicine. She has membership in organizations like ECR, EUSOBI, EFSUMB, SSUM (Slovak Society of Ultrasound in Medicine) and SRS (Slovak Radiology Society). The goal of her scientific work is early diagnosis and prevention of breast cancer, healthy lifestyle, and prevention of civilization diseases. She has collaborated with non-profit organizations that promote public education on the prevention of oncological diseases. She was the Head of Radiology Clinic, Medical Director of Radiology Clinic s.r.o. Trenčín, Associate Professor and Head of Department Laboratory for examination methods in Health Care and Public Health, Alexander Dubcek University in Trenčin.

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