

BREAST CANCER IN MEN***Dr. Alimkhodzhaeva L. T. and Norbekova M. Kh.**

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SUMMARY

This article provides a literature review on a rather rare disease - breast cancer in men.

KEYWORDS: Breast cancer, men, treatment.

Breast cancer (BC) in men is a relatively rare disease that is 100 times less common than breast cancer in women. Nevertheless, it attracts the attention of an increasing number of researchers every year. This disease has been known for a long time, and the first mention of it dates back to the XIV century. The English doctor Johuot Arderne described a right nipple ulcer in the priest, which slowly increased in size over 2 years. The first monograph with a detailed description of the manifestations of breast cancer in men was published in 1720 by Zaurentius Heister. The average age of men with breast cancer is slightly higher than women. In men, this disease is most common in the sixth and seventh decades of life (55 - 65 years), but people of a younger age are also affected by this disease. Experimental studies and clinical observations have proved the similarity of the occurrence and development of hyperplastic processes in the mammary glands in men and women, as well as the commonality of the etiological and pathogenetic mechanisms of the development of breast cancer in male and female organisms. The success of the treatment of cancer patients largely depends on the timely diagnosis of the tumor in the first stages of the patient's visit to the doctor. The diagnosis of breast cancer in men is based both on clinical data and on the data of additional examination methods: x-ray, cytological examination of discharge from the nipple, punctate from the tumor, and prints from the surface of the ulcer. The use of this diagnostic complex allows you to establish the correct diagnosis in 99% of patients.

Examination of the patient begins with a study of complaints and anamnesis. The most common complaint is the detection of a seal in or near the nipple or areola without any other signs of illness. Often, breast cancer in men develops against the background of gynecomastia, which can manifest itself either by diffuse enlargement of the mammary glands, or have a nodular shape. With

gynecomastia, some retraction and fixation of the nipple may be noted. Other skin symptoms with gynecomastia are not observed. It is necessary to obtain data on past diseases, especially pay attention to liver diseases and urological diseases; find out if occupational hazards exist.

Inspection of the patient is carried out in a standing position and lying down. When examining, it is necessary to pay attention to the size of the mammary glands, the shape of the nipples and areoles, their symmetry, the presence or absence of deformation. When examining a patient in a position with his arms raised up, it is easier to detect skin retraction over a tumor or a nipple retraction. Next, the doctor proceeds to palpation first of one, and then another of the mammary gland. In men, even with superficial palpation, it is possible to detect a cartilaginous density formation with uneven contours, which is located centrally behind the nipple or areola, or near them. When compaction is detected, a more thorough palpation of this area is performed to determine the size, shape, consistency, mobility of the neoplasm, and the condition of the skin above it.

Weaker than in women, the development of subcutaneous fat, the proximity of the gland to the skin and to the underlying tissues lead to the fact that the tumor very early becomes limited mobility in relation to the anterior chest wall, the skin over the tumor is quickly fixed, wrinkled. Studying the condition of the nipples and areoles, it is necessary to pay attention to the thickening of the areola folds (symptom of Krause), the presence or absence of discharge from the nipples, to identify possible symptoms of wrinkling, retraction or the symptom of "lemon peel". In men, ulceration of the skin over the tumor occurs much earlier than in women. According to our data, in 21% of cases, patients first went to the doctor for a long non-healing ulcer in the

area of the mammary gland.

An examination of the second breast is necessary. After examination and palpation of the mammary glands, axillary, supraclavicular and subclavian areas are examined and palpated on both sides in order to detect metastases in the lymph nodes. The defeat of regional lymph nodes is a fairly common occurrence in breast cancer in men. This is due both to the anatomical features of the structure of the male mammary gland, and "with more frequent and stronger contractions of the muscles in the area of the anterior chest wall with increased local lymph and blood circulation" (S. A. Holdin, 1962). Therefore, it is the enlargement and densification of axillary lymph nodes that may be one of the first signs. The appearance of enlarged lymph nodes can also change the clinical picture of the disease, which depends on both the size and location of metastases. With small sizes of lymph nodes, the patient may not even know about their existence. With an increase in the size of metastases, the clinical picture associated with compression of blood vessels and nerves by conglomerates of metastatic nodes grows. With generalized breast cancer, complaints and the clinical picture of the disease depend on the location of the metastases. This primarily occurs with bone metastases, when local pains often appear earlier than changes are detected by x-ray examination.



Fig. 1: Breast cancer of the IV degree.



Fig. 2: Breast cancer of the IV degree.

Currently, there are a fairly large number of effective methods used to treat primary breast cancer, such as surgical, radiation treatment, chemotherapy and hormone therapy, as well as their various combinations and combinations.

The art of an oncologist is to select from the huge arsenal of methods and tools those that are optimal for the treatment of each particular patient.

Treatment of the patient should be strictly individual. Depending on the stage of the disease, localization and prevalence of metastatic lesions, age and concomitant diseases, an individual treatment plan is made with the most rational combination of the previously listed drugs.

And yet, no matter how great the successes were in the development of new methods of treatment, today long-term results primarily depend on the degree of prevalence of the tumor process at the beginning of treatment. At the initial manifestations of the disease, only surgical intervention is sometimes enough to fully recover.

The operation was most widely used: mastectomy with the removal of fiber from the axillary and subclavian regions and preservation of the pectoralis major muscle.

Unfortunately, the number of patients in whom treatment could be limited only by surgical intervention is small. Most men with breast cancer seek medical help if they have regional or distant metastases.

In recent years, a method for determining hormonal receptors in tumor tissue has been introduced into clinical practice. The results of previous studies showed a high hormonal dependence of breast cancer in men. It is these data that explain the pronounced effectiveness of endocrine therapy for breast cancer in men. Clinical experience with the use of endocrine therapy suggests that in some cases, even in the presence of bone metastases in 69% of patients, a pronounced remission with an average duration of 1 year 5 months can be obtained. Moreover, remission in men is often achieved faster than with a similar pathology in women.

Currently, drugs from the group of antiestrogens (tamoxifen, toremifene, etc.) are widely used. At the end of remission, it is possible to prescribe drugs from the group of progestins (megestrol, acetate, medroxyprogesterone), which are best used against the background of castration.

Today, surgical castration can be successfully replaced by the use of the drug goserelin, which is an agonist of the releasing hormone luteinizing hormone, a synthetic analogue of natural LHRH and is injected once every 28 days into the subcutaneous tissue of the anterior abdominal wall at a dose of 3.4 mg.

The use of aromatase inhibitors and a particularly selective 4th-generation anastrozole drug opens up further promising opportunities in the treatment of generalized forms of this pathology. Powerful 4th generation highly selective drugs selectively act only on the aromatase enzyme and block the transition of androgens to estrogens.

In particular, the use of the drug anastrozole at a dose of 1 mg once a day orally inhibits aromatase by 96% and does not affect the production of steroid hormones by the adrenal glands, without requiring corticoid replacement therapy.

As for chemotherapy, it is widely used as a preoperative treatment in conjunction with radiation therapy, especially in cases when primary breast cancer has gone beyond the body and there is a lesion of the regional lymph nodes.

For both preoperative and postoperative chemotherapy, the already well-known and approved CMF regimen is often used - a combination of cyclophosphamide, methotrexate and 5-fluorouracil. For adjuvant purposes, treatment is started 12 to 14 days after surgery. Conducted 6 eight-day courses at 3-week intervals. The choice of chemotherapeutic drugs is great today. These are alkylating compounds, antimetabolites, antitumor antibiotics.

Treatment of men should be carried out in accordance with all modern concepts of the treatment of breast cancer. For treatment, it is necessary to apply surgical, radiation, chemotherapeutic methods. Therapeutic tactics should be strictly individualized, and the skill of the doctor is to choose an individual treatment plan for each specific patient.

Adequate treatment of early stage breast cancer provides 5-year survival in 70% of patients. With an increase in the stage of the disease and with the generalization of the tumor process, the 5-year survival rate decreases sharply and amounts to no more than 45%.

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