The relevance of the cytological diagnostic in the mammary gland cancer

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Breast cancer is the second leading cause of cancer death in women, while in Eastern Europe is the most common form of diagnosed cancer. Out of the multiple possibilities of early detection of mammary neoplasia that have been elaborated, only mammography has proved to be a simple, efficient method and of a high sensitivity, which can reach out to 90%.

However, the cytological confirmation of diagnosis allows us to perform the preoperative radiotherapy treatment or polychemioterapy; which is why we analyzed the informative value of these diagnosis methods in stage I mammary gland cancer (MGC).

In this way, in the present report we demonstrated that collecting samples through fine-needle aspiration biopsy allows the cytological confirmation of the diagnosis of stage I MGC in 30.7% cases. Moreover, in stage I MGC young patients under 35 years, the cytological confirmation rate was 22.2% and was significantly decreased, as compared to the cytological confirmation rate in patients older than 35 years (37.9 %). Also, for a tumor diameter $< 0.5$ cm, the prevalence of cytological confirmation was only 10.3%, while for the diameter of $0.6 – 1.0$ cm the cytological confirmation was around 40.0%.

Therefore, in order to improve the cytological diagnosis, the confirmation rate for the tumor biopsy through the USG of the mammary glands is required. Moreover, the cytological investigation of the smear obtained by the first and second puncture was instrumental in confirming the diagnosis in 41.3% and respectively 17.4% cases. Also, the subsequent repetition of the punctures was not useful, as it helped to confirmation of the diagnosis only in 9.3% cases.

In addition, the frequency of diagnosis cytological confirmation was depending on the tumor histopathological form and type of growth. Thus, the lowest prevalence was in the mixed forms - 12.5% cases, lobular cancer - 24.4% cases, while regarding the type of growth, for the rare forms the cytological confirmation rate was 7.7% and 31.5% for the schiros growth type.

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