

Ductal Carcinoma in Situ: Signs and Symptoms

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Ductal carcinoma in situ (DCIS), otherwise known as intraductal carcinoma, is a pre-existing dangerous or painless carcinogenic injury to the chest. DCIS is referred to in Section 0. It rarely provides clues or a knot that can be felt, usually identified by mammography tests. In DCIS, abnormal cells are found in the lining of at least one milk duct in the chest. In situ means "stopping" and refers to the way abnormal cells do not leave the mammary gland and enter any tissue around the chest

"Pre-dangerous" refers to the way it has not turned. In some cases, DCIS may interfere with and spread to different tissues, yet there is no chance of finding out which injuries will remain stable without treatment, and which will continue to be rare. DCIS covers a wide range of diseases ranging from non-hazardous quality to high-level (e.g. potentially specialized) injuries. DCIS is characterized by a combination of cells (solid, cribriform, papillary, and micropapillary), growth rate (high, medium, and low quality), and the presence or absence of comedo histology. DCIS can be detected in mammograms by looking at small amounts of calcium known as microcalcifications. Since questionable microcalcifications circles can emerge even outside DCIS, biopsy may be very important to detect. About 20-30% of people do not receive treatment for traumatic brain tumors. It is the most common type of premenstrual syndrome in women. There is some controversy over its nature as a disease; several bodies complicate DCIS while performing computer-assisted growth rates, while others do not.

Signs and Indications: Most of those who promote DCIS do not associate with any of the manifestations. Most cases (80-85%) are detected by mammography tests. The main signs and symptoms may appear as the disease progresses. Due to the lack of early detection, DCIS is often seen in mammography tests.

In a few cases, DCIS can cause:

- A lump or tightness in or near the chest or under the arm
- Adjustment of the size or shape of the chest
- Areola release or areola sensitivity; the areola may be changed, or re-drawn to the chest
- Chest edges or curvature of the chest; the skin may resemble orange skin
- Modification of the way the skin of the chest, areola, or areola looks or feels like warmth, stretch, redness or texture.

Causes: Some of the reasons for DCIS are not yet clear. Gambling factors that promote this condition are similar to those of invading breast cancer. Some women however are more prone than others in creating DCIS. Women who are considered high risk are people with a family history of dangerous breast growth, people who have been menstruating at an early age or who have stopped late. Likewise, women who have never had children or had them late in life are also bound to experience this condition. Prolonged use of estrogen-progestin chemical substitution treatment (HRT) for more than five years after menopause, genetic mutations (BRCA1 or BRCA2 genes), abnormal hyperplasia, and radiation exposure or exposure to certain synthetic compounds may also contributed to the development. In any case, gambling creates a harmless growth that is painless with age and is higher for women with more experience than 45 years.

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