

INTRODUCTION

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Breast cancer is today the most common cancer in females, occurring in about 7% of all women.

Although the precise etiology of breast cancer is still unknown, certain high-risk groups of patients can be identified.

Clinical staging and histopathological classification of breast cancer are together important factors in treatment planning and prognosis of the disease. Many systems have been suggested, we have presented in this essay the most common.

Metastatic spread of breast cancer occurs through local, lymphatic, hematogenous, transerous and intraductal routes. The degree and types of spread affect the type of treatment.

Recently there has been a major change in the attitude towards the diagnosis of breast cancer, while clinical diagnosis and biopsy remain the cornerstone, fine-needle aspiration cytology, and xero-mammography are considered today as the commonest preoperative diagnostic techniques. It is important not to forget the performance of special investigations to detect lymphatic and distant metastases before establishing any treatment plan.

The detection of estrogen receptors in the cancerous cells help in the choice of endocrinal manipulation.

Treatment of breast cancer includes "curative treatment" for operable lesions, which aim is to get rid of the primary lesion and to prevent recurrence, and "palliative treatment" for inoperable lesions, which aim is to palliate symptoms with minimum morbidity.

In this essay, the literature available in recent journals and textbooks, have been revised, summarized and presented.