Breast cancer: Obesity and the fat mass as risk factors

A number of studies reported that intraabdominal fat accumulation increases the risk of postmenopausal breast cancer independently of body weight, and particularly when there is a family history of the disease. The study was carried out in a group of 60 premenopausal women of which 30 patients were with breast cancer (BC group) and other 30 were with benign breast tumor (control group). Apart from standard measurement [weight, height, waist and body mass index (BMI)] we also measured fat mass by using bioelectric impedance analysis. The data were processed significantly higher weight, BMI and waist circumference in BC group compared to the control group. In the BC group 55.17% of the patients had the waist circumference higher than 88 cm, while in the controls it was 6.89%, suggesting that there is a higher risk of morbidity in women with higher mass of visceral adipose tissue. In the BC group there was a higher percentage of preobesity and obesity. High percentage of normal body weight (80%) was verified in the control group, but a much higher percentage of "obesity in the normal weight" was verified in the BC group (80% vs. 12.5%). The results clearly show that obesity and fat mass are the risk factors for breast cancer.

Malignant schwannomma with localization in breast - A case report

Malignant schwannomma is a rare type of tumor that can appear anywhere in the body. We described a case of a 49-year old female patient who came for a medical checkup because of the excreted and severely bleeding tumor on her right breast. The tumor was spread over the whole breast, pulled in the nipple and reached to the collarbone and into the armpit. Signs of a breast tumor were obvious she was operated as an emergency case without previous staging. Histopathological diagnosis: Malignant peripheral nerve sheath tumor - malignant schwannomma. Material that was sent for a histopathological analysis contained also eight axillary lymph nodes. All lymph nodes were inflamed, without any other morphologic changes. Metastasis of the main illness was not verified after the postoperative staging. Upon physicians' consultation it was decided that an oncologist should treat the patient. After 5-month treatment the patient has no sign of a metastasis, she works again and does not have any discomforts.