ZSOG ANNUAL CONFERENCE AND ANNUAL GENERAL MEETING DEBATE PRESENTATION HOLIDAY INN BULAWAYO 24 – 26 OCTOBER 2024

TOPIC:

SHOULD OBSTETRICIANS / GYNAECOLOGISTS BE THE PRIMARY DOCTORS FOR BREAST DISEASE

FOR THE MOTION

BREAST DISEASES

1) **Breast discharge**

- Galactorrhoea
- Blood
- Water

Causes of discharge

- Pregnancy
- Drugs
- Phenothiazine
- Prolactin secreting tumours
- Ductal Ectasia (Thick green discharge)

FOR THE MOTION Cont'

2) Breast masses

- Benign masses
- Fibroadenoma
- Fibrocystic masses
- Galuctocoele

3) Nipple Disease

- Cracked nipple
- Cellulitis of nipple
- Inverted nipples

4) Infections

- Cellulitis of the blood
- Mastitis
- Breast Abscess

5) Precocious Puberty

6) **Breast cancer**

Zimbabwe Cancer Registry Report 2017.

i) - 7 659 New cases in that year.
- 42.7% Males
- 57.3% Females

ii) - Cervical cancer – 20%
- Prostate - 10%
- **Breast - 8%**
- Kaposi - 5%
- Lymphoma - 5%
- Colorectal - 4%
- Liver - 3%

BREAST CANCER Cont'

iii) Cervix and Breast together constitute 28% of all cancers in Zimbabwe for both sexes!!

7) Case for Gynaecologist and Breast Disease.

7.1) All the first 5 diseases of the breast described above are treated by the Gynaecologists/ Obstetricians.

7.2) – Gynaecologists/ Obstetricians already see women with the full spectrum of reproductive organ diseases.

7.3) – Gynaecologists counsel and screen women for all reproductive tract cancers (vulva, vagina, cervix, uterus, ovaries, e.t.c).

7.4) Breast – a reproductive organ!

- Readily accessible to screening for lumps and growths.

7.5) MMed program at University of Zimbabwe has a component on Breast pathology, examination and treatment of common breast conditions.

BREAST CANCER Cont'

7.6) Women are more comfortable with gynaecologists examining their breasts.

7.7) Annual gynaecological check up should include the breast.

7.8) Cervical cancer screening has already incorporated HIV screening:
Addition of breast cancer screening should be much easier to adopt.

8.0) **DIAGNOSING BREAST CANCER**

Gynaecologists should be :

i) Advocates for breast cancer screening.
ii) Advocates for breast self examination.
iii) Examining breasts for lumps and bumps routinely.
iv) Regularly requesting breast U.S.S examinations, and mammograms.
v) Performing biopsy of breast lumps – fine needle aspirate, core biopsy and excision or incision biopsies especially where there are no surgical colleagues.

DIAGNOSING BREAST CANCER Cont'

9.0 (i) Once Breast cancer has been confirmed or it is almost certainly going to be confirmed ->
Patients are best referred to General surgeons or specialist breast surgeons.

(ii) Hormone receptor positive cancers require oophorectomy – this is the Gynaecologists' domain.

iii) Transgender people are exposed to hormonal treatment and are at an increased risk of developing breast cancer.

10) CONCLUSION

i) – A large majority of breast conditions present to the Obstetrician and Gynaecologist.

ii) – Women of all ages present to the gynaecologist on a regular basis even in their postmenopausal years.

iii) – Gynaecologists are very familiar with treating breast pathology.

CONCLUSION Cont’

iv) – Gynaecologists are by their very “trade” the Primary Breast Disease Doctors for women of all ages.

v) – When women have developed Breast cancer, they are then best referred to the General Surgeons or Specialist Breast Surgeons.

REFERENCES