

## **ABSTRACT**

### **INTRODUCTION:**

Estimation of radiological and pathological pattern in a case of mastalgia. Mastalgia is the most common breast symptom in patients attending any breast clinic. In addition most of the causes of mastalgia are poorly understood, inadequately assessed and treated.

### **AIM**

To study the natural history, different modes of clinical presentation, various radiological and pathological patterns of mastalgia.

To correlate clinical diagnosis with the histopathological diagnosis in order to refine our diagnostic skills

### **MATERIALS AND METHODS:**

A sample size of 200 patients from surgery outpatient department with complaints of mastalgia, were subjected to detailed history and clinical examination. All the patients were subjected to ultrasonography and FNAC (as and when required). The patients who had lump size  $>3\text{cm}$  with FNAC report fibroadenoma went in for excisional biopsy.

## **RESULTS:**

Among 200 patients presented with mastalgia, 97pts (48%) had complaints of breast lump/lumpiness. 88pts (44%) were found to have lump/nodularity/abscess in USG. Among them 84pts (42%) went in for FNAC (except the 4pts with abscess). 32pts who had fibroadenoma in FNAC went in for excision biopsy. 4pts (2%) with nodularity were missed in clinical examination especially in age group below 25yrs. These were picked up by USG. There seems to be a near 100% correlation between USG and FNAC in benign breast lesions.

## **CONCLUSION:**

Non-cyclical mastalgia is more prevalent than cyclical mastalgia among women in south India which needs more evaluation. Presence of previous history of benign breast diseases or treatment is a risk factor for mastalgia. USG is the best diagnostic tool in young females. Triple assessment for any breast lump or mastalgia forms gold standard in diagnosis.

## **KEYWORDS:**

Mastalgia, clinical examination, USG, FNAC, Excisional biopsy