ABSTRACT:

INTRODUCTION: Benign breast diseases constitute the major workload in breast clinics. There could be few hormonal influences that correlates with the symptomatic presentation of these patients.

BACKGROUND: The aim of this study was to investigate the Prevalence of Hyperprolactinemia and Hypothyroidism in patients diagnosed as Benign breast disease.

METHODS: A Prospective study was done for 100 patients who were diagnosed as Benign breast disease and serum Prolactin and TSH (Thyroid stimulating hormone) & T4 (Thyroxine) levels estimation was done for a period of one year. Patients were selected both from General Surgery outpatient and those admitted in respective wards and Triple Assessment (thorough clinical examination, ultrasound/mammography, FNAC) was done and those who were diagnosed as Benign breast disease (Fibroadenoma, Fibroadenosis, Fibrocystic breast disease) were selected for the study to look for Hyperprolactinemia and Hypothyroidism.

RESULTS: Out of the 100 patients studied 22% patients were found to have Hyperprolactinemia and 25% patients had Hypothyroidism out of which maximum incidence was for patients with Fibroadenoma. Hence looking at the prevalence of Hyperprolactinemia and Hypothyroidism in the patients selected for the study there could be an association between thyroid dysfunction and benign
breast disease and also association of raised serum prolactin levels with benign breast disease.

CONCLUSION: It could be end organ hypersensitivity to normal circulating levels of Prolactin that is responsible for benign breast disease and pharmacological manipulation of Prolactin in patients having raised serum levels can provide relief from symptoms.

Both normal and pathological breast tissue exhibit high concentrations of sodium iodide symporter (NIS), peroxidase and deiodinase indicating active involvement of breast tissue in iodine metabolism. Our study strengthens the association of thyroid dysfunction with benign breast disease. Hence Benign breast disease patients should be screened for hypothyroidism and simple correction of Hypothroidism may result in significant clinical improvement.