7. DIAGNOSIS OF INTRADUCTAL CHISTADENOPAPYLOMA OF THE MAMMOGRAPHIC HIDDEN BREAST GLAND

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Introduction. Intraductal cystadenopapilloma (CAP) or "bleeding mammary gland" is a precancerous condition of the mammary gland that occurs in about 10%. The average age of onset is 35-55 years. The risk of malignancy is 5-6.3%. It may have a central, retromammary location in the central galactophore ducts, or a peripheral location in the peripheral galactophore ducts. It can also be single or multiple. According to one study, 88.9% of cases of surgically removed CAP show no signs of cellular atypia, while 9.2% show signs of malignancy.

Aim of study. Analysis of national and international bibliographic sources on the diagnostic features of cystadenopapilloma of the occult mammographic mammary gland.

Methods and materials. From the PubMed and Scopus databases (Elsevier), the articles published during the years 2015-2021 were selected, according to the keywords: intraductal cystadenopapilloma, diagnostic features, evolution. Information on the epidemiology, diagnosis, and prognosis of the occult mammographic mammary gland was selected and processed.

Results. After processing the information identified by the Google Search search engine and the PubMed and Scopus (Elsevier) databases, according to the search criteria, 275 articles were found that address the topic of CAP. There are situations when, although there are clinical signs suggesting the presence of a CAP (bloody nipple discharge), it cannot be detected mammographically. In such situations, ultrasound of the mammary gland is used. Ultrasound may detect the presence of an intraductal retromammal or peripheral formation of oval or round shape with well-defined edges. Another method of diagnosis is galactography, where CAP is manifested by intraluminal filling defect or by a complete blockage of the galactophore duct. MRI describes the presence of one or more round or oval intraductal papillomas. However, the morphopathological diagnosis is the strong point in establishing the diagnosis of CAP. It can be performed by the following techniques: nipple smear removal, fine aspiration puncture, vacuum-assisted biopsy or excision biopsy. Both clinical and paraclinical investigations (instrumental and pathomorphological) are the diagnostic algorithm of CAP.

Conclusions. Occult mammographic CAP can be detected by various clinical-paraclinical methods. The morphophonological examination is the basic investigation in establishing the diagnosis and determining the treatment tactics of the CAP.