

Complex Treatment of Fibroadenomatosis on a Pathogenetic Basis

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Introduction

Fibroadenomatosis or dyshormonal hyperplasias of a mammary gland (DHMG) – is a very widespread disease among women at the age of 25-55 years (In Kazakhstan meets in 70-80 % of cases).

It is considered that the leading trigger of the disease is the hormonal factor – hyperestrogenemia caused by anovulation, the hyperthyroidical condition, the depression of adrenal glands' function, cerebral cortex hypophysis and also hepatic activity's dysfunction. It's been known that the primary or secondary infringements of a homeostasis in an organism of a woman goes a complex way and it is impossible to detect exactly, at what level there is this dysfunction at the immunno-endocrinological status.

The main feature of this research consists in purpose and problems (working out the most effective way of treatment DHMG with the account pathogenesis and a pharmacological property of medicines) to be solved by a complex using of several drugs operating on the different ways of pathological process origin, as the nosology affects the different aspects of the vital activity of a woman's macroorganism resulting of the inflammation and proliferative changes in excretory ducts and mammary gland.

Material and Methods

The treatment consists of the complex or combined and single influence of several drugs of Mastodynion (30 drops or 1 tablet 2 times a day), Progestogel (greasing the unhealthy site of a mammary gland once or twice a day) Tri-V-Plus (1 tablet once a day). The scheme concerned those patients with the proliferative DHMG, and in cases of nonproliferative DHGM patients were treated without Tamoxifen. The duration of therapy has made 3-6 months and till 1 year in successful cases. The general background of observation was 3-5 years beginning with the date of treatment appointment, throughout which the duration of remission or hastatus of recurring and the progressing of pathological process were traced. It is resulted the practical recommendation. The material was pepresented with the data of the examining (121) and controlling (121) groups of patients selected according to same age of residence and ethnic characteristics. The diffusive form of the disease occurred in 161 cases, the localized form in 81. The results of research depending on the degree proliferation of cells in the centre of a pathology are received also in two compared groups – an examining (proliferative DHGM – 40 cases) and controlling – (nonproliferative mastopathy – 24 cases). All patients were regularly checked up periodically every 6-12 months. In the event of progressing or process relapse, the additional paraclinical (ultrasonic scanning, mammogram, aspiration and excisional diagnostical puncture trepan-biopy) measures of pathological formation were put in practice. Treatment was fixed randomly.

Results

The estimation results of the research has shown that the offered way of treatment the DHGM is very effecient (three-year results at $91.0 \pm 2.6\%$ of patients tuned out to be very good (in controlling group this indicator decreased to $59.5 \pm 4.5\%$, $p < 0.001$). And only in $6.6 \pm 2.4\%$ of cases there was no medical effect (in controlling group the number has risen to $31.4 \pm 4.2\%$, $p < 0.001$). Three-year dependence of progressing the pathological process of treatment has been found out in $2.5 \pm 1.2\%$ cases; and in controlling group the number is fixed at $9.1 \pm 2.6\%$ of patients, $p < 0.05$). Such correspondence within the therapeutic indicators on the whole is registered at studying five

year treatment results. As to the duration of remission and frequency of pathological process relapse after treatment, it completely conformed both the recent (3 years), and remote (5 years) results of treatment. Rather interesting, thus, was that the illness relapses in examining group was at 9-10 time less, than in control group (the difference of compared quantities is highly authentic – $p < 0.001$). Only 2 patients had the side effects and complications of treatment were only at 2 patients (1.6 %) in the form of a short-term nausea and dizziness which disappeared with the decrease of tablets dose. Prescribing the recommended scheme of medical impact it is necessary to pay great attention of clinical physicians to a difference of therapeutic indicators depending on presence and absence of proliferation cells dysontogenetic centre. The proliferative form of DHGM ($95.0 \pm 1.9\%$) in comparison with the non-proliferative form ($42.0 \pm 10.0\%$) brought an encouraging treatment effect. The process of progressing was observed in group of the patients who did not receive tamoxifen therapy ($25.0 \pm 8.8\%$; in the opposite group of patients with tamoxifen this number has decreased to $5.0 \pm 1.9\%$, $p < 0.05$). Complex tamoxifen therapy led to relapse in $0.8 \pm 0.7\%$ of cases, and without tamoxifen – in $16.6 \pm 7.6\%$ of cases ($p < 0.001$). Besides the authentic interrelation was established between the pathological essence of disease, and clinical forms of process and presence and absence of therapeutic result. It all confirms the productivity of an offered way of therapeutic influence. The situation isn't, on the whole, incidental, for the rational approach of treatment of DHGM patients take into account the patogenesis of illnesses and pharmacological properties of medicines and according to these the rational plan of patients treatment is correctly chosen and made. The developed tactics of therapy of DHGM patients is already issued and submitted on the invention and the prepatent №18167 is also received.

Conclusions

1. Three and five years' results of DHGM treatment with disappearance or reduction of symptom in examining group are noted 91.0 ± 2.6 and $81.8 \pm 3.2\%$ of patients respectively, and in controlling group these indicators were 59.5 ± 4.5 and 54.5 ± 4.5 respectively ($p < 0.05$).
2. Process Progressing was observed at $2.5 \pm 1.2\%$ of treated patients in the basic group and 9.1 ± 2.6 – in controlling group ($p < 0.05$), that is 4 times more deterioration among the patients with traditional treatment.
3. The duration of remission was long (till 5 years) in examining group of patients – $58.0 \pm 4.4\%$; in controlling group this indicator has decreased to $25.0 \pm 4.0\%$ ($p < 0.05$).
4. The frequency of relapses of dysontogenetic process in examining group was traced only at $1.6 \pm 1.1\%$ of patients; and in controlling group at $11.6 \pm 2.9\%$ ($p < 0.001$), and adverse reactions of medicines (the easy nausea and dizziness) in the basic group were at 2 ($1.6 \pm 1.1\%$) of patients which have quickly disappeared with the decrease of drug's dose.
5. In case of proliferative DHGM the therapeutic effect was registered in $95.0 \pm 1.9\%$ of cases (treatment with tamoxifen), and non-proliferative form (treatment without tamoxifen) resulted $42.0 \pm 10.0\%$; $p < 0.05$; the number of relapses in compared groups was $0.8 \pm 0.7\%$ (examining group) and $16.6 \pm 7.6\%$ (controlling group) respectively $p < 0.001$; and the process progressing was at 2 ($5.0 \pm 1.9\%$) in examining group and at 6 ($2.5 \pm 8.8\%$) in controlling ($p < 0.001$).
6. There is a direct dependence between results of treatment and the pathological essence and the clinical form of illness.