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ONCO-EPIDEMIOLOGICAL CHARACTERISTICS OF DISEASES OF THE FEMALE BREAST

Xolmamatova Larisa Xakberdiyevna[1]
Choriyev Beruniy Akbarovich[2]
[1]Central Military Clinical Hospital of the Ministry of Defense
[2]Tashkent Medical Academy

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Abstract:
This article will cover in more detail the reasons for the high incidence of breast diseases among women, as well as the tendency to develop breast diseases as a result of risk factors. The features of the reproductive state of female military personnel depend on the following factors: not breastfeeding a child, late pregnancy, abortion, living in various climatic and field conditions. There is also a significant increase in gynecological diseases among female soldiers and family members of military personnel. Therefore, for female soldiers, the need to maintain reproductive health is an additional challenge.

Keywords: malignant tumor, reproductive system, breast cancer, mastopathy, fibrocystic disease, fibroadenoma.

It is known that the causes, development and standards of treatment of breast diseases are one of the urgent problems in modern medicine, and breast cancer is the leading cause of death among women of all ages among diseases in the world. According to the WHO, 800,000-1 million new cases of the disease are registered in the world every year. Among various oncological diseases, breast cancer accounts for almost 25% of the total number of malignant tumors. According to scientists, if the occurrence of mastopathy among breast diseases is 50-60%, this indicator causes an increase in all oncogynecological diseases to 98%. At the same time, breast cancer has always taken the first place among women in many economically developed countries [3, 5, 10].

According to many statistical studies conducted in recent years, it is characterized by a rapid increase in the number of breast diseases. Fibrocystic disease and its influence on the risk of breast cancer are primarily related to the fact that this pathology is the most common among breast diseases, and the incidence is recorded at the age of 40-44 years [1, 7].

Currently, the onco-epidemiological situation is characterized by an increase in malignant tumors. The increase in onco-epidemiological effects also has a significant impact on malignant tumors of the female reproductive system, where the number of patients with uterine cancer increases by 2.1 times, ovarian cancer - by 82.5%, and breast cancer - by 16.8%. The increase in the influence of onco-epidemiological risk factors on the reproductive system of women is also related to the deterioration of the quality of life, which maintains ecological and reproductive balance [3, 9].

There are many different risk factors for breast cancer. Scientists often point out that genetic, reproductive, adaptive and energy homeostasis disorders are an important risk factor [6, 8].

The frequency of cancer development against the background of benign tumors of the mammary glands depends on the duration of the disease and the period of observation of patients of this category, the biological characteristics of the patient, that is, the hormonal and immunological status of the woman [3, 4, 6].

In most European countries, 2 out of 1000 women over 50 develop breast cancer each year, and approximately 15 are considered to be at high risk of developing breast cancer [1, 7, 9].

One of the main risk factors for breast cancer is their age. The main increase in the disease is from 50 to 64 years, and the most common death is 40-50 years. The death rate is about 20% of cancer deaths. However, the number of female patients over 65 years of age has increased from 14% to 21% over the past 30 years [11].

Thus, statistics show that women of this age are prone to breast cancer. However, in some countries, incidence declines after menopause. The onset of the disease and the death rate from breast cancer depend on the geographical features of the permanent place of residence of women, and this indicator differs in the west and east of Eurasia.

In this field, we can safely say that the study of breast disease and its relationship with cancer risk is of great interest in modern medicine, considering the increase in cancer incidence and the high mortality rate of women with breast cancer. At the same time, the main problem of medicine remains the timely diagnosis of the disease

PURPOSE OF WORK. Study of the most important onco-epidemiological risk factors for breast cancer.

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MATERIALS AND METHODS: As study materials, ambulatory cards of 100 military women and military servicemen's family members who applied to the Central Military Clinical Hospital during 2009-2022 and their medical histories were calculated.

Among 100 women in follow-up, according to age at first delivery:

Table 1

Total	17-19 years old	20-24 years old	25-28 years old	28-30 years old	Over 30 years old
100 people	13 people	8 people	12 people	19 people	48 people

According to the lateness of the first childbirth: 14 people were 17-19 years old, 11 people were 20-24 years old, 15 people were 25-28 years old, 18 people were 28-30 years old, and 42 people were over 30 years old. Almost half of the 100 patients in the follow-up had a late first delivery. Based on this, it should be emphasized that the number of births and the age of birth lead to an increase in the risk of developing secondary breast diseases or primary cancer.

An analysis was conducted according to the length of time the child was breastfed.

Table 2

Not breastfeeding	Breastfeeding up to 1-4 months	Breastfeeding up to 6 months	Breastfeeding up to 1 year	Breastfeeding for more than 1 year	Total
16 people	43 people	20 people	9 people	12 people	100 people

The results of the analysis show that in 16 cases, children were not breast-fed for short periods of time: breast-feeding up to 1-4 months in 43 cases, breast-feeding up to 6 months in 20 cases, breast-feeding up to 1 year in 9 cases and from 1 year Excess breastfeeding was observed in 12 cases. Not feeding children with breast milk at all and feeding them for a short period of time (up to 6 months) shows that the tendency of these diseases is high.

In addition, the analysis of these diseases according to the number of artificial abortions was conducted. Among them: 12 had no abortions, 19 had 1-3 abortions, 37 had 4-6 abortions, 32 had 5 or more abortions, and most of the patients had artificial abortions.

In the course of our research, the analysis of the living conditions of these women in terms of their geographical location was conducted.

Table 3

According to living conditions.	Total: 100 people
In rural conditions	67 people
In urban conditions	33 people

The analysis shows that most of these women are women living in rural areas (Table 3).

Outpatient medical records and medical histories of 100 women included in the study were analyzed. According to the analysis, 47% of patients had fibrocystic disease, 28% had fibrotic mastopathy, 11% had fibroadenoma, 9% had ductectosis, and 5% had lipoma.

Among them, 11 patients who were monitored had a high probability of transitioning to a dangerous form of the disease, and the rest of the patients had effective treatment results.

According to the latest research sources, directly or indirectly, the following factors play a key role:

Environment and lifestyle;

Features of the reproductive function:

- early menstruation and late menopause;
- late age of first birth;
- a large number of abortions;
- the absence or short duration of breastfeeding.

SUMMARY. The main risk factors for breast diseases and death are as follows: Environmental factors stand out among the external factors. It is also very important to take into account factors such as heredity, late pregnancy, early weaning of the child from breastfeeding, the number of abortions.

Many onco-epidemiological risk factors affect breast pathology, regardless of which group of women you belong to.

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1. Among the risk factors for the development of breast diseases, factors of a reproductive nature take a large share: childbearing age, duration of breastfeeding and the presence of abortions.
2. Breast cancer prevention should include primary and secondary prevention measures with the introduction of state social support programs that help maintain reproductive health of women in society.

REFERENCES:

1. Schmidt A.A., Kharkevich O.N. Current state and prospects for improving obstetrics and gynecological care in the Armed Forces of the Russian Federation. Izvestia of the Russian Military Medical Academy. - 2019. - T. 38, Vol.1. - P. 3-12.
2. Schmidt A.A. Report on the state of obstetric and gynecological care in the armed forces of the Russian Federation for 2014 // Min. Defense of the Russian Federation. Moscow. - 2015. - 29 p.
3. Shmidt A.A., Kharkevich O.N., Dzhigkaev M.A. The role of modern reproductive and perinatal technologies in solving the problems of demographic security / // Bulletin of the Russian Military Medical Academy - 2018. - Vol. 2 (61). – App.2. - P. 206-207.
4. Dzhigkaev M.A., Shmidt A.A., Kharkevich O.N. A comprehensive method for assessing female reproductive health and contraceptive behavior of student youth // Bulletin of the Russian Military Medical Academy - 2018. - Vol. 2 (61). – App. 2. - P. 110.
5. Bahovadinova Sh.B., Starkov I.I., Kovalenko N.A., Iontsev V.I. The role of clinical and morphological forms of fibrocystic disease in the development of breast cancer. Moscow surgical journal 2018; 3:64-65.
6. Dzidzava I.I., Kucherenko A.D., Maryeva O.G., Starkov I.I. Breast cancer in female military personnel is a state of the problem. Bulletin of the Russian Military Medical Academy 2017; 2 (58): 188-192.
7. Kazakov A.D., Bahovadinova Sh.B. On the question of the role of fibrocystic disease in the occurrence of breast cancer. Proceedings of the Russian Military Medical Academy 2018; 37(1): 264-266.
8. Musina E.V., Kogan I.Yu. Possibilities of using biguanides in fibrocystic disease in women of reproductive age. Journal of Obstetrics and Women's Diseases. 2019; 68(3): 35–40.
9. Self-Reported Sexually Transmitted Infections and Sexual Risk Behaviors in the US Military: How Sex Influences Risk / S. Stahlman, M. Javanbakht, S. Cochran [et al.] // Sexually Transmitted Diseases. – June 2014 – Vol. 41(6). -P. 359-364.
10. Smetana G.W., Elmore J.G., Lee C.I. et al. Should this woman with dense breasts receive supplemental breast cancer screening? Grand rounds discussion from Beth Israel deaconess medical center. Ann. Intern. Med 2018; 169(7): 474– 484.
11. Zendehdel M., Niakan B., Keshtkar A., Rafiei E., Salamat F. Subtypes of Benign Breast Disease as a Risk Factor for Breast Cancer: A Systematic Review and Meta-Analysis Protocol. Iran J. Med. Sci. 2018; 43: 1-8.