The Ratio of Medullary Breast Carcinoma (MBC) to Invasive Ductal Carcinoma (IDC) is Comparable in Developed and Underdeveloped Countries

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Abstract

My interest in the epidemiology of the female breast diseases ranged from 1979 to 2016. This interest included adolescent masses, onchocerciasis, fibroadenoma, dysplasia versus malignancy, self-examination, regression, carcinosarcoma, role of family doctors, and comparison of its epidemiology in Sweden and Nigeria. Moreover, lymph node biopsy was used to confirm the success which has followed health education in the community. The historical element was the operation for massive lipoma by two eponymous giants; this was published in 1846. Apart from this multifaceted background, the current paper compares the ratio of medullary carcinoma of the breast (MCB) and of invasive ductal carcinoma (IDC) not only in the developed but also in the developing countries. Interestingly, both were found to be equal.

Keywords: Breast; Carcinoma; Medullary; Invasive ductal; Developed; Underdeveloped countries; Equal ratio

Introduction

The author has long been interested in the study of diseases of the female breast. Indeed, they have extended from 1979 to 2016. They covered multivariagated areas as follows: adolescence [1], Paget's disease [2], onchocerciasis [3], fibroadenoma [4], cancer regression [5], and carcinosarcoma [6]. The lymph node biopsy trend confirms that health education is succeeding in the community [7]. Moreover, there was the history of bulky lipoma operated on by two surgical giants in 1846 [8].

I have followed the emphasis laid by others in diagnosing medullary breast carcinoma (MBC). Thus, Malyuchik and Kiyamora [9] of Ukraine emphasized that "Lymphocytic infiltration is a unique feature of MBC."

From the UK, Marginean and her colleagues [10] used repeatedly the expression of "Prominent inflammation." As regards Iran [11], the optional language was being "surrounded by dense lymphocytic infiltration."

Incidentally, the literature also revealed the trend towards comparing MBC and invasive ductal carcinoma (IDC). Thus, from Korea [12], India [13] and China [14], there have been decisive comparisons. For instance, the last named authors were emphatic concerning the "Difference in characteristics and outcomes between medullary breast carcinoma and invasive ductal carcinoma."

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Comparable Data

I am persuaded that these results stood out so well that I could compare them with those of my developing community. In sum, their broad base followed the establishment of a Reference Pathology Laboratory at Enugu, the Capital of the Eastern Region of Nigeria. The physicians working in various hospitals throughout the community were encouraged to use a printed "Laboratory Request Form." This Form expressly required name of the patient, age, sex, complaint and duration, site of any lesion, investigations, nature of the material biopsied and the provisional diagnosis. After professional training at the famous Glasgow Western Infirmary [15], I became the Head of the Enugu Institution in 1970. One of my decisions was to have a personal copy of all documented materials! Therefore, it turned out that I was able to follow the principles laid out by a Birmingham (UK) group [16] to the effect that a histopathology data pool facilitates epidemiological analysis. The first fruit of these analyses was the collection of 36 papers written in the early 1970s as a Doctoral Thesis entitled "Studies on the geographical pathology of the Igbos of Nigeria" [17]. In short, the present paper is a natural offshoot! Furthermore, it was relatively easy to compare my own materials with those from "13 International Breast Cancer Study Group (IBCSG) [18]." Perhaps, tabulating them hereunder is necessary (Table 1).

Group	Total	MBC	Ratio
International [18]	12709	127	10.2%
Nigerian	565	59	10.4%

Table 1: Comparison of International and Nigerian data

Discussion

These results show that, as regards MBC cases, both international and local trends are comparable. Therefore, it remains for future studies to confirm or confute this conclusion using such fine different parameters as genomic profile [19], microglobulin expression [20], anatomo-radiological carrelation [21], and MRI findings [22].

Earlier on, precisely in 1977, Ridolfi and associates [23] wrote as follows: "medullary carcinoma is an infrequent type of mammary duct carcinoma usually considered to have a better prognosis than the common forms of infiltrating duct carcinoma." This conclusion was arrived at the Memorial Hospital by using records from 1955 through 1965. Incidentally, the present data are from 1970. Incidentally, it was some time ago argued in the UK that results obtained for distant hospitals are debatable [24]. I am persuaded that the local findings have proved to be worthwhile [25,26]. As to the future, experience in the local hospital wards would be the appropriate research ground and not just their biopsies!

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