

Ductal carcinoma in situ

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Ductal carcinoma in place (DCIS), also referred to as intraductal carcinoma, may be a pre-cancerous or non-invasive cancerous lesion of the breast. DCIS is classified as Stage 0. It rarely produces symptoms or a breast lump one can feel, typically being detected through screening mammography.

In DCIS, abnormal cells are found within the lining of 1 or more milk ducts within the breast. In situ means "in place" and refers to the very fact that the abnormal cells haven't removed of the mammary duct and into any of the encompassing tissues in the breast ("pre-cancerous" refers to the very fact that it's not yet become an invasive cancer). In some cases, DCIS may become invasive and spread to other tissues, but there's no way of determining which lesions will remain stable without treatment, and which can go on to become invasive. DCIS encompasses a good spectrum of diseases starting from low-grade lesions that aren't life-threatening to high-grade lesions..

Most of the ladies who develop DCIS don't experience any symptoms. The majority of cases (80-85%) are detected through screening mammography. The first signs and symptoms may appear if the cancer advances. Because of the shortage of early symptoms, DCIS is most frequently detected at screening mammography.

In a few cases, DCIS may cause: A lump or thickening in or near the breast or under the arm. A change in the size or shape of the breast. Nipple discharge or nipple tenderness; the nipple can also be inverted, or pulled back to the breast. Ridges or pitting of the breast; the skin may appear as if the skin of an orange. A change within the way the skin of the breast, areola, or nipple looks or feels like

warmth, swelling, redness or scaliness.

The specific causes of DCIS are still unknown. The risk factors for developing this condition are almost like those for invasive carcinoma .

Some women are however more prone than others to developing DCIS. Women considered at higher risks are those that have a case history of carcinoma , those that have had their periods at an early age or who have had a late menopause. Also, women who haven't had children or had them late in life also are more likely to urge this condition.

Long-term use of estrogen-progestin hormone replacement therapy (HRT) for quite five years after menopause, genetic mutations (BRCA1 or BRCA2 genes), atypical hyperplasia, also as radiation exposure or exposure to certain chemicals can also contribute within the development of the condition. Nonetheless, the danger of developing noninvasive cancer increases with age and it's higher in women older than 45 years.

Use of radiotherapy after lumpectomy provides equivalent survival rates to mastectomy, although there's a rather higher risk of recurrent disease within the same breast within the sort of further DCIS or invasive breast cancer. Systematic reviews (including a Cochrane review) indicate that the addition of radiotherapy to lumpectomy reduces recurrence of DCIS or later onset of invasive carcinoma as compared with breast-conserving surgery alone, without affecting mortality.