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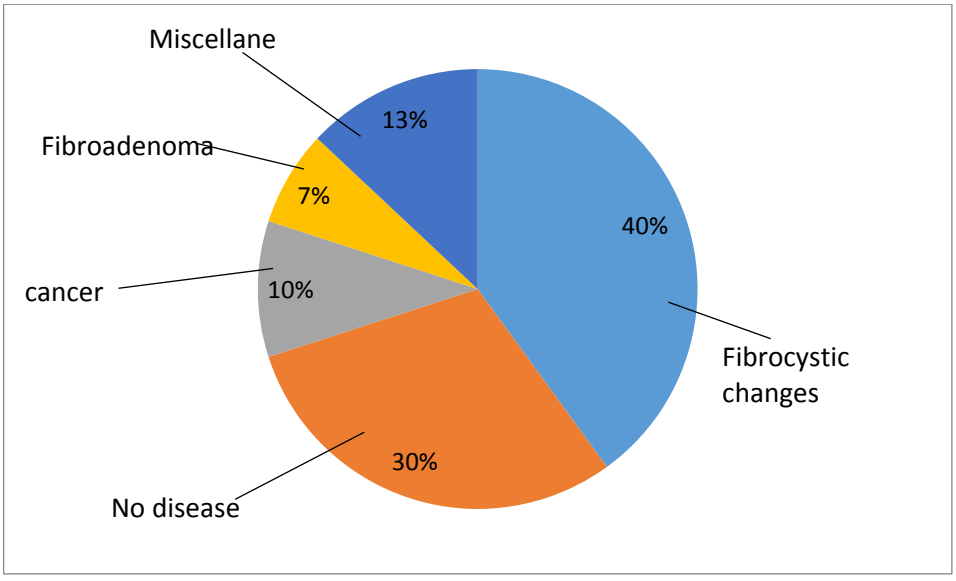
Abstract: the main goal of our scientific research is to study the morphological changes that occur in organs, tissues, cells and subcellular organelles during the development of mastopathy, which is common in women. Determining the cause and etiology of the disease, as well as studying what structural changes occur in each period of mastopathy and applying it in practice.

Keywords: mastopathy, fibroadenoma, cyst, proliferation.

Dyshormonal hyperplasia of the mammary gland consists of a group of diseases. Breast fibroadenoma and mastopathy (fibroadenomatosis) are included in this group. Fibroadenoma occurs in young people aged 20-30 in the form of a dense nodule, which is not attached to skin or muscles and is surrounded by a capsule. In terms of microscopic structure, two types of fibroadenomas are distinguis'hed: pericanalicular and intracanalicular fibroadenoma. Pericanalicular fibroadenoma is structurally similar to a normal mammary gland, it consists of glandular tubes surrounded by non-densified connective tissue.

There will be no lumps. Connective tissue grows parallel to and surrounds the ducts of the gland. Intracanalicular fibroadenoma is characterized by rapid growth of the connective tissue, which compresses the slower growing ducts of the gland. ate These tubes look like slits or folds of the epithelium, and there are many obstacles. Connective tissue not only grows around the tubes, but also goes inside the tubes. There are also intermediate or mixed forms. All types of fibroadenomas observed in the mammary gland are called nodular hormonal hyperplasia. This hyperplasia is caused by an excess of estrogens in the body.



The main role in the occurrence of mastopathy is an increase in the level of estrogens with the development of hyperestrogenism, which leads to a lack of progesterone and the growth of the epithelium of the alveoli, ducts and connective tissues. An increase in the production of prolactin, which regulates the growth, development and functional state of the mammary glands, may play a certain role. It occurs in women aged 25-50 and is defined by the appearance of one or more foci of density in the mammary glands. When cut, these foci consist of fibrous connective tissue, and a number of epithelial cysts are found, these cysts are filled with serous and sometimes bloody fluid. The size of the cysts is imperceptible, the diameter can be up to 1-3 cm.

The microscopic picture of diffuse dys'hormonal mastopathy is very different. The structures of the gland change a lot. Some fragments are atrophied and compressed by hyalinized connective tissue, others are dilated in the form of cysts. Cysts are sometimes covered with a normal epithelium, sometimes with a special "colorless" epithelium, and this epithelium looks like the epithelium of apocrine sweat glands. Yepithelial proliferation can be noted in mammary ducts and can reach a considerable level. Yepithelium grows and forms cus'hion-like expansions or nipple-like forms, which completely fill the cyst cavity.

In contrast to cancer, the epithelial cells of mastopathy and fibroadenomas maintain a high activity of phorylase, which can be of diagnostic value. Yepithelial stress and proliferation can eventually lead to the development of cancer, cancer occurs in 15-20 percent of mastopathy. That is why the pathology of the mammary gland is called a pre-cancerous process. Four morphological types of mastopathy are distinguis'hed: 1) piece type - there are more pieces of the gland; 2) in the fibrotic type, sclerotic changes prevail in the stroma, and solitary cysts are found; 3) cysts - there are many cysts, which appear against the background of fibrotic changes of the stroma; 4) proliferative type - in this, true proliferation of the epithelium is determined.

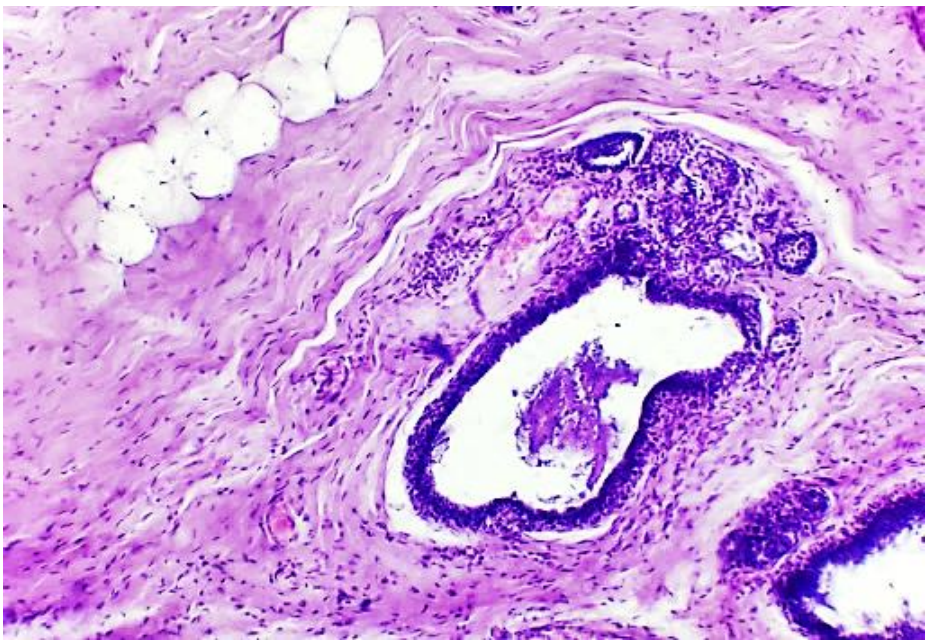


Photo 1. Cystic glands. fibrous growth. Hematoxylin-yeosin stain. 20x40 rev.

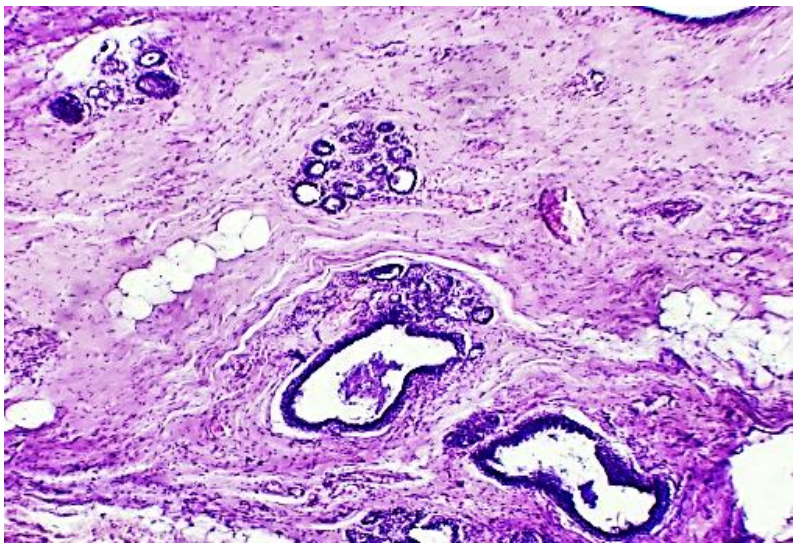


Photo 2. Cystic glands. Hematoxylin-yeosin stain. 10x20 rev.

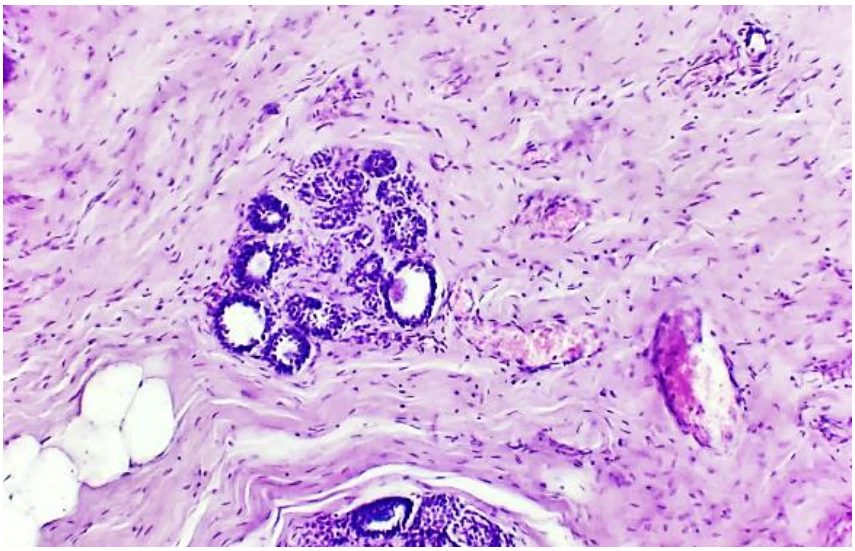


Photo 3. Mammary gland. atrophied glands. growth of fibrosis. Hematoxylin-yeosin stain. 20x40 rev.

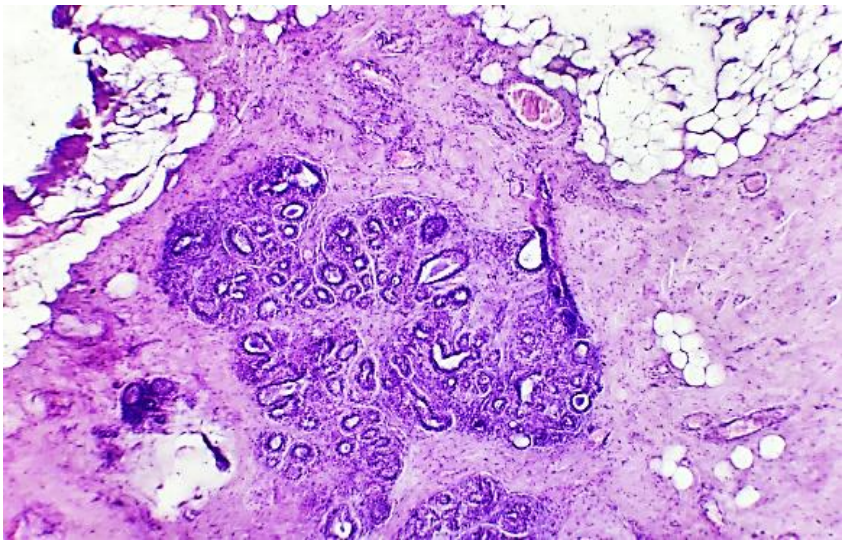


Photo 4. Mammary gland. atrophied glands. growth of fibrosis. Hematoxylin-yeosin stain. 20x40 rev.

There are two types of mastopathy - diffuse and nodular. The disease begins with an increase in connective tissue, small millet-like nodules and threads appear (diffuse form). With the further development of the disease, dense nodules (nodular form) from peas to walnuts are formed in the breast tissue. The diffuse form can be cystic, with the predominance of a fibrous or glandular component, as well as in a mixed form (fibrocystic disease).

Causes of the disease:

At the heart of the development of mastopathy lies the hormonal imbalance, which is manifested in an excess of estrogens, prolactin in the body, insufficient production of thyroid hormones and some other hormonal diseases.

Therefore, the main cause of the disease can be called a change in the "obstetrical portrait" of a woman - early onset of menstruation, late menopause, rarely pregnancy, reduction of the breastfeeding period or refusal to breastfeed. Thus, the period of exposure to estrogen in the female body is extended. In response to an excess of this hormone, mastopathy appears.

Other factors also increase the risk of developing pathology. These include:

- genetic predisposition;
- frequent stress, psycho-yemotional disorders;
- lack of natural products in the menu, large amount of fast food, sugary drinks, use of sugar;
- chest injury;
- endocrine diseases - pathologies of the thyroid gland, adrenal glands, diabetes mellitus, polycystic ovaries;

unfavorable gynecological history - irregular, few or, on the contrary, many, painful periods, endometriosis, infertility, tumors of the uterus, ovaries;

- consciously refrain from pregnancy, abortion, miscarriage, childbirth after the age of 30;

late onset or lack of sexual activity, decreased libido, other sexual disorders.

Classification and stages of mastopathy

Clinical and histological classification

To determine the treatment tactics in clinical practice, mastopathy is divided into two large groups - diffuse and nodular, each of which has additional categories.

Diffuse form:

- with the predominance of the glandular component (adenosis);
- with the predominance of the fibrous component (fibroadenomatosis);
- with the predominance of the cystic component;
- diffuse fibrocystic (mixed form);
- sclerosing adenosis.

Mastopathy is classified into one of the categories by evaluating the proportions of connective, glandular and fatty tissue on the mammogram.

Nodal form:

- breast cyst;
- intraductal papilloma;
- localized fibroadenomatosis (fibroadenoma);
- lipoma;

- lipogranuloma;
- hematoma;
- vascular tumors;
- fat necrosis.

With a diffuse form, changes cover the entire tissue of the gland, often the process is bilateral. However, this form of mastopathy is a more favorable option than nodules characterized by single benign formations. Any pathology of the breast can contribute to the development of cancer or serve as a predisposing factor. Therefore, it is important to evaluate your complaints and feelings, examine the mammary glands, palpate them, ultrasound examination, puncture of nodular formations, cysts and suspicious areas, and timely diagnose the pathology of the mammary glands based on cytological examination. punctate, mammography when taking traces of secretions from the chest. Mammological examination s'hould be carried out for all women who consult a gynecologist. Also, after 45 ears of age, all women are recommended to undergo regular examination by a mammologist.

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