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Chronic Obstructive Pulmonary Disease Recognition of Latest Symptoms

Macro Hugo*

Department of Breast Cancer, Kenyatta University School of Medicine, Nairobi, Kenya

Introduction

The breast is usually made from adipose tissue. Within this tissue may be a network of lobes, which are made from small, tube-like structures called lobules that contain milk glands. Tiny ducts connect the glands, lobules, and lobes, carrying the milk from the lobes to the nipple, located within the middle of the areola (darker area that surrounds the nipple). Blood and lymph vessels also run throughout the breast. Blood nourishes the cells, and therefore the system lymphatic drains body waste products. The lymph vessels hook up with lymph nodes, which are tiny, bean-shaped organs that help fight infection.

A test during which sound waves are wont to create an image of the within of your breast. A technician moves a handheld device over the outside of the breast. The device transmits information about the contents of a lump and whether these contents are solid or liquid. The test is painless and is typically very quick. This is typically used when the patient is younger than 30 or when a mammogram has been inconclusive.

It is also debatable whether the 2 major classes of carcinoma, ductal and lobular, do actually reflect clinical differences, and whether ILC intrinsically constitutes a prognostically favorable group, as previously suggested. In a large study of the International carcinoma Study Group on 9374 patients with pure IDC or ILC enrolled in 15 clinical trials with a median follow-up time of 13 years, ILC was related to older age; larger, better differentiated and Estrogen Receptor (ER)-positive tumors; and fewer peri tumor vascular invasion. There was a considerable early advantage in disease-free survival and overall survival for the ILC cohort followed by a crucial late advantage for the IDC cohort after 6 years and 10 years, respectively. ILC was related to an increased incidence of bone events but a decrease in regional and pulmonary metastases. Within the United States, overall incidence rates are highest among white women, followed by Black, Hispanic, and Asian American women. However, below age 40 years-45 years, Blacks have the highest rates. Incidence rates in Black, Hispanic, and Asian women have continued to increase, even as the rates in whites appear to have leveled off (Northern California Cancer Center, unpublished data). Women of high socio economic class have about twice the risk for breast cancer as women of low socio economic status. Other groups at higher-than-average risk include women who have never mimed, residents of urban areas, Jewish women, and residents of the northern (as compared with southern) United States.

The role of diet in the etiology of breast cancer is controversial. For many years it has been hypothesized, largely on the basis of international variation in incidence rates and animal experiments, that a diet high in fat increases the risk for breast cancer. Although results have been somewhat conflicting, most cohort studies do not indicate that a high-fat diet in adulthood increases the risk for breast cancer. However, the possibility remains that a high-fat diet in childhood and adolescence could affect risk. Finally, it has been suggested that consumption of phytoestrogens (estrogens in plants) from such foods as soybean products reduces risk. Phytoestrogens are weakly estrogenic and could compete with stronger human endogenous estrogens at binding sites and thereby reduce the possibly carcinogenic effects of these stronger estrogens. They may affect the uptake and metabolism of sex hormones by contributing to the regulation of sex hormone binding globulin, and also appear to have antioxidant properties. Research on the effects of phytoestrogen consumption is currently being undertaken by several groups. The doctor injects a little amount of a radioactive substance into a vessel. It travels through the bloodstream and collects within the bones. A machine called a scanner detects and measures the radiation. The scanner makes pictures of the bones. Because higher amounts of the substance collect in areas where there's cancer, the photographs can show cancer that has spread to the bones. Over time more genes become mutated. This is actually because the genes that make the proteins that normally repair DNA damage are themselves not functioning normally because they're also mutated.

Consequently, mutations begin to extend within the cell, causing further abnormalities there in cell and therefore the daughter cells. Some of these mutated cells die, but other alterations may give the abnormal cell a selective advantage that permits it to multiply far more rapidly than the traditional cells. This enhanced growth describes most cancer cells, which have gained functions repressed within the normal, healthy cells. As long as these cells remain in their original location, they're considered benign; if they become invasive, they're considered malignant. Cancer cells in malignant tumors can often metastasize, sending cancer cells to distant sites within the body where new tumors may form.

***Corresponding author:** Macro Hugo, Department of Breast Cancer, Kenyatta University School of Medicine, Nairobi, Kenya, E-mail: macrohugo123@gmail.com*

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