

## MAMMARY GLAND CANCER COMPLICATED WITH PLEURITIS

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### Abstract

Pleural effusion can be transudate or exudate. The cause of transudate formation is usually congestive heart failure, mainly left ventricular failure, and in patients with pericarditis, accumulation of transudate (hydrothorax), the pleura is not involved in the primary pathological process.

**Keywords:** Pleural effusion, disease, diagnosis, process, method.

### INTRODUCTION

Pleural effusion should not be considered an independent disease, because it is only a characteristic manifestation of various common diseases: tumors, pneumonia, allergic conditions, tuberculosis, syphilis, heart failure, etc.

The most common cause of exudative pleuritis is metastasis of pleural effusion to the lymph nodes. Pleural effusion in tumors has a complex origin: accumulation of fluid, increased capillary permeability due to inflammation or rupture of the endothelium, as well as obstruction of the lymphatic channels by the tumor and lymph penetration into the tumor. due to poor drainage. Malnutrition and decreased serum protein may contribute to effusion accumulation in cancer patients.

### MAIN PART

There is a correlation between the size of the breast tumor and the likelihood of developing pleurisy after radical cancer treatment: with a tumor up to 5 cm, metastatic pleurisy is observed in only 6.5%; With a tumor of more than 5 cm - already in a quarter of women. But the main factor that determines the probability of metastases is the level of the cancer: the higher it is, the higher the probability of metastasis.

Most often, pleurisy appears on the side of the breast tumor, which is associated with the spread of cancer cells through veins extending from the mammary gland. Effusion on the opposite side of the tumor is noted in a quarter of all cases of pleurisy, bilateral exudate - in 16%. Only in the fifth part, if there are no metastases to other organs, isolated damage to the pleural sheets is diagnosed. In the metastatic stage of cancer, pleural lesions are found in a third of patients, but in all cases this is not manifested by the production of a significant amount of fluid - exudate.

The rate of fluid accumulation is variable, from several months to several days.

If a pleural effusion is detected, it may be necessary to evacuate it, if there are clinical signs of pulmonary heart failure: severe shortness of breath, palpitations, severe weakness and swelling of the legs.

Standard indications for pleural puncture - non-diagnostic - thoracentesis - detection of cancer cells: mediastinal displacement with heart failure, slow pleurisy not prone to resorption and intention to carry out intracavitary therapy.

## CONCLUSION

Thoracentesis can be avoided with the sensitivity of small effusions and metastases to anticancer drugs, but the appointment of high-quality symptomatic therapy and systemic chemotherapy aimed at reducing the clinical manifestations of the disease is definitely required. Regression of tumor nodes started under the influence of drugs or even stabilization of growth prevents the further development of pathological exudate, and additionally prescribed drugs help to absorb part of the liquid.

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