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## A Clinical Evaluation of Breast Lump in Women With Respect To Health Status

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**Conflicts of Interest:** Nil

### Abstract

**Introduction:** A Breast lumps are common findings in the female breast, presenting in conjunction with other symptoms such as breast pain and discharge from the nipple.

### Aims and Objectives

1. To management plan is tailored according to the nature of the lump
2. To study the extent of delay among breast Lump patients

### Material and Method:

**Study Design:** Clinical and Observational Study

**Study Period:** 24 Months

**Place of study:** Department of General Surgery, KVG Medical College and Hospital, Sullia

**Sample Size:** 150

**Result:** Among 150 women, the largest subgroup was 31–40 years (33.33%), followed by 41–50 years (26.67%).

**Discussion:** Women with different socio-economic backgrounds show different clinical profiles. SES shapes patients' clinical stories and provides a framework to inform outreach and enhance care.

**Keywords:** Breast Lump, Biopsy, Female Breast, Ultrasonography

### Introduction

A Breast lumps are common findings in the female breast, presenting in conjunction with other symptoms such as breast pain and discharge from the nipple. While many breast lumps are benign and self-limiting, their clinical evaluation, diagnosis, management, and

prognosis are influenced by a variety of factors, including socioeconomic status (SES). Sociodemographic variables such as socioeconomic status affect women's diagnostic pathways. Women with different socio-economic backgrounds show different clinical profiles. In lower-income groups, access to imaging or biopsy may be

delayed or unavailable due to the high cost, lack of trained personnel, or inadequate healthcare infrastructure. Consequently, women may rely on traditional healers, delay seeking appropriate care, or default from follow-up. These delays often result in progression of benign conditions to more complicated forms or malignancies being diagnosed at advanced stages, thereby limiting treatment options and worsening outcomes.

### Aims and Objectives

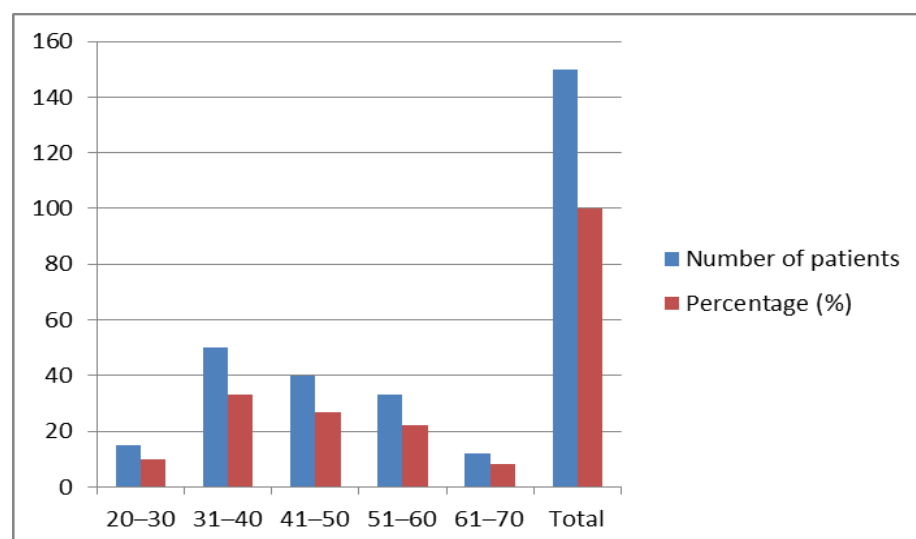
1. To management plan is tailored according to the nature of the lump
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### Result

Table 1: Age-Wise Distribution of Patients

Age group (years)	Number of patients	Percentage (%)
20–30	15	10.00
31–40	50	33.33
41–50	40	26.67
51–60	33	22.00
61–70	12	8.00
Total	150	100.00

Graph 1: Age-Wise Distribution of Patients



### Materials and Methods:

**Study Design:** Clinical and Observational Study

**Study Period:** 24 Months

**Place of study:** Department of General Surgery, KVG Medical College and Hospital, Sullia

**Sample Size:** 150

### Inclusion Criteria

- Patient aged 20 years and above
- Patients Diagnosis with breast lump.

### Exclusion Criteria

- Patient who not interested in participate in study
- Patients who absent

Table 2: Occupation Distribution of Patients

Occupation	Number of patients	Percentage (%)
Housewife	35	23.33
Agricultural worker	70	46.67
Service	20	13.33
Business	12	8.00
Others	13	8.67
Total	150	100.00

Graph 2: Occupation Distribution of Patients

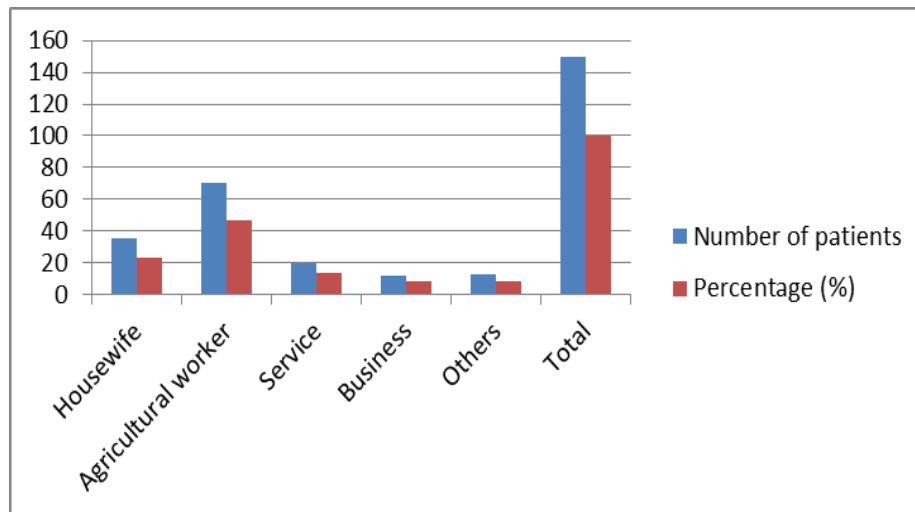
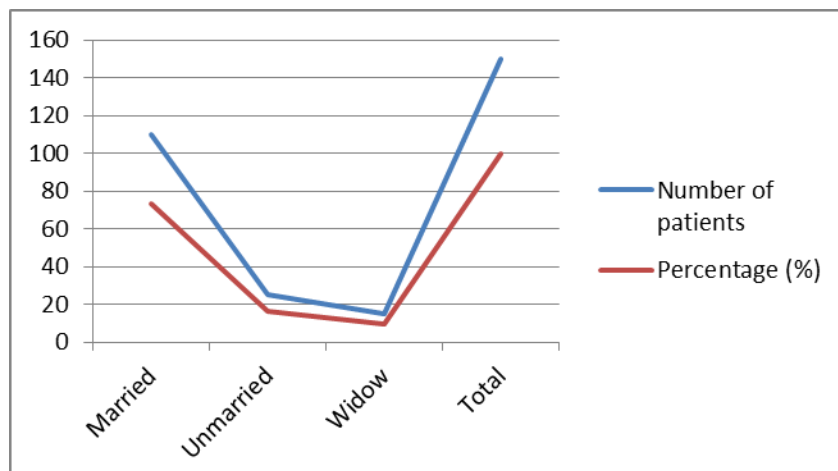


Table 3: Marital Status of Patients

Status	Number of patients	Percentage (%)
Married	110	73.33
Unmarried	25	16.67
Widow	15	10.00
Total	150	100.0

Graph 3: Marital Status of Patients



## Discussion

Considerations for practice and policy emerge from findings about socioeconomic status (SES) and breast lump presentation, diagnosis, and management pathways. SES shapes patients' clinical stories and provides a framework to inform outreach and enhance care.

SES shapes patients' clinical stories and provides a framework to inform outreach and enhance care. By linking determinants (socioeconomic class, literacy, occupation) with processes (delays), disease severity (stage), care delivered (surgery, systemic and radiation therapy), and early outcomes (complications, quality of life), the study creates an integrated evidence base to guide equity-focused redesign of breast services.

## Conclusion

Breast cancer is one of the most frequently diagnosed cancers among women, with about 2.5 million new cases estimated globally in 2030. Most patients present at an advanced stage, 90% diagnosed when the disease is no longer curable. A contributing factor may be the socioeconomic status (SES) of South Africans, which in turn directly affects personal decisions regarding breast health screening, awareness, education and accessibility to treatment options.

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