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## **PATHOMORPHOLOGICAL CHARACTERISTICS OF RECURRENT BREAST CANCER IN WOMEN LIVING IN THE AROLB REGION**

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**Abstract:** All over the world today, breast cancer is among the most common malignant tumors, ranking first among women's tumors and accounting for 25.2% of all tumors. Morphological changes in cancer lead to analysis, the correct choice of treatment, as well as to the study of the causes of the ineffectiveness of previous treatment methods in some cases of relapse and understanding of cases of changes in the phenotype of primary tumors in relapses.

**Keywords:** cancer, invasive carcinoma, polymorphism.

**Introduction:** According to the data of the General Directorate of Treatment and Prevention of the Ministry of Health of the Republic of Uzbekistan, the incidence of breast cancer in the republic is 9.6 cases per 100,000 population, while in European countries this figure is 80-101. Every year in our republic, 2904 women are diagnosed with breast cancer. crayfish is being diagnosed and currently 17,000 women and 70 men are dispensaries with this diagnosis.

**The purpose of the scientific work :** to study the morphological characteristics of blue, recidivism cases of breast cancer in the island regions of the Republic of Uzbekistan.

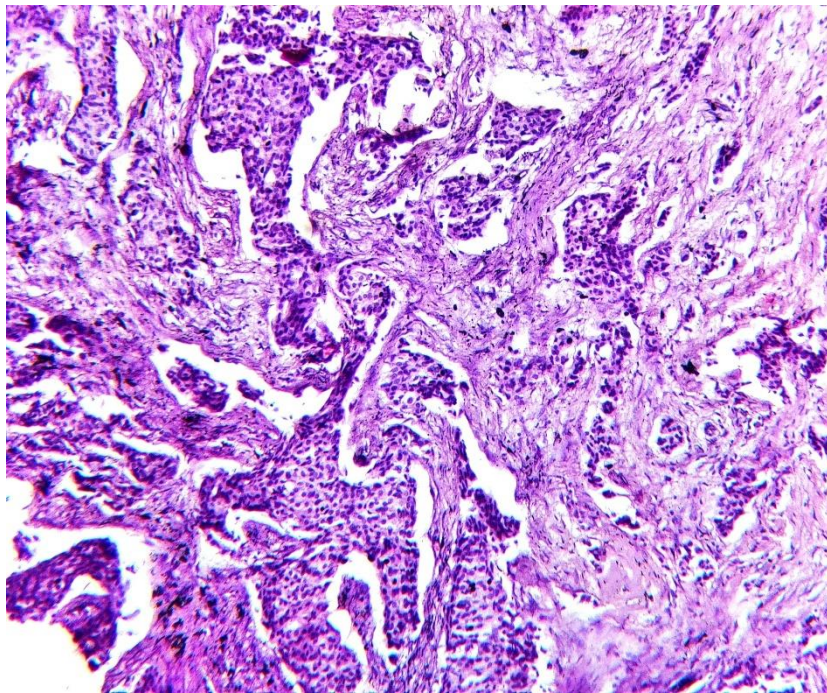
**wa methods material:** The material of the scientific work is a retrospective analysis of disease history of 2018-2021, pathohistological laboratory us archives, histological blocks of the indicated years in the department of mammalogy of the oncologist scientific and practical center of Khorazm region, examination of each patient. 175 patients' medical history, pathohistological conclusions, repeatedly prepared micropreparations, mammography, and treatment plans were analyzed.

**Inspection methods:** 1. inspection of macroscopic us archives of all inspected materials and newly received operational materials.

2 Histological blocking of morphological examination methods: hematoxylin-eosin, Van-gyson method of bjab examination.

**Conclusion:** In assessing the degree of risk of malignant recurrent tumors, the tumor's structure, the ability to be fertile (formation of glandular and tubular structures), the core of and mitotic activity polymorphisms are taken into account. Depending on the structure of the tumor cells, the cytoplasm, which is highly variable, often appears wider and eosinophilic. Mammary carcinoma, like other poor-quality tumor cells, is characterized by strong hematoxylin staining. Simta gradation (differentiation) is very important and is an important factor from the point of view of the forecaster. If the operation was given before the therapy of Bulmas, the pathologist will have to evaluate the degree of differentiation of the cancer. (Figure 1).

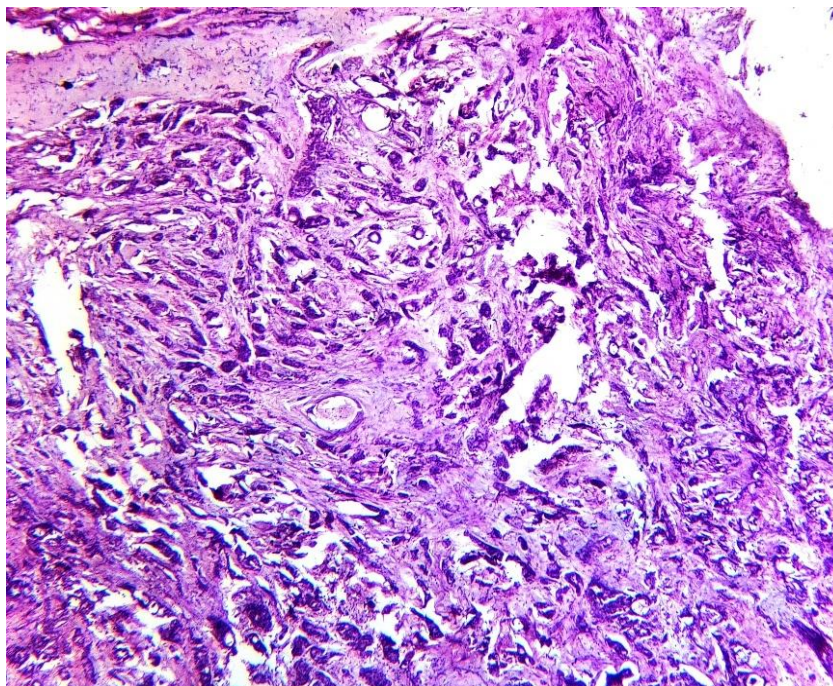




**Figure -1** Poorly differentiated invasive carcinoma. .  
(hematoxylin and eosin, x100).

Most A valuable prognostic sign is mitotic index is . Up mitotic index with poor prognosis reliable way will be combined . In some cases, in the process of pathohistology examination, we can detect and observe hyalinosis, necrosis foci, inflammatory infiltration blue, along with atypical khuzhairas in tumor diagnostics. Nuclei can be large, polymorphisms and or monomorphs. Less mitosis is detected in the field of mitotic activity.

Uncharacteristic types of recurrent invasive carcinomas can also be found in rare cases. They are characterized by the formation of layers, clusters and trabeculae . Central trabecular structures are identified in the tumors (Fig. 2).

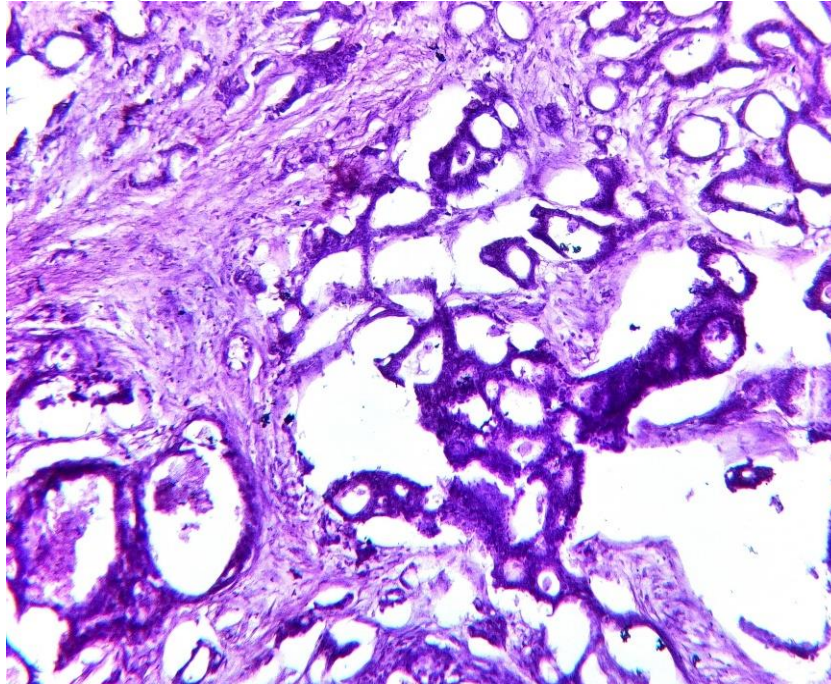


**Picture - 2.** Invasive carcinoma. The tumor produces tubular and cribriform structures. (hematoxylin and eosin, x50).



Recurrence is determined by foci of secondary tumor changes (necrosis and hyalinosis) . Don't grow up **If the** remaining part belongs to a certain type, near the hsmia is considered a mixed hold. If carcinoma of non-specific type occupies less than 10% of the tumor area , then the diagnosis can be made according to the dominant component of the specific type. In older patients, it is possible to observe a chain of tumor cells or a cluster of cells in the stroma with fibrosis.

Several types of recurrent invasive lobular carcinoma can be distinguished: classic, solid, alveolar, pleomorphic, tubulo-lobular and mixed forms. The tubular variant of lobular carcinoma is represented by a combination of tubular structures and individual cells infiltrating the fibrous stroma (Fig. 3).



**Figure 3.** Tubular variant of lobular carcinoma. Tubular structures are observed in the tumor. (hematoxylin and eosin, x50).

**Conclusion** 1. The pleomorphic variant of recurrent invasive lobular carcinoma combines different structures, but it shows more pronounced cellular atypia and polymorphisms, mitoses are more common than the classic variant.

2. Tubular variant of recurrent lobular carcinoma consisting of mature tumor cells was also observed in one patient, the patient was initially wrongly diagnosed with proliferative fibroadenoma. Therefore, when a tumor with a tubular structure is observed in the pathohistology examination, it is necessary to put it under different types of magnification for microscopy without haste.

3. Recurrent pleomorphic and solid lobular invasive carcinomas have a poor outcome. In general, the prognosis of lobular and ductal carcinoma is not good. Six were observed even in a patient who received airim chemotherapy

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