

## FEATURES OF SURGICAL TREATMENT OF PHYLLOID TUMORS OF THE BREAST

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**Relevance.** Fibroepithelial tumors of a mammary gland meet in oncologic practice rather seldom. According to various authors, they make from 0,3-2,6% of all tumors of mammary glands owing to what this pathology is insufficiently studied. The etiology and a pathogenesis of phylloid tumors aren't clear. In group the fibroepithelial of tumors carry two-component tumors with prevalence of a connective tissue component which in a sarcoma dominates, and in group the fibroepithelial of neoplasms is combined with epithelial.

**Research objective:** Improvement of results of treatment by the choice of radical volume of surgical intervention at various types of foliaceous tumors.

**Material and methods:** by us it was surveyed during the period from 2016 to 2022 on the basis of Republican specialized Scientific and PRACTICAL medical Center of oncology and radiology Bukhara branch of 72(100%) patients with various types of the above-stated tumoral pathology. From them with I benign type -58 (80,5%) of patients, from II- borderline type - 12(16,6%), with III-malignant type-2 (2,7%) of patients. The age of women fluctuates from 15 to 70 years. Diagnostics of tumors was based on objective survey, a palpation of mammary glands, these Ultrasound, mammographies, a cytologic research of smears.

**Results and their discussion:** At a preoperative stage the diagnosis was established at 10 (12,8%) patients. The tumor size at the I type was from 1,5 to 6,5 cm in the diameter, II-from 4,5 to 8 cm, the III size of primary tumor reached from 7 to 10 cm, and more in the diameter. The patient with the I type made a tumor enucleation, the local recurrence is noted at all patients. The same patient concerning a recurrence made a sectoral resection of a mammary gland - the recurrence wasn't observed. At only 40 (68,9%) patients of this the sectoral resection is made, from them at 9 (15,5%) the recurrence was observed that it is bound to the larger sizes of primary tumor. At 12 (16,6%) patients the II type, after asectoral resection of a mammary gland was taped; the recurrence was observed at 3 (4,15%) patients in 6 months, it made a repeated sectoral resection. At 2 patients the III type of a tumor after a sectoral resection of a mammary gland was taped, the recurrence of a disease is noted at both patients in a year, from them at one patient concerning a recurrence the radical mastectomy on Maddena was made (the tumor size in the diameter of 25 cm). At the same patient in 6 months after operation the metastatic lesion of a lung is taped. Thus, than the size of a tumor and high histological type, that high probability of a local relapsing and metastasizing of tumoral process is more.

**Conclusion:** Intensive indicators calculated per 100,000 population do not reveal the true incidence of breast cancer. When comparing morbidity, it is necessary to use standardized indicators or compare intensive indicators for individual age groups. 2. The highest standardized rates of emosi ediseasewere registered in Karakul district (22.5% 00), Olot (12.4% 00), Bukhara city (11.1% 00), the lowest — in Gala Osiye district (6.3% 00)

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