

ASSOCIATION OF LYMPHOVASCULAR INVASION WITH REGIONAL LYMPH NODE METASTASIS IN BREAST CANCER

Author: Hayitboyev Husniddin Hakimjon og'li.

Scientific advisor: Doctor of Medical Sciences, Professor Magrupov

Bakhodir Asadullaevich

E-mail address: xayitboyevxusniddin62@gmsil.com

Background. Lymphovascular invasion (LVI) is an important morphological indicator of the lymphatic dissemination potential of breast cancer. Evaluation of its relationship with regional lymph node metastasis is clinically relevant for assessing tumor aggressiveness and metastatic risk.

Keywords: breast cancer, lymphovascular invasion, lymph node metastasis, tumor necrosis, regional lymph nodes.

Objective. To evaluate the association between lymphovascular invasion and regional lymph node metastasis in patients with invasive breast carcinoma.

Materials and Methods. Histological specimens from 120 patients with morphologically verified breast cancer were analyzed. The presence or absence of lymphovascular invasion was assessed in tumor tissue and compared with the status of regional lymph nodes. All percentages presented in this thesis were recalculated using the total study cohort (N=120) as the denominator.

Results. Lymphovascular invasion was absent in 24 patients (20.0% of the total cohort). Among them, regional lymph node metastasis was not detected in 19 patients (15.8%), whereas metastasis was identified in 5 patients (4.2%). In contrast, lymphovascular invasion was present in 96 patients (80.0%). Regional lymph node metastasis was detected in 89 patients (74.2%), while 7 patients (5.8%) had no lymph node metastasis. Thus, the great majority of patients with lymphovascular invasion also demonstrated regional lymph node involvement. Tumor necrosis also varied according to molecular subtype. Extensive necrosis was observed in 19 patients with the triple-negative subtype (15.8% of the total cohort), whereas it was identified in 4 patients with the Luminal A subtype (3.3% of the total cohort).

Conclusion. The findings demonstrate a strong association between lymphovascular invasion and regional lymph node metastasis in breast cancer. Lymphovascular invasion was present in 80.0% of the total cohort, and 74.2% of all patients had the combination of lymphovascular invasion and regional lymph node metastasis. These findings support the prognostic importance of LVI as a morphological marker of metastatic potential in invasive breast carcinoma.

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