

CARCINOMA OF BREAST: A CASE REPORT

ABSTRACT

Background: In Indian women, breast cancer is the most frequent type of cancer. Breast cancer affects 30 out of every 100,000 women in India. **Case Report:** A female patient of 70 years old was admitted to Female surgery Ward-33, Unit-3, AVBRH on 19th January with a chief complaint of lump in upper outer quadrant of the right breast, hardness and non-tenderness of right breast since 2 months. The patient was OK. She had complained of a lump in the upper outer quadrant of her breast for 2 months, and it had appeared gradually. During a physical examination, some clinical findings were obtained i.e., lump in a breast was gradually progressive, and nontenderness and a nonmobile lump in upper outer quadrant of right breast, no history of fever, nausea vomiting, bloody discharge from a nipple. After that patient was undergone on the routine investigation in that Haemoglobin- 8.4gm% was decreased, Total RBC count 2.88 cumm decreased, TLC-17800 cumm increased. Fine needle aspiration cytology show metastasis of breast and ultrasonography shows an irregular strangulated hypoechoic mass of approximately 3.5*1.9 cm at the outer upper quadrant of the right breast. After histopathology report revealed that patient having metastasis of right breast and she was undergone on treatment of chemotherapy. **Conclusion:** This case report was of great relevance for academics, It provided to improve knowledge about breast cancer, to encourage the practice of BSE making women aware of the importance of this exam.

Key words: Carcinoma of Breast, Upper outer quadrant, Metastasis, Breast Self-Examination.

INTRODUCTION

In Indian women, breast cancer is the most frequent type of cancer. Cancer is the world's second largest cause of death. Breast cancer affects 30 out of every 100,000 women in India. In urban regions, one in every 28 women suffers from the condition, whereas in rural regions, one in every 60 suffers, for a total of one in every 28 in the country. Breast cancer is the most frequent invasive malignancy in women worldwide. The average age of breast cancer presentation is 43 to 46 years. The 40 % of breast cancer cases detected at late stage of cancer so the mortality with breast cancer increasing. Now, the incidence of breast cancer is gradually declining, with a minor decrease in the number of breast cancer-related fatalities. This drop might be attributed to a decrease in the usage of hormone treatment following menopause. Breast cancer is uncommon in women under the age of 25, and it steadily increases until the age of 60.¹ Breast cancer risk increases with age and about a third of female breast cancers are diagnosed in patients aged older than 70.²

Breast cancer is cancer that develops from breast tissue.³ Cancer is the disordered growth of cells that invade the tissues and organs, and can spread to other regions of the body. The process of carcinogenesis, i.e., cancer formation, is generally slow and may take several years for a cell to proliferate and give rise to a palpable tumor. From the beginning of the formation of the cancer, until the stage in which it can be discovered by the physical examination (subclinical tumor), that is, from one centimetre in diameter, they spend, on average, ten years. It is estimated that the breast tumor doubles in size every 3-4 months. At the beginning of the subclinical (impalpable) phase, one has the impression of slow growth because the dimensions of the cells are minimal.⁴

Breast cancer manifests as A lump or thickened area of breast, change in your breast's size, shape, or curve, nipple discharge that can be bloody or clear, changes in the breast skin such as dimpled, puckered, scaly, or inflamed, nipple retraction and a difference in size between the breasts.⁵ They are mainly located in the quadrant external, and in general, the lesions are painless, fixed and with irregular borders, accompanied by alterations of the skin when in an advanced stage. Because of its high frequency and psychological repercussions, such as changes in sexuality and body image, dread of relapses, anxiety, pain, and low self-esteem, it is one of the most dreaded forms of cancer. There is no specific single cause. It is believed that 90% to 95% of them are sporadic and result from somatic mutations, and that 5% to 10% are hereditary. The main risk factors for the development of breast cancer are related with advanced age, reproductive characteristics, family and personal history, life habits and

environmental influences. The main life-related habits are obesity, regular use of alcohol over 60 grams per day and previous exposure to ionizing radiation.

The prevention of health problems can be primary or secondary. The primary prevention role is to modify or eliminate risk factors, while, in secondary prevention, the diagnosis and early treatment of cancer are included. Early detection is a form of secondary prevention and aims to identify cancer in the early stages, allowing the use of less mutilating therapeutic resources and a greater possibility of cure. The most effective means for the early detection of breast cancer are clinical breast examination (CBE) and mammography, since breast self-examination (BSE) detects the disease usually at an advanced stage, accounting for about 80% of the findings of breast cancers. The CBE is part of the integral care for women, and should be included in the physical and gynaecological examination of all women, regardless of the age group. Mammography is considered by many to be the most important screening procedure for breast cancer. It is a radiological examination of the soft tissues of the breasts, used in women aged 40 years or more, that allows the identification of alterations that are not precipitable to CBE, not replacing it. The sensitivity of mammography is high, although in most studies made, present false negatives between 10% and 15% of cancer detected on physical examination.⁴

The most widely used therapeutic options for breast cancer treatment are surgery and radiotherapy, whereas for systemic chemotherapy, hormone therapy and immunotherapy. If operation is the preferred choice, the surgeon extracts either the lump, a portion of the breast (usually a quarter of the breast or sectorectomy), or the whole breast (mastectomy) and axillary lymph nodes, based on the extent of the breast, tumor origin, and potential cosmetic outcome. If the woman requires some extra or alternative care, it depends on the features of the tumor removed and the duration of the operation.

CASE HISTORY

Patient Information

A female patient of 70 years old from Ballarpur, Chandrapur district she was admitted to Female surgery Ward-33, Unit-3, AVBRH on 19th January with a chief complaint of lump in upper outer quadrant of the breast, hardness and non-tenderness of right breast since 2 months. Patient was apparently all right 2 months back then she was complaining of lump in upper outer quadrant of the breast which was insidious in onset, in physical examination some clinical findings were obtained i.e., lump in breast was gradually progressive in nature,

and non-tenderness of right breast. The age of patient is more than 60 and due to that patient having major risk for development of breast cancer .

Present medical history

A female patient of 70 years old from Ballarpur, Chandrapur district she was admitted to Female surgery Ward-33, Unit-3, AVBRH on 19th January with a chief complaint of Lump in upper outer quadrant of the breast, hardness and non-tenderness of right breast since 2 months. Patient was apparently all right before 2 months and after that she was complaining of lump in upper outer quadrant of the breast. No history of fever, nausea vomiting etc .

Past medical history

The patient had no past history of communicable diseases such as tuberculosis etc but she is known case of hypertension since 2 years and she take the tab Telma 40 mg and Hypothyroidism , diabetes since 1 years and she is taking insulin . She completed 4 chemotherapy cycles.

Menstrual history : The age of menarche was 13 years and she had menopause at age of 45 years . Her child breastfeed 1 years .

Family history

There are 4 members in the family, patient, her husband and their two children. The other family members do not have any communicable or hereditary disease. No family history of any type of cancer. The type of marriage of the patient and her husband is non-consanguineous marriage. The other family members are healthy.

Interventions and outcome

After Ultrasonography of breast and Fine needle aspiration cytology patient was diagnosed as case of carcinoma of upper outer quadrant of right-side breast cancer and she took medication such as Tab Folic acid 5mg, Tab Limcee 500 mg, Tab Pantapazole, Tab Thyroxine 50 mcg, Tab Telma 40 mg all for once in day Inj mixtard fix dose before breakfast 16 unit and before dinner 8 unit. Patient had plan for 5th Chemotherapy cycle with inj Paclitaxel. Patient was able to do daily activities of living without much interruption.

Diagnostic assessment

Blood study shows: Routine investigation was normal but Haemoglobin- 8.4gm% was decreased, Total RBC count 2.88 cumm decreased, TLC-17800 cumm Increased, fasting blood glucose 184 mg/dl Fine needle aspiration cytology shows secondary ductal metastasis of III stage of breast cancer and ultrasonography shows an irregular strangulated hypoechoic mass of approximately 3.5*1.9 cm at the outer upper quadrant of the right breast.

Management:

1) Medical Management:

Patient was undergone on pharmacological treatment such as Tab Folic acid 5mg, Tab Limcee 500 mg, Tab Pantapazole, Tab Thyroxine 50 mcg, Tab Telma 40 mg all for once in day Inj mixtard fix dose before breakfast 16 unit and before dinner 8 unit. My patient had a plan for the 5th Chemotherapy cycle with inj Paclitaxel. My patient had plan for 5th Chemotherapy cycle.

Surgical Management: Doctors plan for surgical intervention ie Breast-conserving surgery also called as Lumpectomy in that involves removal of the entire tumor along with a margin of normal surrounding tissue.

2) Nursing Management:

Monitor vital signs closely and assessed for the side effects of chemotherapy drugs etc. Keep patients' blood pressure monitoring. Provide pain management treatment, Assessment of side effects of chemotherapy drugs. Instruct the patient about the position of comfort for rest; provide psychological help to the patient; encourage the patient about the need for treatment. Give health education to patients and family members.

Discussion

A female patient of 70 years old from Ballarpur, Chandrapur district she was admitted to Female surgery Ward-33, Unit-3, AVBRH on 19th January with a chief complaint of a lump in upper outer quadrant of the breast, hardness and non-tenderness of the right breast since 2 months. Patient was apparently all right before 2 months after that she was complaining of

lump in upper outer quadrant of the breast which was insidious in onset, in physical examination some clinical findings were obtained i.e., lump in breast was gradually progressive in nature, and non-tenderness of right breast. After admission to AVBRH she was then diagnosed as a case of carcinoma of upper outer quadrant of right-side breast metastasis and then she was undergoing on appropriate treatment and was advised to come for check-up after 15 days of discharged date.

In December 2014, a study on the Influence of Lifestyle Factors on Breast Cancer Risk was done. The goal of this study was to look at the most relevant lifestyle variables linked to breast cancer, as well as to identify and discuss the data supporting feasible preventative interventions that may be utilized in daily clinical practice. Obesity has long been linked to an increased risk of developing postmenopausal breast cancer. Tobacco use is well recognized as carcinogenic, not only for breast cancer but also for the vast majority of malignancies. Its carcinogenic effects are mediated by aromatic hydrocarbons present in tobacco, which, in combination with genetic variations in N-acetyltransferase-2, may influence breast cancer development. From a biological standpoint, the association between diabetes mellitus (DM) and breast cancer (BC) is not well known. Insulin is a powerful growth factor in and of itself. Insulin resistance associated with secondary hyperinsulinemia characterizes type II, diabetes patients. Hyperinsulinemia is related to carcinogenesis since it is believed to activate the proliferative pathway immediately after binding to insulin receptors.⁶

An earlier diagnosis is dependent on a better knowledge of the disease's clinical history; nevertheless, much of the present study focuses on breast metastasis due to its greater occurrence. The patient with metastasis of the right breast initially presented with few clinical symptoms despite the advanced disease. The patient experienced lump in upper outer quadrant of the right breast, hardness and nontenderness since 2 months and which was insidious in onset, gradually progressive in nature.

Conclusion:

This case report was of great relevance for academics and professionals since it provided to improve knowledge about breast cancer, to encourage the practice of Breast self examination making women aware of the importance of this exam, since it is an early detection technique, without any cost and easy to execute. It was also very important for teaching and research. It

is hoped that, this case report, may have contributed to the characteristics, treatment, prevention of breast cancer, and Nursing care. Also contributed, to the patient having a better quality of life after discharge. Also, it was aimed to contribute to Nursing professionals and academics can look at the patient not only focusing on the disease but rather as a being that needs a humanized look, besides performing Nursing actions with competence and responsibility.

Informed consent:

The patient's informed consent was taken and signed by the Patient before writing a case report.

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