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RESEARCH ARTICLE

CASE REPORT OF CARCINOMA OF BREAST

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Abstract

Breast cancer occurs more frequently in the left breast than the right. The left breast is 5%-10% more likely to develop cancer than the right breast. 1 in 8 U.S. women (about 12%) will develop invasive breast cancer over the course of her lifetime. In 2020, an estimated 276,480 new cases of invasive breast cancer are expected to be diagnosed in women in the U.S., along with 48,530 new cases of non-invasive (in situ) breast cancer. About 2,620 new cases of invasive breast cancer are expected to be diagnosed in men in 2020,[1].

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Introduction:-

Breast cancer is a malignant tumour that develops from the uncontrolled growth of abnormal breast cells. The rapidly dividing and irregular cells accumulate over time forming a mass or lump. Malignant tumours can spread to other parts of the body if left untreated.

To review the current understanding and perspectives of key stakeholders regarding quality cancer care for adult patients with cancer who are receiving treatment regimens,[1].

Case Presentation

The patient has suspected that she will be having tumour in left breast and consulted with the Doctor and on physical examination she was advised to do Mammography.

In Mammography result shows that Carcinoma in left breast. She was undergone for blood test and CT scans. Furthermore, ultrasonography (USG) of the abdomen, Biopsy and Radiology report – BI – RADS 2 Right breast and BI – RADS 4C Left breast based on the results, the patient was diagnosed as carcinoma Left Breast and done procedure of MRM,[2].

Results of the Physical Exam:

On examination, the patient appeared Afebrile, conscious and oriented.

Vital Status:

Temp: 98.6°F), blood pressure was 130/90 mm Hg, and oxygen saturation was 98% and Heart beat: 72 beats/mts.

Cardiovascular System: S1S2+

Respiratory System: NVBS+

An ill-defined mass of 5 X 4 cm in the upper outer quadrant of left breast.

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Under strict septic precaution and under ETGA, through modified Stewart incision, thin upper and lower skin flaps raised from clavicle to 3cm below inframammary skin crease and sternum to anterior border of latissimus dorsi muscle. Entire breast tissue with pectoralis fascia (and part of pectoralis muscle in the tumour bed) mobilized. Axillary fascia opened and axillary nodal dissection carried to clear level I, II, and III nodes. Thoracodorsal trunk and nerve to serratus anterior were preserved. Suction drain kept. Haemostasis ensured. Pad, gauze and instrument counts verified. Wound closed in layers. Subdermal with 2-0 vicryl, skin with 2-0 ethilon. Specimen sent for HPE. Patient recovered well. Vitals stable.

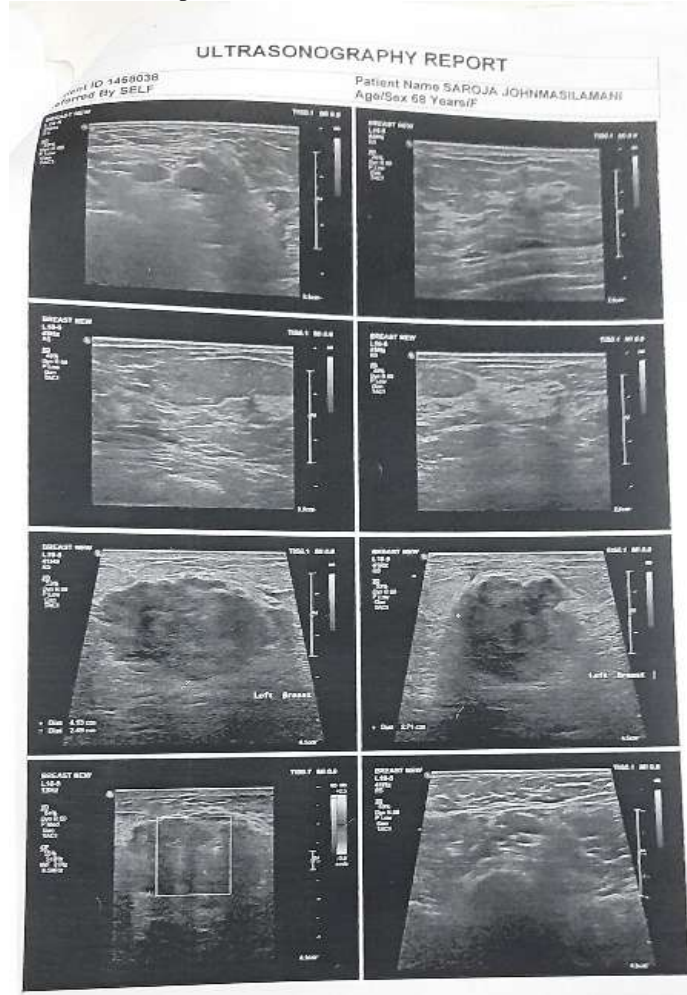


Fig. 1:- Mammography result.

Laboratory and Other Results:

Surgical pathology report shows Regional Lymph Nodes: 0/11 nodes (Level I – III) p TNM staging - p T2: Tumour greater than 20mm but less than or equal to 50mm in greatest dimension.

ICD – O – CODE:

C50.9 – Breast

M – 8500/3 – Invasive carcinoma of no special type.

Differential Diagnosis

Non-cancerous breast conditions are common, according to the American Cancer Society. The ACS lists the most common benign breast conditions as:

- Cysts
- Fibroadenomas
- Adenosis
- Ductal or lobular hyperplasia
- Papillomas
- Fat necrosis
- Mastitis,[3]

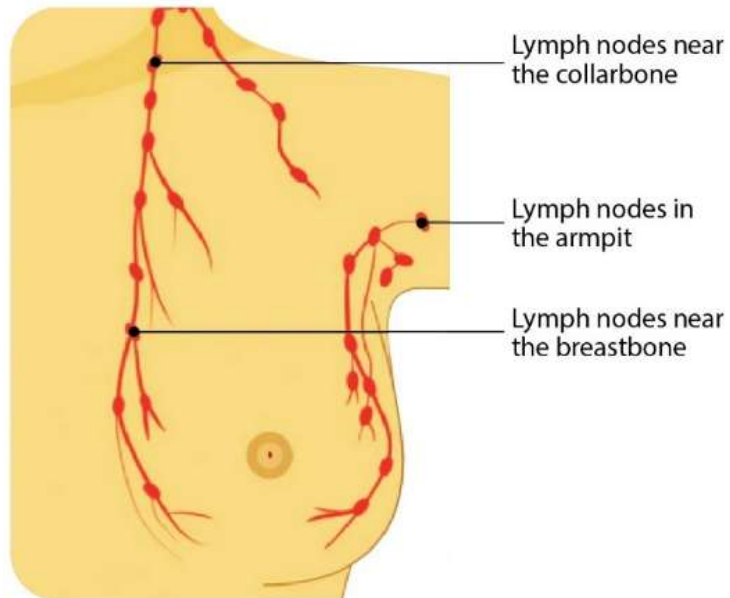


Fig. 2:- Lymph Nodes Involvement.

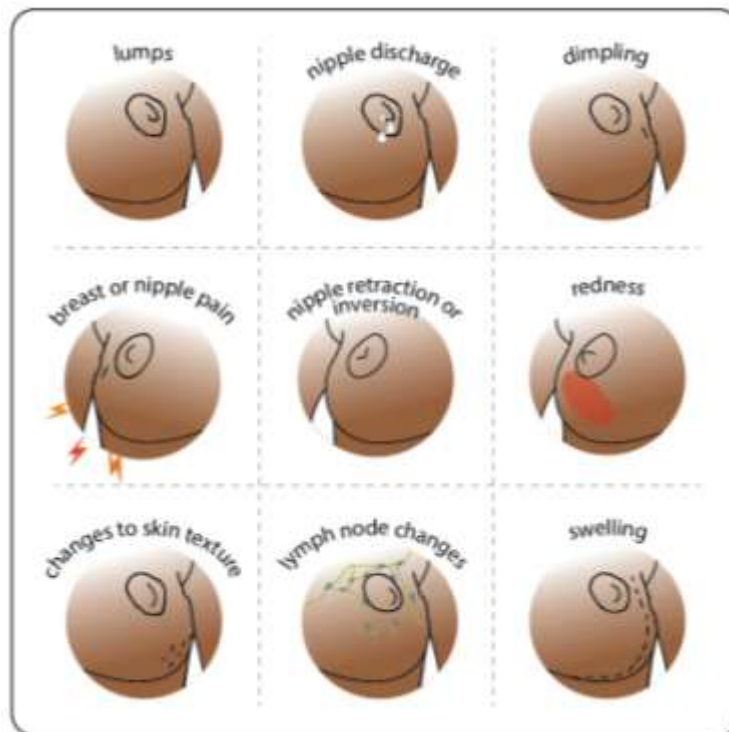


Fig. 3:- Removal of the Left Breast.



Fig. 4:- Radical Mastectomy.

Treatment

Radical mastectomy involves removing all the breast tissue, overlying skin, the pectoralis muscles, and all the axillary lymph nodes. Skin was removed because the disease involved the skin, which was often ulcerated. The pectoralis muscles were removed not only because the chest wall was involved, but also because it was thought that removal of the trans pectoral lymphatic pathways were necessary. It was also thought, at that time, that it was anatomically impossible to do a complete axillary dissection without removing the pectoralis muscle.

Today, surgeons rarely perform radical mastectomies, as a 1977 study by the National Surgical Adjuvant Breast and Bowel Project (NSABP), led by Bernard Fisher, showed that there was no statistical difference in survival or recurrence between radical mastectomies and less invasive surgeries,[3].

Outcome and Follow-Up

Breast cancer occurs when cells in the breast grow out of control. Different kinds of breast cells develop into different types of breast cancer. Most breast cancers begin in the breast ducts (tubes that carry milk to the nipple) or lobules (glands that produce milk). These are known respectively as invasive ductal carcinoma and invasive lobular carcinoma. Other less common types of breast cancer include inflammatory breast cancer and ductal carcinoma in situ.

Though breast cancer is most common in women, men can develop it as well. A man's lifetime risk of breast cancer is about 1 in 883. This year, the American Cancer Society estimates that about 2,620 men will be diagnosed with breast cancer,[4].

Discussion:-

Risk for breast cancer can change over time, depending on a number of factors. In addition to being female, other risks include:

1. Aging
2. Inherited genetic mutations, such as BRCA¹ and BRCA²
3. Family history of breast and/or ovarian cancer
4. Starting your menstrual cycle before age 12
5. Personal history of breast cancer
6. Race and ethnicity
7. Having dense breasts

Lifestyle factors can also increase your chances of developing breast cancer. These include:

1. Never having children
2. Giving birth for the first time after age 35
3. Using oral contraceptives
4. Consuming alcohol

5. Being overweight or obese
6. Inactivity
7. Smoking,[5]

Learning Points/Take Home Messages

1. **Fear is the enemy.** Cancer is an illness. We are the above enemies if we are strong, confident and spiritul. We are by your side always. You are not alone in this journey.
2. Cancer has shown me what family is. It showed me a love that I never knew existed.
3. Lifestyle changes, like choosing more vegetables instead of red meat or wearing sunscreen every day, can make a difference.
4. Talk to your health care professional about cancer screening. Some tests can help detect cancer early, when treatment is more likely to be successful,

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