Case Report
Pakistan Journal of Medical and Biological Sciences
https://pjmbs.gcuf.edu.pk/

CARCINOMA OF BREAST: A CASE REPORT

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ABSTRACT: Breast cancer is the commonest identified serious malignancy in females and the major source of malignancy related death among them globally. It consists of a diverse group of ailments with different histologic well-defined subgroups, varied clinical demonstrations, responses to management and results. We state here a case of a female patient with distal breast cancer.

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KEY WORDS: Gall Bladder, laparoscopic cholecystectomy, Gall Stones

INTRODUCTION

Invasive breast cancer is a diverse disease in terms of medical manifestations, pathological types, and disease course. Most cancers originate in the ductal epithelium of the breast, mainly in the terminal lobular units of the ducts. Up to 75% of identified invasive ductal carcinomas are described as invasive ductal carcinomas. Intrusive lobular carcinoma represents 15% and is the second commonest type of epithelium derived carcinomas (1). Epidemiological studies have confirmed various risk factors for the development of breast cancer. Genetic examination has begun to detect several molecular sub-types with phenotypic diversity related to medical outcomes, including response to the different types of treatments and overall survival (2). Today, due to the accessibility of data and widespread use of screening mammograms, breast cancer can be very easily diagnosed at a very early stage.

CASE PRESENTATION

A 45-year-old female was evaluated at a private hospital in Faisalabad, Punjab, Pakistan for dermatology due to her seven-month history of skin changes on the left breast. She was experiencing breast induration and asymmetry. She had no previous medical or family history of ovarian cancer or any breast malignancy.

When the breast was examined, there was tenderness and redness in her left breast. (Fig 1,2). The lymph nodes of left side were easily palpable due to swelling. Deep skin biopsy was performed due to the suspected breast cancer. Hematoxylin-eosin staining revealed high-grade ductal carcinoma with skin infiltration. The cancer was ER negative (estrogen receptor), PR negative (progesterone receptor), and HER-2 (human epidermal growth factor receptor type 2) positive (3+) as shown in molecular analysis. She did not smoke ever in her life. She was assessed in our hospital as she recently felt pain and tenderness in her left breast. She reported breast inflammation, but without the discharge from the nipple. Her previous medical history was not important. Her family or domestic history was not significant in relation to breast cancer. She denied the use of oral birth control pills in the past. Physical inspection showed redness, engorgement, and soreness in her left breast. In the left lower quadrant there was a well-defined, hard palpable mass of about 42 mm. The examination of her right breast was normal. Physical examination found no signs of lymphadenopathy, within axilla and supraclavicular area postoperatively.

Ultrasound of the left breast showed a cortical mass 27 mm thick and a reduced central echo, compatible with a cystic space. A mammogram revealed a circular, dense mass with uneven edges, about 30mm.Whole-body CT scan, bone scan, laboratory data (complete blood count,

serum electrolyte, LFT, creatinine, prothrombin, and partial thromboplastin time), cancer indicators, counting serum carcinoembryonic antigen levels, 15-3 carbohydrates, and squamous cell carcinoma antigens were carried out to confirm the breast carcinoma and any metastasis. The lady gone through extensive local incision on her left breast and her same side axillary lymph nodes were removed. Thorough inspection exposed a 5.2 cm cancer growth with a dominant cystic space in the middle of the inferior outer quadrant of her left breast.

DISCUSSION

Timely recognition of breast tumor is the finest way to prevent the progress of this dangerous disease. Smaller and early diagnosed cancers are easier to treat and have a better prognosis. In our report, we observed a significant delay in diagnosis, leading to disease progression and a poor prognosis. Epidemiological data have recognized a number of issues for the growth of breast tumor. Primary menarche, late menopause, and hormone replacement therapy increases the danger of breast-cancer (3). Other things include old age, domestic background or ovarian disease, personal lifestyle, for example, weight acquired in adulthood, inactive way of life, or excessive use of alcohol.

Usually breast cancers initiate with a feeling of thickness or bulk in the breasts. The majority of the patients complain of discoloration on one side of the breast, usually the pink color will evolve to a more intense red and will spread quickly to the whole breast (4). Swelling affects greater than 2/3 of the breast and is a sign of inflammation of breast cancer. Occasionally the soreness and swelling come and go. In just a few weeks, fever and speedy development of affected breasts are common complaints. There is usually no fever, and up to 30% of patients do not have a potentially palpable mass (5). Clinically breast malignance are represented as quick-onset of symptoms, with breast soreness, fever, redness, and induration (6). The differential diagnosis comprised of other benign and malignant tumor. Local inflammation, infection, and leukocytosis are characteristic of mastitis during lactation and are present in up to 10% of breastfeeding women (7). These indications mostly appear within a several days of initial breastfeeding and get improved in 24 to 48 hours afterward starting antibiotic treatment. Breast membrane cellulites also react to antibiotic management. Phlebitis of the upper thoracic and abdominal veins must also be considered in the differential diagnosis. It generally occurs before the trauma and establishes as a tangible and painful umbilical cord (7). It is recommended that women over 35 years of age should have a mammogram because it can be related to early diagnosis of malignant breast tumors.

CONCLUSION

Initially, breast cancer is asymptomatic. In majority of the cases, the disease can be detected by abnormality revealed through mammograms or by feeling a lump in the breast before symptoms appear. Early diagnosis reduces the risk of metastasis and leads to a better prognosis of surgical management of breast cancer.

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Figure 1: Ca Breast

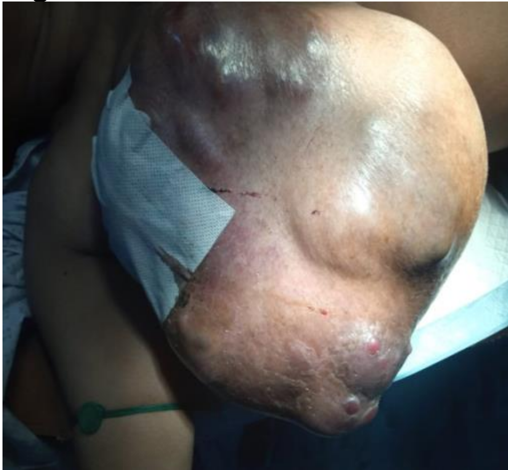

Figure 2: Ca Breast

Figure 3: Ca Breast

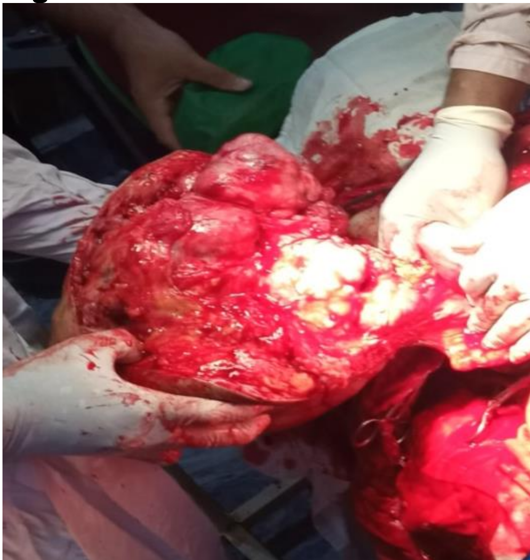

Figure 4: Ca Breast