Advanced breast cancer at diagnosis: role of patients’ inadequate attitudes

Vitorino Modesto dos Santos, Ricardo Ferreira Coelho de Miranda, Diogo Wagner da Silva de Souza, Anna Gabriela Oliveira Camilo and Milena Priscila Aragão Pereira Pinto

ABSTRACT

We report an advanced breast carcinoma with conspicuous skin invasion in an 81-year-old woman. She incidentally felt a nodule on her left breast about 12 years before being hospitalized; however, she decided to hide this finding from her family for cultural reasons. The tumor was 3.5 x 2.0 cm on admission, and enlarged lymph nodes were found in the left axillary and supraclavicular areas. Ultrasonography showed a hypoechoic mass (BI-RADS 5), and biopsy samples revealed an invasive ductal adenocarcinoma with cutaneous involvement. Computed tomography and scintigraphy studies disclosed pleural implants and scattered osteolytic and osteoblastic lesions. She was discharged to outpatient care under treatment with letrozole. Our aim is to emphasize sociocultural barriers that are adverse to early diagnosis of breast malignancies.

Key words. Breast cancer; aged; delayed diagnosis; socioeconomic factors

CASE REPORT

Relata-se um caso de carcinoma avançado de mama com acentuada invasão de pele em mulher de 81 anos de idade. Ela incidentalmente percebeu um nóculo na mama esquerda, aproximadamente doze anos antes da internação. Entretanto, por motivos culturais, decidiu ocultar de sua família esse achado. Na admissão, o tumor mediu 3,5 por 2 cm e foram encontrados linfonodos aumentados de volume na axila e região supraclavicular esquerda. A ultrassonografia mostrou massa hipoeocoica (BI-RADS 5), e as amostras de biópsia revelaram adenocarcinoma ductal invasivo com acometimento cutâneo. As imagens de tomografia computadorizada e de citilografia revelaram implantes pleurais, além de lesões osteolíticas e osteoblásticas disseminadas. Ela teve alta para acompanhamento ambulatorial em tratamento com letrozole. O objetivo do relato é enfatizar as barreiras socioculturais adversas ao diagnóstico precoce dos tumores malignos de mama.

RESUMO

Câncer de mama avançado no diagnóstico: papel de atitudes inadequadas dos pacientes

Correspondence: Prof. Dr. Vitorino Modesto dos Santos. Departamento de Medicina Interna, Hospital das Forças Armadas, estrada do Contorno do Bosque s/n, Cruzeiro Novo, CEP 70630-900, Brasília-DF, Brazil. Telephone: 55 61 32330812. Fax: 55 61 32331599. E-mail: vitorinomodestos@gmail.com.

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INTRODUCTION

Breast cancer is the main malignancy affecting women worldwide. After lung cancer, this is the more frequent cause of death by cancer among females. One estimates that 226,870 new cases of invasive female breast cancer will occur, while 39,510 women will die due to breast cancer in the United States of America during 2012. In Brazil, the incidence rate is 49 new cases/100,000 with mortality rate around 11/100,000 women by year. This malignancy is uncommon before the age of 40 and its incidence progressively grows with ageing. Advanced and metastatic breast cancers are often associated with ominous prognosis because the usual treatment is palliative. Case studies can contribute to better awareness about barriers related to delayed diagnosis.

The aim is to highlight consequences of the late diagnosis of breast cancer in women who do not seek medical care in the earliest phases of tumor, by psychosocial and cultural motifs.

CASE REPORT

An 81-year-old Afro-descendent woman came to hospital claiming of pain on the left hypochondrium and breathlessness. She told that the initial nodule was incidentally felt on the left breast about twelve years before admission, but her decision was to hide this finding of the family. The nodule had a progressive growing and become a huge mass with skin involvement. Physical examination showed a pale patient with body mass index of 20 kg/m². In her left breast, there was a voluminous hard mass adherent to deep planes, which involved the skin and the nipple, with a bleeding ulceration (Figure). Moreover, hard and enlarged lymph nodes were palpated in the axillary and supraclavicular ipsilateral areas. Laboratory determinations were (reference ranges in parenthesis): hematocrit 30.2% (33-47%), hemoglobin 9.5 g/dL (12-15 g/dL), mean corpuscular volume 74 fl (80-98 fl), mean corpuscular hemoglobin concentration 31 g/dL (32-36 g/dL), red cell distribution width 20.9% (12-14.5%), leukocytes 7,700/mm³ (2,600-11,000/mm³), platelets 585,000/mm³ (130,000-450,000/mm³), alkaline phosphatase 72.5 IU/dL (40-130 IU/dL), lactate dehydrogenase 595 IU/L (105-333 IU/L), albumin 2.39 g/dL (3.6-5.0 g/dL), globulin 3.17 g/dL (1.5-3.0 g/dL), C-reactive protein 8.8 mg/dL (< 6.0 mg/dL), uric acid 2.9 mg/dL (2.6-6.0 mg/dL), calcium 7.4 mg/dL (8.8-10.5 mg/dL), glucose 116 mg/dL (70-110 mg/dL), magnesium 1.9 mg/dL (1.8-2.4 mg/dL), sodium 127 mEq/L (135-148 mEq/L), urea 16.3 mg/dL (15-45 mg/dL), creatinine 0.4 mg/dL (< 1 mg/dL), gama-glutamil transpeptidase 19 IU/dL (5-55 IU/dL), alanine aminotransferase TGP 8.4 IU/dL (30-65 IU/dL), aspartate aminotransferase 30.4 IU/dL (15-37 IU/dL), serum iron 14 µmol/L (35-150 µmol/L), transferrin saturation 8% (20-45%), erythroserometry rate: 86 mm (1st hour) (0-30), CA 15:3: 137.9 IU/mL (< 30 IU/mL), CA 125: 140.4 IU/mL (≤ 35 IU/mL), and CEA: 14.7 ng/mL (< 5 ng/mL). Echography of the left breast revealed diffuse cutaneous inspissation and edema in the subcutaneous tissue, associated with a hypoechoic
irregular mass with spiculated borders and accentuated vascularization. The tumor was categorized as BI-RADS 5. Computed tomography study showed subpleural nodules and pleural effusion, mainly on the left hemithorax, and osteolytic and osteoblastic lesions in costal arches and in spine. Scintigraphy images of bone implants appeared scattered in the skull, clavicle, sternum, humerus, ribs, spine, pelvis and femur. Biopsy samples from the breast mass revealed an invasive ductal adenocarcinoma with cutaneous involvement (luminal A type). Under hormonal treatment with letrozole she was discharged to home, and is on outpatient surveillance.

**DISCUSSION**

Family antecedent of breast cancer, ageing, overweight and obesity, use of combined estrogen and progesterin hormone therapy, physical inactivity, and alcoholism constitute main risk factors of disease. Absence of initial signs and symptoms contribute to late diagnosis, and should emphasize the role of the screening guidelines for detecting unsuspected breast cancers at an early phase. Diverse factors can be related to late-stage of disease at diagnosis, which accounts for poorer outcomes (psychological and socioeconomic status, ethnicity, cultural beliefs, lack of healthcare, limited knowledge and misconceptions, fatalism attitudes, fear of mastectomy). The case reported herein is in accordance with general and local literature data. In fact, ductal carcinomas constitute 80% of the invasive tumors affecting Brazilian women, mainly between 40-60 years of age. Breast cancer evolution may be slow or rapidly progressive, depending upon the tumor and host characteristics. A recent study found 1.7 years as mean doubling time (from 1 cm to 2 cm) of tumors, ranging from less than 1.2 months up to 6.3 years. Our patient presented with multiple bone metastases, but her general status was regular. Worth of note, implants of estrogen receptor positive tumors have showed a preferential tropism for the skeleton, and bone-only metastases seem to be associated with less aggressive features and favorable outcomes. The national program of mammography screening has contributed to early detection of asymptomatic tumors, and improved the outcome of breast cancer, but cultural features and lack of sexual intimacy among elderly people can hinder the early diagnosis and prevention. Breast self examination among college going girls must be emphasized in developing areas. Psychosocial, economic, ethnic, religious, emotional and cultural barriers to prevention, early detection and prompt treatment of breast cancer should be minimized. Authors believe that impressive real images as those showed here can contribute to highlight the adverse role of inadequate attitudes of patients before the fight against cancer.

**REFERENCES**