

# A Case Report of 58-Year-Old Female with Breast Cancer after Mastectomy of Left Breast and Axillary Lymph Node Dissection

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## ABSTRACT

Breast cancer is Malignment cell growth in the breast. If the cancer isn't treated, it will spread to other parts of the body. Except for skin cancer, the most frequent type of cancer among women is breast cancer. Mammograms can detect breast cancer early, possibly before it has spread.

**Main symptoms and/or important clinical findings:** A 58-year-old female patient registered to the surgery department on 05/10/2021 with the main complaint of pain in the left breast for 1 year and a lump in the left breast for 9 months. Now she came to AVBRH for further treatment of that.

**The main Diagnosis, therapeutic intervention, and outcomes:** The doctor identified a case of cancer of the left breast after a physical examination and all investigations such as blood, FNAC, biopsy, Mammography Colour Doppler USG. For that Doctor advice the surgery and 22/10/2021 mastectomy of the left breast and axillary lymph node dissection was done. Dressing of suturing site. Inj Cefixime 1 Gm BD, Tab. Pan 40 Mg OD, Tab. Dolo 650 Mg Sos, Syp. Orofer Xt 2tsf Bd, Syp. Lupizyme 2tsf BD, Protein Powder 2 Spun TDS, Syp Duphalac 20 MI Hs, Steam Inhalation TDS, Nebulization with Normal Saline TDS, Tab. Diclomol SP Bd, Tab. Limcee Od, Cap. Because Od, Spirometer for Breathing Exercise, Chest Physiotherapy, all the treatment was taken and the result was fine.

**Conclusion:** She responded to both medicine and physician counseling.

**Keywords:** Carcinoma in breast; Ductal carcinoma *in Situ*, Mammogram; Axillary lymph node dissection

## INTRODUCTION

The most frequent type of cancer among women is breast cancer. [1,2] after skin cancer most frequent cancer among women is breast cancer. 66 % of breast cancer patients identified beyond the age of 55, becoming older is the commonest risk factor for developing this disease [3]. Cancers developing from the ducts that called ductal carcinomas. [4,5]

a breast cancer diagnosis is confirmed by taking a biopsy of the concerning tissue. Following the diagnosis, more tests are performed to see if cancer has spread beyond the breast and to identify which treatments are most likely to be effective. For prognostic and curative goals, axillary lymph node dissection is the therapy of choice in locally advanced breast cancer [6].

## Background

Breast cancer is the most frequent cancer in women around the

world, accounting for over a quarter (23%) of all malignancies in women. In 2008, about 1.4 million women were diagnosed with breast cancer worldwide, with 459,000 deaths reported. The worldwide breast cancer burden is predicted to exceed 2 million by 2030, with rising proportions from developing countries [7,8]. In India, 145,000 women were diagnosed with breast cancer in 2012, with an age-standardized incidence rate of 25.8 per 100,000 women. In the year 2012, India's death toll was expected to be around 70,000.<sup>7</sup> Breast cancer incidence rates in India vary by 3-4 times across the country, with the highest rates found in the Northeast and big metropolises like Mumbai and New Delhi [9].

**Patient Information:** A 58 years old female patient was admitted to the female surgery ward on 05/10/2021 with a complaint of pain in the left breast for 1 year and a lump in the left breast for 9 months after the history & physical examination and all investigation done and diagnosed the carcinoma of the left breast. For further treatment of that doctor advice the surgery and on

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22/10/2021 left-sided mastectomy with axillary lymph node dissection surgery was done.

**Past medical and surgical history, and relevant outcomes from interventions:** 1 month before they visited the private hospital for the same complaint, after investigation report such as left breast FNAC and mammography showing breast cancer. Now she came to further treatment of that. Other than that, she was not having any history of DM, HTN, TB. Her Tubal ligation operation was done for 25 years. She was belonging to a nuclear family. Not having any significant history of this disease. All family members are healthy. She maintained a good interpersonal relationship with the family members except for her husband and not having any bad habits like tobacco chewing etc. The sleeping pattern was normal bowel and a bladder habit is normal.

**Menstrual history:** She has P3L3 and FTND, 1<sup>st</sup> childbirth was at the age of 22 years. Menarche starts at 13 years and Menopause at the age of 47 years.

**Clinical Findings:** On arrival, she was Afebrile, pulse was 96 beats/min, Respiratory rate was 18 breath /min and Blood pressure 130 / 80 MMHG, the patient was conscious, cooperative, well oriented to time, place, and person. She looks anxious, febrile, & all vital parameters are normal and thin body built, and hygiene is not maintained properly. Her weight was 63 kg and her height was 1.55 m with a body mass index (BMI) of 26.3 kg/m<sup>2</sup>. Her neurological, chest examination - left breast - a lump of size 7 × 6 cm behind NAC, lump feel hard, non-tender, mobile. Left axilla - single lymph node of size 1X1 cm in the central group. Right breast normal and abdominal findings were normal. Pain present and restricted movement of the right shoulder.

**Timeline:** She is alright 1 year back when she started getting pain in her left breast. The pain was insidious in onset, intermittent and dull aching type no aggravating or relieving factors for the same. The patient also complained of a lump in the left breast for 9 months. It was insidious in onset and initially of a smaller size and has progressed to its present size. 1 month before their visit to a private hospital for the same complaint, after investigation report such as left breast FNAC and mammography showing breast cancer. Now she came to further treatment of that and was admitted female surgery ward in AVBRH on 05/10/2021 after investigation doctor advise her surgery and on 22/10/2021 her left side mastectomy and axillary lymph node dissection surgery was done. Now she taking further treatment at our hospital.

**Diagnostic Assessments:** After General history, physical examination, Blood investigations were also done hemoglobin 13.8gm, WBC Count 13800cu.mm is increased, total platelet count was 3.61 RBS- glucose plasma random 96%, total protein was 7.5 g/DL, albumin was 4.3 g/DL, LDH level was 209 U/L, Kidney Function Test -urea 19 mg/dl, creatinine 0.7 mg/dl, Potassium 4.9 mmol/L, Sodium 144 mmol/L, urine exam. (Routing) urine albumin was nil, pus cell 0-1 cells/hpf & epithelial cell was 1-2 cells/hpf, sugar nil, HBcAg negative, HCV & HIV also negative. Coagulation profile - APTT -control was 29.50, APTT -patient 29.70, prothrombin time - control & patient was 11.90. ECG was normal. Colour Doppler USG Per Breast with Bilateral Axilla - the report is well defined heterogeneously hypoechoic lesion measuring 3.5 × 3.3 cm noted in left breast posterior to nipple-areola complex with irregular margins Calcification, mild to moderate vascularity. S/o neoplastic etiology, BIRADS - 4. USG per abdomen report was no obvious abnormality noted in the present scan. Digital Laser

X-Ray Mammography & Mammography of Both Breast- shows evidence of hyper dense, irregular, nodular mass lesion is seen at 1 to 2 o'clock inner location of left breast, measuring 3.6 cm × 2.8 cm × 3.2 cm in dimension. Margins are irregular. Micro calcific foci are seen within. Appears moderately vascular on color Doppler examination. Features suggestive of? Malignant etiology (Figure 1).

**FNAC from lump in the left breast (microscopic finding) smear:** Are cellular revealing scattered cells as well as non-cohesive clusters of moderately pleomorphic cells. Few cells show moderate to severe nucleomegaly. Few cells show nuclear irregularity with prominent nucleoli. The cytoplasm is scant to moderate. The background shows granular debris and blood.

**Impression:** - Breast lesion appears to be malignant,

**Cytopathology examination:** Smear show sheet of dyscohesive epithelial cell, few of the cell sheet shows the formation of ducts and dissociated cell population. Cell carry enlarged moderately to marked pleomorphic nuclei. A few nuclei with stand out nucleomegaly, nucleation, and rare mitosis. Chromatin is granular but uneven, cytoplasm is moderate to ample. A rare tumor giant cell is evident. The background shows sparse lymphocytes, atypical, smudged nuclei, and tumor necrosis. Present cytomorphological features suggestive of ductal carcinoma-poorly differentiated.

**Histopathology examination:** TRU CUT Biopsy from left breast lump- section from given tissue pieces shows histopathology features suggestive of invasive ductal carcinoma of the breast.

**Diagnostic challenges:** No challenging during diagnostic evaluation.

**Diagnosis:** After a physical examination and investigation doctor diagnosed a case of carcinoma of the left breast for that left side mastectomy and axillary lymph node dissection surgery was done.

**Prognosis:** After 10 years, 81.2 percent of women who had a double mastectomy & 79.9% of women who had a single mastectomy were still living.

**Therapeutic interventions:** Medical and surgical management was provided to the patient. The initial care of the patient was with intravenous normal saline, to correct dehydration. Surgical side-dressing did, Inj Cefixime 1 Gm Bd, Tab. Pan 40 Mg Od, Tab Dolo 650 Mg Sos. Syp. Orofer Xt 2tsf Bd, Syp. Lupizyme 2tsf Bd, Protein Powder 2 Tsf, Tds, Syp Duphalac 20 Ml Hs, Steam Inhalation Tds, Nebulization With Normal Saline Tds, Tab. Diclomol Sp Bd, Tab. Limcee Od, Cap. Becosule Od, Spirometer, Chest Physiotherapy, Strict input, and output chart monitoring, TPR charting 6 hourly, blood pressure monitoring of the patient.

## DISCUSSION

A 58 years old female patient was admitted to the female surgery ward with a complaint of pain in the left breast for 1 year and a lump in the left breast for 9 months after all the history & physical examination and all necessary investigation carried out and diagnosed the carcinoma of the left breast. For further treatment of that doctor advice the surgery and on 22/10/2021 left-sided mastectomy with axillary lymph node dissection surgery was done in this case report Early detection of breast cancer and necessary treatment was taken for better outcome Early detection of breast cancer remains the best defense for preventing the development of this life-threatening disease. Tumors that are smaller and non-palpable are more treatable and have a better prognosis. [10-12]

Breast cancer risk has been associated with age at menarche, menopause, and first pregnancy in multiple studies. Menarche before the age of 14 years raises the risk of breast cancer by a factor of 1.1 to 1.9 when compared to menarche after the age of 14 [14,15]. Similarly, late menopause raises the risk of breast cancer, with women who go through menopause before the age of 45 having roughly half the breast cancer rate of women who go through menopause beyond the age of 55 [16-18].

**Informed consent:** Before taking this case, information was given to the patients and theirs, and informed consent was obtained from the patient as well as relatives.

## CONCLUSION

Breast cancer is a disease in which cells in the breast grow out of control, and invasive ductal carcinoma is a type of cancer in which cancer cells start in the ducts and then spread to other sections of the breast tissue. In this case, the patient have breast carcinoma of the left breast after mastectomy of the left breast and axillary lymph node dissection was done and after taking treatment patient's condition was improved.

## CONFLICT OF INTEREST

No conflict of Interest

## FUNDING

None

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