

Malignant Wound in Locally Advanced Breast Cancer: A Management Conundrum.

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Abstract:

Introduction:

Breast carcinoma is now the most common type of cancer prevalent amongst women in the world. Naturally, it causes a severe psychological and physiological burden. Often, in practice, patients tend to present at an advanced stage, which causes significant morbidity in an already distressed patient. The resulting wound in advance diseases, is a chronic fungating wound with poor healing, whereby closure may be difficult, or often not plausible. The untreated wound can lead to complications such as infection, bleeding, becoming exudative and malodorous which invariably affects the quality of life of these patients. Given the severity of the progression of disease, it is pivotal that a multi-disciplinary approach which includes local and systemic modalities such as surgery and adjuvant treatments as well as wound care provided by a specialized wound team are utilized in order to give these patients the best possible outcome.

Methodology:

We report 2 cases of advanced breast carcinoma which had recalcitrant wounds that were challenging to manage at our centre in Hospital Universiti Sains Malaysia.

Case report

The first case involves a 57 year-old whom presented with advanced invasive ductal carcinoma (Luminal B Type) with bone metastasis. She had undergone 6 cycles of chemotherapy and had a partial response. Thereafter, she underwent simple mastectomy, followed by adjuvant radiotherapy. It was during the course of radiotherapy that she had developed lymphoedema which progressively became ulcerative and fungating causing pain, and discomfort to the patient. Initially, wound dressing was done with Polyhexamethylene Biguanide solution and shortly thereafter Activated Carbon Cloth was added on. The lymphoedema was tackled with a modified upper-limb cast which facilitated drainage of the exudate. With this modified multi-modular method of dressing, the patients morbidities were able to be managed successfully and offered the patient a better quality of life, with control of issues such as infection, bleeding, malodour and exudate.

The second case is a 58 year-old who had initially refused management of her suspicious breast lump. She presented 2 years later with a fungating mass over her breast, which turns out to be invasive carcinoma (HER 2+). Unfortunately, the disease had disseminated to her liver, lungs, nodes and bones, and she was planned for palliative care. As her wound was large, foul smelling as and complicated with intermittent bleeding, it required specialized dressing tailored to her needs. The wound team had utilized a combination of super-oxidized solution with soft paraffin dressing and crushed metronidazole which managed to reduce the odour, the exudate as well as minimize contact bleeding. Once the wound was tackled, she was referred to the oncology team for palliative chemotherapy.

Conclusion

Living with a malignant wound adversely affects the quality of life and serves as a constant reminder of the disease due to it's local complications. Therefore, a multidisciplinary collaboration involving oncology, surgery, wound clinic, social work, and psychology is paramount in managing the well-being of fungating breast cancer patients.

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