



## A TALE OF 2 CASES

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### ABSTRACT

Breast cancer is the most common type of cancer among females. Despite all efforts and resources geared to increase awareness of breast cancer, a lot of patients still default treatment. Here, we present “a tale of 2 cases” who were operable (at diagnosis) , but defaulted. They returned after more than a year with locally advanced disease yet sparing the distant organs.

### INTRODUCTION

Breast cancer is the most frequently diagnosed life-threatening cancer in women and the leading cause of cancer death among them worldwide. Early diagnosis and management improves survival rates and able to be in cancer-free state for many years. Some of them survived for many years and died of other causes. In current modern world, the presence of alternatives medicine is still lingering around in the mind of the societies. Following this situation, many of the new early stage diagnosed patients did not return for treatments. Most of them came back to us with symptomatic distant metastasis, poor prognosis and even on palliative stage. Nevertheless, patients were accorded of their standard management despite disease progression.

### CASE REPORT

Case 1 : 42 years old lady, nulliparous, no known medical illness, presented with left breast lump since December 2018. Clinically left breast mass palpable 5x5cm, firm in consistency, mobile, with no palpable axillary lymph node. Mammogram and ultrasound showed BIRADS 5 ill-defined lobulated hypoechoic lesion 2.1x3.1cm at 8 o'clock and enlarged left axillary lymph node with loss of fatty hilum. Core biopsy revealed invasive carcinoma, ER/PR negative, CerbB-2 positive. CT staging showed no distant metastasis, T3N1M0. Patient was given a treatment plan. Subsequently she defaulted .

Case 2 : 46 years old lady, para 5, no known medical illness, presented with right breast lump since December 2018. Clinically right breast mass palpable 4x5cm, firm in consistency, mobile, with no palpable axillary lymph node. Mammogram and ultrasound showed right BIRADS 5 lobulated hypoechoic lesion 4.3x3.9cm at 9 o'clock. Biopsy showed invasive carcinoma, triple negative. CT staging showed no distant metastasis, T3N1M0. Subsequently she defaulted for alternative treatments.

After more than a year later, both of them returned and complained of increasing size of mass with ulceration. CT restaging was done, luckily no distant metastasis but sadly they were inoperable.

**CONCLUSION**

Early detection of breast cancer remains the best defense for preventing development of this life-threatening disease. Tumors which are smaller in size usually turns out to be more treatable and have better prognosis. In this report, these two cases are considered early in diagnosis but delay in treatment resulting in locally advanced disease. If only they received early surgical treatment, early complete resection of the tumor can be done and the prognosis will be better as early treatment greatly affects overall survival rate.

It is a must for each and everyone of us to emphasize awareness among women in every possible way. Although breast cancer has been the most type of cancer in women nowadays, high awareness can help us to diagnose them during early stage and start the treatments earlier. Hoping that, high survival rate and low mortality will be reported in the future.

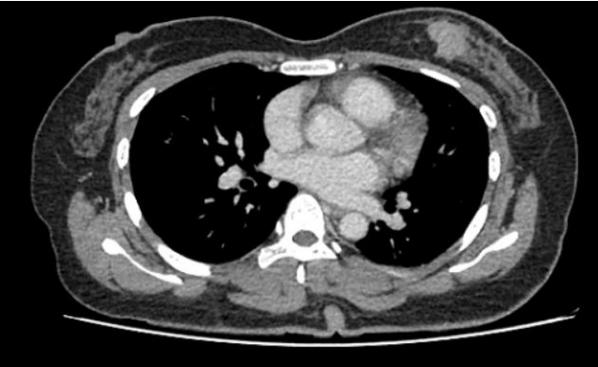


Figure 1 : Case 1 CT TAP staging



Figure 2 : Case 1 CT TAP restaging (skin thickened)

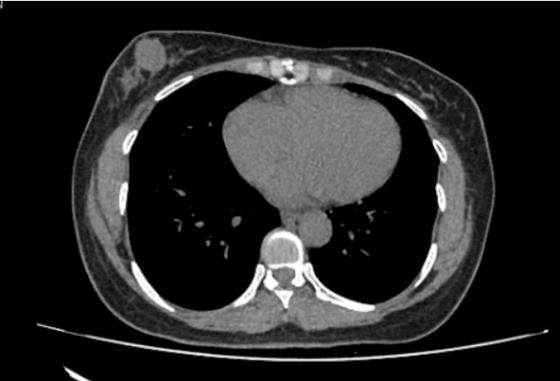


Figure 3 : Case 2 CT TAP staging



Figure 4 : Case 2 CT TAP restaging