Clinics in Oncology

Case Report
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Breast Cancer a Public Health Matter in Low Income Countries?

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Abstract

All over the world, healthcares are aimed not only to cure sickness but also to prevent them. When we focus our attention in a sickness, the first reflex we have is to find how we can cure our patient. But in cancer matter, most of time we are facing situations in which there is no hope of curing, all because the disease is diagnosed in a advanced stage and all one can do is a palliative care. This last reality is daily ours and obviously no one can handle successfully such a situation in the context of low income country. Therefore, the only way of getting out from this kind of scenario is to focus in primary and secondary prevention in cancer matter. This involves so many factors like cultural, good health policy, education, qualified health professionals, infrastructures and of course enough money.

Case Presentation

If we can analyse the effort and so many programs that have been promoted to deal with HIV, we can say that we have not done enough against cancer yet. If we inquire in a sample of one population about HIV and about Cancer, we will likely have correct answer about what is HIV infection and how to avoid it. Besides, there is a reality we perhaps don't use to keep in account. A patient with early diagnosed HIV will live long with a lifetime treatment maintaining a good quality of life, we mean the virus will not be removed. In contrary, a breast cancer stage I or II can be cured with a combined treatment in which surgery plays a fundamental role. Meanwhile, a advanced stage cancer require a lifetime palliative treatment with all other complications that constitute a real torture for everybody including medical professionals that deal with the patient. And because lack of early diagnose the most popular paradigm about cancer is : cancer equal death .

As we'll never be fed up of saying, one can consider that few has been done in cancer fighting.

And these field of lifetime sickness is affecting more people than we cannot imagine. This is a chronic disease that involves medical practitioners, patient's families and friends in the point that sometimes people has come to say it's better for the patient to die than passing through all that palliatives procedures that increase morbidity without any real life quality increment (Figure 1).

Sometime the patient himself or herself who ask to put end of such life without any quality. But in most of country there is no laws or regulation for this particular situation. Why? Because for all of us, life must be preserve never mind what it can cost. There we are. If this is truth, it must be for cancer, a sickness that can be cured if all of us stand like one only man in the favor of primary prevention otherwise we'll all contribute and assist cancer devastating action in world. We think

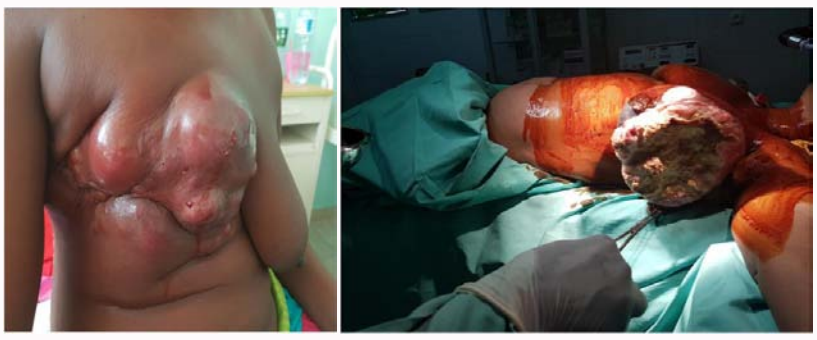

Figure 1: Before Sanitary mastectomy for CDI.

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Figure 2: After the sanitary mastectomy.

that criteriums of public health problem must be reviewed and we appeal all the world to face the cancer as a public health problem.

Discussion

This is a case report that shows how useless we sometime feel. M.R.F, female of 43 years old, aparently healthy until May 2015 when she noticed pain and a presence of lump in her superior external quadrant of her right breast. She went to IACCb (Angolan Institute of Cancer Control) where she ran test like US, Mamography, and Tu-cut (Figure 2).

Tru-cut result : B-015-530: Ductal invasor Carcinoma.

The TNM was T4B N1M0.

The patient did 3 first cycles of QTP with CAF in Republic of Namibia until 19th of November 2015.

In 14-02-2015: Begining of 4th cycle of CAF in IACC.

05-01-2016: The patient presented a Neutropeny and was treated with FILGASTRIM.

11-02-16: No good response to CAF was concluded, the tumor still make than 5 cm. Carbotaxol was chosen instead.

01-02-2016 to 22-02-2016: 2nd and 3rd cycles of Carbotaxol.

02-03-2016: Plaquetopeny. Tree united of plaquetas was given.

14-03-2016: 4th cycle of Cabotaxol.

27-04-2016 : Radical Mastectomy of Madden after what the patient was underwent 4 more adjuvant QTP with carbotaxol.

The Anotomy- Pathophysiological report highlights:

- Macroscopic findings of tumor cells within 0.3 cm from the surgical incision and 16 linfonods with 2 macro metastatics the bigest one was 6 cm × 4.5 cm × 3 cm.

- Microscopy : Invasive metaplasic carcinoma with Biphasic sarcomatoid sample measuring 70 mm × 80 mm × 58 mm. Dissection of 16 lymphnodes with 2 of them macro-micro metastatic, one of the two with extracapsular invasion.

16-11-2016: Radiotherapy consultation and planification of RTP with 50 Gr/25FR that she didn't undergo because of Linear accerator break down.

03-04-2017: Breast Plastron and Toracic wall progression of the disease.

Here the now-a-day feature of this breast.