



2018; v.8; n.4

Experience report

### **Breast cancer: case reports and diagnostic criteria**

*Câncer de mama: relato de caso e critérios de diagnóstico*

*Cáncer de mama: informe de casos y criterios de diagnóstico*

José Geraldo de Alencar Santos Júnior<sup>1</sup>, Ivonete Aparecida Alves Sampaio<sup>2</sup>, Polyana Amorim Cruz Nascimento<sup>3</sup>, Ana Bruna Macêdo Matos<sup>4</sup>, Sáskia Thamylen Bezerra Coutinho<sup>5</sup>, Audrey Taveira de Souza Silva<sup>6</sup>, José Wanderson Carvalho Noronha<sup>6</sup>, João Pedro Viana Rodrigues<sup>7</sup>, Thamara Caroline Cardoso Melo<sup>8</sup>.

<sup>1</sup>Faculty Vale do Salgado, Icó, CE, Brazil.

<sup>2</sup>Juazeiro do Norte Health Department, Juazeiro do Norte, CE, Brazil.

<sup>3</sup>Faculty of Medicine Estácio, Juazeiro do Norte, CE, Brazil.

<sup>4</sup>São Lucas Hospital and Maternity, Juazeiro do Norte, CE, Brazil.

<sup>5</sup>Fortaleza University, Fortaleza, CE, Brazil.

<sup>6</sup>Técnico do Saber Career Center, Juazeiro do Norte, CE, Brazil.

<sup>7</sup>Federal University of Ceará, Fortaleza, CE, Brazil.

<sup>8</sup>Leão Sampaio University Center, Juazeiro do Norte, CE, Brazil.

Submission: 22/02/2017

Accepted: 08/09/2017

[junior\\_alencar@hotmail.com](mailto:junior_alencar@hotmail.com)

### **ABSTRACT**

**Objectives:** The objective of the study was to show which of the diagnostic criteria of breast cancer. **Case study:** M.S.S., 83 years old, female, from the city of Juazeiro do Norte / CE, single, retired by age, nulliparous, diabetic and Alzheimer's. After feeling a severe pain in the breast and a lot of headache, it was taken to the mastologist doctor for a consultation. Upon examination, the doctor diagnosed a lump in the right breast, then requested a mammogram and a breast ultrasound urgently. When looking at the exams, the doctor found that it had a nodule on the right breast, type BI-RADS six, and from the result, asked for some laboratory tests, such as: complete blood count, cytology and a total abdominal ultrasound. **Conclusion:** According to the analysis of the aforementioned studies it is seen that there is a need for much more specific criteria, such as faster and more accurate laboratory markers for breast cancer. A task force of Brazilian public policies for the fight against cancer that affects thousands of women in Brazil, a health system more unified and with quality would represent a decrease in the incidence of breast cancer in advanced stages

**KEYWORDS:** Breast cancer. Diagnosis. Women's health. Neoplasia.

## RESUMO

**Objetivos:** O objetivo do trabalho foi mostrar quais os de critérios de diagnósticos, do câncer de mama. **Descrição do caso:** M.S.S., 83 anos, sexo feminino, da cidade de Juazeiro do Norte/CE, solteira, aposentada por idade, nulípara, diabética e portadora de Alzheimer. Após sentir uma forte dor na mama e muita cefaleia, foi levada ao médico mastologista para uma consulta. Ao ser examinada, o médico diagnosticou um nódulo na mama direita, em seguida, pediu uma mamografia e um ultrassom mamário com urgência. Ao olhar os exames, o médico constatou que a mesma tinha um nódulo na mama direita, tipo BI-RADS seis, e a partir do resultado, pediu mais alguns exames laboratoriais, como: hemograma completo, citologia e Ultrassonografia de Abdome Total - UAT. **Conclusão:** De acordo com as análises dos trabalhos supracitados é visto que há necessidade de critérios bem mais específicos, como exames marcadores laboratoriais mais rápidos e precisos para o câncer de mama. Uma força tarefa das políticas públicas brasileiras para o combate ao câncer que acomete milhares de mulheres no Brasil, um sistema de saúde mais unificado e com qualidade representaria uma diminuição da incidência de câncer de mama em estágios avançados.

**DESCRITORES:** Câncer de mama. Diagnóstico. Saúde da mulher. Neoplasia.

## INTRODUCTION

Breast cancer is the most common neoplasm among women, accounting for about 20% of all types of cancer in the world. The highest incidence is observed in developed countries, such as North America, Western Europe and Australia/New Zealand, both with 84.6/1,000,000. In Brazil, 49,400 new cases of breast cancer are expected each year. With the risk, it is estimated that about 517 cases per 100,000 women.<sup>1</sup>

Breast cancer represents the first cause of cancer death among women, and age-standardized mortality coefficients showed an upward trend between 1979 and 1999.<sup>2</sup>

Although, it is well established that early diagnosis and appropriate treatment interfere with the mortality rate and the prevalence of neoplasia, few data are available regarding the extent of the tumor to the diagnosis of breast cancer in Brazil.<sup>3</sup> Studies conducted in Brazil showed that 60 to 70% of breast cancer cases were detected in advanced stages. But recently, some studies have shown a trend in increasing the number of cases in early stages.<sup>4</sup>

The strategies for the early detection of breast cancer are: early diagnosis (approach of people with signs and/or early symptoms of the disease); and screening (applying a test or exam to an asymptomatic, apparently healthy population with the objective of identifying lesions suggestive of cancer, and then directing women with altered results for diagnostic investigation and treatment).<sup>5</sup>

The early diagnosis strategy contributes to the reduction of the stage of cancer presentation and it is sometimes known as downstaging.<sup>5</sup> This strategy emphasizes the importance of the education of women and health professionals for the recognition of

cancer signs and symptoms breastfeeding, as well as quick and easy access to health services.<sup>6</sup>

The orientation is for the woman to perform the self-examination of the breasts whenever she feels comfortable doing so (whether in the bath, when changing clothes or in another situation of daily life), without any recommendation of specific technique, valuing the casual discovery of small breast changes. It is necessary that the woman be stimulated to seek medical clarification whenever there is doubt regarding the findings of breast self-examination and to participate in the actions of early detection of breast cancer. The health system needs to be adequate to host, inform and perform the appropriate diagnostic tests in response to this stimulated demand. Priority in the marking of exams should be given to symptomatic women, who already have some suspected breast alteration.<sup>7</sup>

The objective of the study was to show the diagnostic criteria for breast cancer. The work also demonstrates the importance of advancing the diagnosis and treatment of breast cancer.

## **CASE REPORT**

M.S.S., 83 years old female, from Juazeiro do Norte/ CE, single, retired by age, nulliparous, diabetic and with Alzheimer's disease. After feeling a severe pain in the breast and a lot of headache, it was taken to the mastologist doctor for a consultation. Upon examination, the doctor diagnosed a lump in the right breast, then asked for a mammogram and a breast ultrasound urgently. When looking at the exams, the doctor found that it had a nodule on the right breast type BI-RADS six and from the result, asked for some more laboratory tests such as complete blood count, cytology and Total Abdominal Ultrasonography – TAU.

After leaving the results was verified by the doctor that in the TAU, a nodule was observed in the liver. Thus, she referred the patient to the nearby city where there was an oncology doctor. In addition to the patient's advanced age, she had diabetes and had metastasized liver. However, the doctor referred her to start treatment with chemotherapy. After the first chemotherapy session, her hair began to fall. Then, because of Alzheimer's, she did not know what was happening. There were the first chemotherapy sessions and no results, the nodule did not decrease. The patient's physician suspended the chemotherapy and referred her for palliative treatment, as she concluded that the client would not withstand radiation therapy. From there, she began to feel a lot of pain, the

palliative treatment doctor prescribed: Tixel 8/8 hours, but the medication was not acting as expected, so the doctor prescribed Morphine 6/6 hours. The patient began to become very weak, lost her sight completely, did not voluntarily feed herself, did not wander and was totally disabled.

The lump grew more and more fully in the breast. It was 3 years living with the disease and the patient died on 08/06/2012, succumbing to the disease.

## CONCLUSION

According to the analyzes of the aforementioned studies, it is seen that there is a need for much more specific criteria, such as faster and more accurate laboratory markers for breast cancer. A task force of Brazilian public policies for the fight against cancer that affects thousands of women in Brazil, a health system more unified and with quality would represent a decrease in the incidence of breast cancer in advanced stages.

## REFERENCES

1. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Instituto Nacional do Câncer. Coordenação de Prevenção e Vigilância de Câncer. Estimativas 2008: incidência de câncer no Brasil. Rio de Janeiro: INCA; 2007.
2. Meira KC, Guimarães RM, Santos JD, et al. Analysis of age-period-cohort effect on breast cancer mortality in Brazil and regions. *Rev Panam Salud Pública* 2015; 37 (6): 402-408.
3. Berry DA, Cronin KA, Plevritis SK, et al. Effect of screening and adjuvant therapy on mortality from breast cancer. *Engl J Med* 2005; 353 (17): 1784-92. doi: 10.1056/NEJMoa050518
4. Souza NHA, Falcão LMN, Nour GFA, et al. Câncer de mama em mulheres jovens: estudo epidemiológico no nordeste Brasileiro. *SANARE-Rev Políticas Públicas* 2017; 16 (2): 2017.
5. WHO (World Health Organization). Prevention [Internet]. Geneva, 2007 [Disponível em: 2017 jun 01]. (Cancer control: knowledge into action: WHO guide for effective programmes). Disponível em: <http://www.who.int/cancer/modules/Prevention%20Module.pdf>
6. Gonçalves JG, Siqueira ADSE, Almeida RIG, et al. Evolução histórica das políticas para o controle do câncer de mama no Brasil. *DIVERSITATES Intern J* 2016; 8 (1): 2016.
7. Ministério da Saúde (BR). Rastreamento. Brasília, DF, 2010. (Série A: Normas e Manuais Técnicos) (Cadernos de Atenção Primária, n. 29).