

Case sheet.

Name : Osha  
Age : 55 yrs.  
Gender : Female  
Address : Paravur.  
D.O.A : 24/3/25.  
Occupation : Daily wage worker (weaving).

CPC :

Swelling over the left breast x 4 months.

HOPC :

Patient was apparently normal in which she noticed a swelling over the left breast 2 months back on self examination. Swelling was insidious in onset, rapidly increased in size and reached the present size. There was associated pain which is pins & needle type which is intermittent for 4 months and there is also pain in the nipple while touching.

The patient also had a history of fall 5 months back (fall from bike - trauma to left side).

There is history of back pain and left leg pain.

There is no h/o discharge from nipple retraction of nipple

no h/o loss of weight, jaundice, fractures, abdominal pain.

no h/o abdominal distention, dyspnea, hemoptysis

### Past History:-

- no h/o similar illness in the past
- no h/o any past surgeries
- no h/o DM, CAD, TB, thyroid issues.

### Personal History:-

- Sleep - normal
- Mixed Diet
- Normal Appetite
- Normal & regular bowel and bladder movement

### Family History.

- no relevant family history.

### Allergic history

- Allergic to seafoods.

Menstrual history: Menarche at 13 yrs regular  
Menopause at 50yrs 5/30yds

### Obstetric history:

2 children { ♂  
♀  
Breastfed for 3yrs. ♀ each.

### General Examination

Patient is conscious, cooperative, well-oriented in time, place and person & sitting comfortably in bed.

Moderately built & nourished.

P I C C L E → Absent.

Vitals were normal.

Local Examination:-

Patient was examined after obtaining verbal consent in a well-lit room with adequate light. ~~The patient was exposed~~ and privacy was maintained.

Inspection:-

Prior to inspection, <sup>the patient was</sup> ~~done by exposing~~ the patient upto the waist to ~~expose~~ completely expose both the breasts.

Inspection:-

Inspection was done in sitting position  
with arms by the side of the body  
with the arms raised above the head  
with hands on hips pressing in both sitting & leaning forward position.

Inspection of both breasts, Nipple AC, Arm & Thorax, Axilla & supraclavicular region on both sides were Done.

- 1) Breasts: Both the breasts were inspected and the following points were noted.
  - 1) Position: Assymetry is present i.e., the left breast is not at the same level of right one. Also it is slightly enlarged.
  - 2) Visibility: The swelling is not visible on inspection
  - 3) presence of pend' orange appearance over left breast mainly in the <sup>left</sup> upper and lower ~~left~~ outer quadrants.



4) Skin changes: bluish black discoloration about 2x2 cm seen over left upper lateral quadrant.

5) no engorged veins (i no puckering or dimpling)

6) no ulceration & Fungation

Right breast appeared to be normal.

NAC:- Both the nipples are present and they are not at the same level.

→ Left nipple is enlarged and prominent

→ No discharge

→ no cracks, fissures or eczema on the surface of areola.

→ no accessory nipple

→ no retraction of nipple.

→ Right nipple appears to be normal.

Areola

(3) Arm & Thorax

→ no visible swellings

→ no edema

→ appear normal.

(4) Axilla & → no visible swelling

Supraclavicular fossa → no visible axillary LN.

On raising the arms above the head & on ~~hands~~ <sup>hands</sup> pressing on hips no visible findings other than those mentioned earlier.

like no revealing of lump, puckering and distention no visible axillary lymph nodes.

Palpation:-

→ Palpation was done in sitting position, In Semi-recumbent position and later in recumbent position. Then ~~put~~<sup>kept</sup> a small pillow under the scapula on the right side ~~of the breast.~~<sup>to be examined.</sup> Palpated - the normal breast first (these it is ~~the right breast~~) using palmar surface of the fingers with the hand flat and then by the thumb and <sup>pulp of</sup> fingers to know localise the swelling. Then the affected side is palpated.

Also palpated whole breast, NAC, arm & thorax, axilla & supraclavicular fossa.

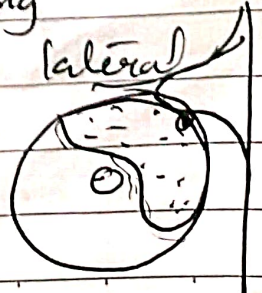
On palpation the right breast appeared to be normal with no swelling, tenderness and no local rise in temp.

Normal breast gives a firm lobulated impression with nodularity which suggests <sup>normal</sup> breast tissue.

On palpation of the left breast there is no local rise in temp. but there is tenderness over the present.

A single diffuse swelling is felt while palpating in the clockwise direction in which the swelling extends from (11 o'clock position to 5 o'clock position) involving (upper medial, upper lateral & lower lateral quadrants) of left breast.

The swelling appeared to be elliptical in shaped with about 8 x 3 cm with well defined margins.



- > Surface is smooth
- > hard in consistency.
- > no fluctuation present
- > There is restricted mobility both in vertical & horizontal plane.
- > There is fixity to skin.
- > Fixity to breast tissue is present
- > Fixity to underlying ms.
- > no fixity to chest wall.

Palpation of nipple: Left nipple is firm, protruded and no discharge on pressing, mild tenderness present  
~~right nipple appear~~  
right nipple is also firm and protruded with no discharge on pressing and no tenderness but still smaller in size compared to the left one.

### Examination of lymph nodes:-

- palpation of axillary gp of LN
- 1) Pectoral
  - 2) Brachial
  - 3) Subscapular
  - 4) Central
  - 5) Apical group.
- no palpable supraclavicular gp of LNs.
- no palpable LNs over both axilla.

Systemic  
Diagnosis:- General examination

- Abdomen - soft, no mass
- CVS - S<sub>1</sub>, S<sub>2</sub> normal, no murmurs.
- Respiratory - normal breath sounds, no added sound.
- PR & PV - not done.
- CNS, skeletal system exam<sup>n</sup> - normal.

Provisional Diagnosis :-

This is a 55 yr old fema with a diffuse hard swelling involving multiple quadrants of the left breast with peau d'orange appearance & fixity to skin & underlying muscle, without palpable lymph nodes, suggestive of Locally advanced ~~breas~~ carcinoma of left breast, clinically staged as T<sub>4</sub> b N<sub>0</sub> M<sub>0</sub>.

Summary :-

Usha 55 yr / F from Paravur presented with a history of swelling over the left breast 4 months back which is ~~an~~ rapidly progressive swelling Also associated with ~~para~~ intermittent pain of pin and needle type. Also had ~~no~~ of back pain & left leg pain. She had an ~~relevant~~ allergic history to sea food General Examination & Systemic examination findings appeared to be normal.

On local examination:-

- Asymmetry is present in which - the left breast is larger compared to right one
  - A diffuse hard swelling measuring 8 x 3 cm, extending from 11 o'clock to 5 o'clock position, involving multiple quadrants.
  - Peau d'orange appearance of the overlying skin
  - Fixity to skin & underlying muscle but not to chest wall.
  - No palpable axillary or supraclavicular lymph node
- The rt breast is normal.

### Investigations:-

- To confirm diagnosis → Triple assessment
- Clinical
  - Imaging → USG.
  - Mammography → Spiculated mass  
→ Structural Architectural distortion  
→ Taller than wide  
→ Microcalcifications
- Suggestive of malignancy
- Next is Core-needle biopsy to assess ER/PR receptor status & HER/neu status.

To stage the disease.

- Chest X-ray / CT chest - lung metastasis
- USG abdomen - liver metastases
- Bone Scan.

Baseline - CBC

- LFT, RFT

- Blood sugar.

**Tx**

As it is a locally advanced (not confirmed)

1) neoadjuvant chemotherapy 1<sup>st</sup> line.  
(before surgery)

2) MRM → Entire breast.  
→ Axillary LN.

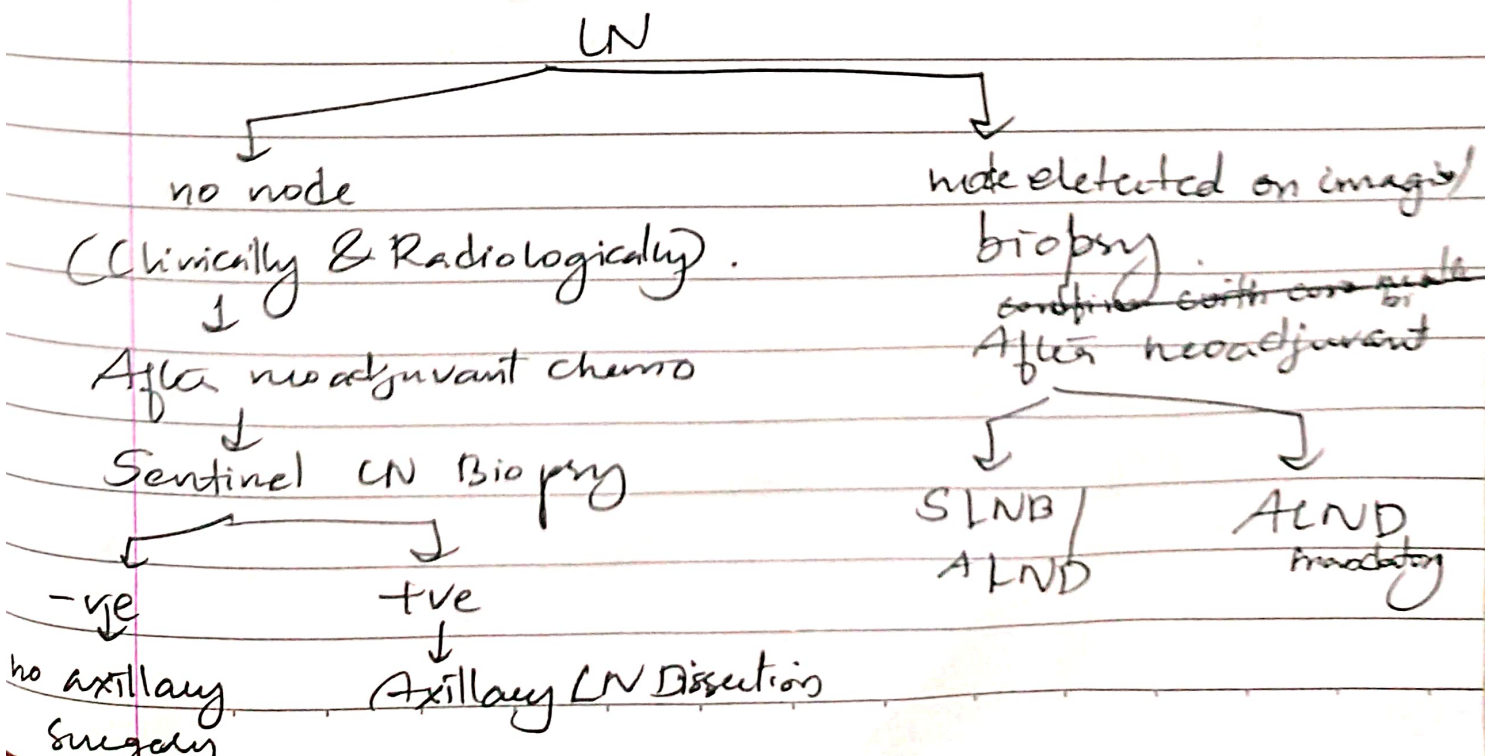
3) Adjuvant

✓ Chemotherapy - continue after surgery

✓ Radiotherapy

✓ Hormonal therapy ER/PR +ve: Tamoxifen.

✓ Targeted therapy HER2 +ve: Trastuzumab



If axillary nodes are detected on imaging or biopsy despite being clinically impalpable, the disease is upstaged to node-positive and requires axillary lymph node dissection instead of SLNB.