

Late Presentation of Advanced Breast Cancer

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1. Clinical Image

A 68-year-old recently widowed woman with a negative past medical history, was brought to the clinic reluctantly by her daughter for a medical check-up. The patient comes from a middle-class socioeconomic status, has a high school degree, and has worked as a practical nurse for many years up until her retirement. She had consistently refused, out of fear, to perform any mammography or breast ultrasound despite being advised by her physician.

The physical examination showed fungating lesions of the breasts as shown in the (Figure 1).



Tissue culture showed heavy growth of *Citrobacter Freundii* and *Proteus Mirabilis*. PET CT whole body with FDG showed disease metastasis to the chest wall, abdominal and pelvic walls, along with metastasis to the liver and lungs.

Many factors have been associated with delay in breast cancer presentation, namely belief by the patients that the symptoms are not serious or would go away, fear of pain or death, socioeconomic burdens, psychiatric morbidity, and more advanced staged breast cancer at diagnosis [1-4].

Despite the increase in awareness related to breast cancer, this patient is among the 20-30% of patients with breast cancer who present late and hence have substantially lower survival rates [5]. Preventive strategies include educational campaigns on breast cancer and its symptoms and risk factors. Stigma and fear associated with cancer in general and breast cancer in specific in women living in developing countries is another major area to spread awareness and education. Healthcare systems should focus on hope-instilled messages on the benefits of early presentation rather than fear-led messages which may lead to more avoidance and denial.

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