Journal of Nursing

Revista de Enfermagem

UFPE On Line

ISSN: 1981-8963

CASE CLINICAL REPORT ARTICLE

BREAST CANCER: CASE REPORT IN A PRIVATE HOSPITAL CÂNCER DE MAMA: RELATO DE CASO EM UM HOSPITAL PARTICULAR CÁNCER DE MAMA: RELATO DE CASO EN UN HOSPITAL PARTICULAR

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ABSTRACT

Objective: to report a case of breast cancer. **Method:** a qualitative, case-study study performed with a patient admitted to a private hospital based on an individual interview and physical examination. **Results:** female patient; two years ago found that she had breast cancer right, expanding to the left. She reports that she noticed stiffness in her right breast. She did 12 sessions of chemotherapy. She was operated on two years after the first symptoms. During the operation, the doctor realized that the cancer had spread to the left breast, which, apparently had only dark spots. A graft was performed for breast reconstruction. **Conclusion:** improved knowledge about breast cancer; encourage the practice of self-examination of the breasts, making women aware of its importance; and contributed to the patient having had a humanized treatment during her hospitalization. **Descriptors:** Breast Cancer; Breast neoplasm; Mastectomy; Nursing Care.

RESUMO

Objetivo: relatar um caso de câncer de mama. **Método:** estudo qualitativo, do tipo estudo de caso, realizado com uma paciente internada em um hospital particular a partir de entrevista individual e exame físico. **Resultados:** paciente do sexo feminino; há dois anos descobriu que estava com câncer na mama direita, se expandindo para a esquerda. Relata que percebeu enrijecimento na mama direita. Fez 12 sessões de quimioterapia. Foi operada dois anos após os primeiros sintomas. Durante a operação, o médico percebeu que o câncer havia se disseminado para a mama esquerda que, aparentemente, só apresentava manchas escuras. Foi realizado enxerto para a reconstrução das mamas. **Conclusão:** proporcionou aprimorar o conhecimento sobre o câncer de mama; incentivar a prática do autoexame das mamas, conscientizando as mulheres sobre a importância deste e contribuiu para que a paciente tenha tido um tratamento humanizado durante a sua internação. **Descritores:** Câncer de Mama; Neoplasia da Mama; Mastectomia; Cuidados de Enfermagem.

RESUMEN

Objetivo: relatar un caso de cáncer de mama. **Método:** estudio cualitativo, del tipo estudio de caso, realizado con una paciente internada en un hospital privado a partir de una entrevista individual y examen físico. **Resultados:** paciente del sexo femenino; hace dos años descubrió que estaba con cáncer en la mama derecha, extendiéndose hacia la izquierda. Relata que percibió rigidez en la mama derecha. Hizo 12 secciones de quimioterapia. Fue operada dos años después de los primeros síntomas. Durante la operación, el médico percibió que el cáncer había diseminado para la mama izquierda, que aparentemente, sólo presentaba manchas oscuras. Se realizó un injerto para la reconstrucción de las mamas. **Conclusión:** proporcionó mejorar el conocimiento sobre el cáncer de mama; incentivar la práctica del autoexamen de las mamas, concientizando a las mujeres sobre la importancia de éste; y contribuyó para que la paciente haya tenido un tratamiento humanizado durante su internación. **Descriptores:** Cáncer de Mama; Neoplasia de la Mama; Mastectomía; Cuidados de Enfermería.

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INTRODUCTION

Breast cancer control remains one of the priorities of the National Health Policy agenda due to its great magnitude as a public health problem in Brazil. It estimates that, per year, more than 1,050,000 new cases of breast cancer occur worldwide. In addition, it is the most common type in the Brazilian and Brazilian female population, except for cases of non-melanoma skin cancer, and also a leading cause of cancer death in developed and developing countries. It is more common in women of high social class and among those living in large cities than in those living in the countryside.

Cancer is the disordered growth of cells that invade the tissues and organs, and can spread to other regions of the body. The process of carcinogenesis, ie, cancer formation, is generally slow and may take several years for a cell to proliferate and give rise to a palpable tumor. From the beginning of the formation of the cancer, until the stage in which it can be discovered by the physical examination (subclinical tumor), that is, from one centimeter in diameter, they spend, on average, ten years. It is estimated that the breast tumor doubles in size every 3-4 months. At the beginning of the subclinical (impalpable) phase, one has the impression of slow growth because the dimensions of the cells are minimal.³⁻⁴

Breast cancer manifests as palpable mass or abnormality in the breast, and may present with pain, bloody drainage of the nipple, skin depression, nipple retraction and a difference in size between the breasts.^{2,5} They are mainly located in the quadrant external, and, in general, the lesions are painless, fixed and with irregular borders, accompanied by alterations of the skin when in an advanced stage.⁶

It is rare before 35 years, growing rapidly and progressively with age, being discovered, mainly, between 40 and 60 years. It is one of the most feared types of cancer due to its high frequency and psychological effects, such as: changes in sexuality and body image, fear of relapses, anxiety, pain and low self-esteem.⁶ Despite the high number of studies already conducted on breast cancer, its etiology has not yet been fully elucidated, and it is attributed to an interaction of factors that, to some extent, are considered determinants in the development of the disease.²

There is no specific single cause. It is believed that 90% to 95% of them are sporadic and result from somatic mutations, and that

5% to 10% are hereditary.² The main risk factors for the development of breast cancer are related with advanced age, reproductive characteristics, family and personal history, life habits and environmental influences. The main life-related habits are obesity, regular use of alcohol over 60 grams per day and previous exposure to ionizing radiation.⁶

The prevention of health problems can be primary or secondary. The primary prevention role is to modify or eliminate risk factors, while, in secondary prevention, the diagnosis and early treatment of cancer are included.⁷ Early detection is a form of secondary prevention and aims to identify cancer in the early stages, allowing the use of less mutilating therapeutic resources and a greater possibility of cure.^{1,6} The most effective means for the early detection of breast cancer are clinical breast examination (CBE) and mammography, since breast self-examination (BSE) detects the disease usually at an advanced stage, accounting for about 80% of the findings of breast cancers.⁶

The CBE is part of the integral care for women, and should be included in the physical and gynecological examination of all women, regardless of the age group, serving as a subsidy for complementary exams. Mammography is considered by many to be the most important screening procedure for breast cancer. It is a radiological examination of the soft tissues of the breasts, used in women aged 40 years or more, that allows the identification of alterations that are not perceptible to CBE, not replacing it.⁶ The sensitivity of mammography is high, although in most studies made, present false negatives between 10% and 15% of cancer detected on physical examination.²

Ultrasonography (USG) is the exam of choice for women less than 40 years of age with no family history. It is also used for dense breasts, palpable nodules with / without negative mammography, inflammatory processes and pregnant with breast symptoms. If breast cancer is suspected after USG results, mammography should be performed for final diagnosis.⁵ Many experts advise that women with a strong family history of breast cancer be screened five to ten years before the age at which the relative the younger the patient developed this type of cancer.^{2,8} The National Cancer Institute (INCA) recommends that the CBE be performed annually, starting at age 40; of mammography, with a maximum interval of two years, after 50 years; of the combination of the two tests annually, from the age of 35, for the groups at high risk.^{6,8}

There are several factors that can help us reduce the risk of developing breast cancer, such as regular exercise, because it can delay menarche. In this way, exercise decreases body lipids, where estrogens are stored. Decreased body lipids can reduce estrogen-extended exposure. Long term gestation and prolonged breastfeeding may also be protective factors.² Noninvasive tumors, called tumors in situ, have a cure rate of close to 100%. For invasive tumors, with a diameter of up to two centimeters, the cure rate is about 95%.³

The most widely used therapeutic options for locoregional breast cancer treatment are surgery and radiotherapy, whereas for systemic chemotherapy, hormone therapy and immunotherapy.^{6,8} If surgery is the best option, depending on the size of the breast, tumor location and possible cosmetic result of surgery, the surgeon removes only the lump, a part of the breast (usually a quarter of the breast or sectorectomy) or withdraws the entire breast (mastectomy) and axillary lymph nodes. The characteristics of the tumor removed and the extent of the surgery define whether the woman will require any additional or complementary treatment.^{4,9}

Breast cancer affects not only the patient but everyone who is around her. It is imperative that the family be structured, as the treatment can be long and have consequences in several aspects. Removal of the breast, for treatment of tumors, generates serious repercussions on the woman's psyche.^{1,10} After surgery, the woman has the option of reconstruction, that is, redoing a structure similar to the removed breast, through plastic surgery techniques. Breast reconstruction is basically used in two techniques: the first is reconstruction by transferring skin, muscle and fat flaps from the abdomen to the area corresponding to the breast. The second, through the use of a dilating expander prosthesis of the skin, which is then replaced by a definitive silicone prosthesis.^{3,11}

However, it is important to point out that early diagnosis of breast cancer is linked to access to information for women, making them aware of breast self-examination, clinical examination and mammography, as well as risk factors for breast cancer. breast cancer.^{1,7} It is the role of primary care, especially Nursing, to provide integral care to these women. There is a need for recognition focused on individual issues, such as the physical and emotional needs and anxieties experienced by them.^{2,11} All women with breast cancer need, to a greater or lesser

degree, specialized help from the and multidisciplinary teams formed by physicians, nurses, psychologists, nutritionists and physiotherapists, when working in an integrated way, induce excellent results for women's quality of life.³

OBJECTIVES

- To report a case of breast cancer in a private hospital.

METHOD

A qualitative, case-study study conducted from April 4 to 18, 2015, with a patient admitted to a private hospital in Maceió, in a medical clinic. The sample was randomly selected. Data were collected from the individual interview with the patient, where she informed the evolution of the disease, about surgery and post-surgical recovery. The patient's medical record, was also used, where the medicines she used during hospitalization, complementary tests and medical and Nursing evolution were taken. The physical examination was performed on the patient and observation of the signs and symptoms related to the neoplasia. In addition to using more recent articles related to the topic, taken from virtual databases.

The patient signed the Free and Informed Consent Term before the interview and clinical examination. After the data collection phase, the analysis of the collected information was started. In order to arrive at the diagnoses, it was based on, the defining characteristics and the related factors determined by the CIPE classification.

RESULTS

Patient CBFS is 39 years old, female, black, housewife, with incomplete first degree, born on 10/20/1974, married for seven years, has five children, is G5, P5 and A0, (all normal births). It is natural of the city of Maceió, it resides in Benedito Bentes II. He lives in masonry house, with piped water and an adequate sewage system and with garbage collection. It is adopted and, therefore, does not know if you have had cases of illness in the family. She was admitted to the hospital for 15 days to perform the mastectomy, and she reports uncomfortable due to the stinking odor of the dressing that was not changed within five days.

He reported having had a cardiorespiratory arrest for a few years and was in a coma for five days, he underwent neurological treatment. Denies allergy to medication and diet, diabetic, hypertensive, drinker and

smoker. It reports on well-being and physiological eliminations present. At the moment, it makes use of Dipirona Sódica 500mg / ml ampoule, IV, 6 / 6hrs; Clexane 40mg / 0.4ml, SC, 24/2 hrs; Omeprazole Sodium 40mg, comp, VO, 24 / 24hrs; Clavulin 1g FR / AMP, IV, 8 / 8hrs; Noripurum 5 ml, amp, IV, 24 / 24hrs, and has suction drain due to mastectomy.

Two years ago, she discovered that she had CA on her right breast, which expanded to the left. She reports that during the breastfeeding period of her last child, noticed that he was not accepting the right breast. It was then that she realized that the milk was salty, in addition to a stiffening in the right breast. After two months, she had the mammogram, but, the tumor had already become external, according to the figure 1 to 3, and at that point she already knew that she had breast

AC, even before the biopsy result. She performed 12 chemotherapy sessions, every 15 days before the mastectomy, surgical procedure of partial or total removal of the breast.²

It was operated on October 23, 2013, two years after the first symptoms. During the operation, the doctor noticed that the cancer had expanded to the left breast, which, apparently, had only dark patches, according to figure 4, and the patient thought it was allergy to the dressing plaster. After surgery, a graft was removed from the thigh and left leg, then, placed on the breasts, giving rise to the removed tissue. At the time of the visit, she is lucid, communicative, oriented in time and space, responding to verbal requests, at rest, sitting, normotensive, normocorate, acyanotic and anicteric.

Figure 1 to 3. Right breast before mastectomy. Maceió (AL), Brazil, 2015.

Figure 4. Left breast before mastectomy. Maceió (AL), Brazil, 2015.

In relation to physical examination, the hair: with good implantation and distribution, curly, short, unpainted and with good hygiene. Scalp: intact, without scarring, absence of pediculosis and good hygiene. Skin: intact, normocorada and hydrated. Eyebrow: with little implantation and asymmetrical. Eyes: symmetrical. Pupils: photoreagents, isochores, visual fields without alterations. Conjunctives: hypocritical. Sclera: no changes. Nose: symmetrical, without suspicion of deviated septum, good hygiene and few vibrissae. External auricular pavilion: without alterations and lesions, little presence of cerumen.

Mouth: without deviation of labial commissure. Language: no change and good hygiene. Oral mucosa: whole. Lips: hypocritical, sound and dry. Gums: normocorated. Hard and soft palate, uvula, tonsils and oropharynx without changes.

Teeth: complete superior and inferior dentition, presence of caries, without halitosis. Lymph nodes not palpable, without thyroid enlargement. Symmetrical thorax, normal thoracic breathing, eupneic, with dressing based on gauze, SF and AGE, visibly disinfected due to lack of recurrent exchange, since the physician did not release it from another professional, resulting in five days without the exchange. The patient had a suction drain with little secretion.

AP: MV (+), universally distributed, SRA, FR: 25 irpm. AC not performed due to dressing on the thorax of the mastectomy, HR: 87 rpm. Abdomen: symmetrical, painless palpation, without striae and scars, little hair. Navel: symmetrical, with good hygiene. MMSS: normal peripheral perfusion, without edema, with peripheral puncture in MSE, salified polifix performed on 03/11. MMII: MIE with graft dressing and edema. Nails:

normocoradas. Gynecological examination: patient reports good genital hygiene and no alteration and injury. SSVV: PA: 120x70 mmHg, FC: 87 rpm, Tax: 35.8, FR: 25 ppm.

Patient was discharged on November 9, 2013, and should return to the unit the following month to continue treatment.

Nursing diagnostic	Nursing prescriptions	Expected results
Physical Discomfort Present	Provide comfort and tranquility to the patient; instruct the patient about the position of comfort for rest; provide psychological help to the patient; to encourage the patient about the need for treatment.	Decreased discomfort
Oral Hygiene	Sensitizing the need for brushing after meals; refer to the dentist.	Improved oral hygiene
Oral Mucosa Hydration Decreased	Stimulate fluid intake; advise on the use of cocoa butter on the lips; observe lip integrity.	Hydration of the recovered oral mucosa
Impaired Skin Integrity	Supervise the skin; protect against infection; monitor phlogistic signs; guard against possible bleeding; administer antibiotics as prescribed; Keep dressing clean and dry.	Improved skin integrity
Presence Of Drainage Device	Supervise the venue; perform dressing at the drain insertion site; guiding the correct location of the drain; monitor signs and symptoms of infection; disinfection of the drainage device before and after measuring the drainage volume.	Risk of infection decreased
Body Image Disorder	Encourage the patient to verbalize feelings about appearance; to advise on the possibility of wearing an adjustable bra with light and antiallergic filling; explain the possibility of surgical reconstruction of the breast.	Disturbance of body image absent

Figure 5. Nursing Care Plans. Maceió (AL), Brazil, 2015.

DISCUSSION

Reflections on health care could arise from the characteristics of the patient in this study and becoming similar to other studies found in the databases. An example are the symptoms found in the patient, which were stiffening in the affected breast, and dark spots, both symptoms perceived by the patient before any medical examination.

Although some environmental or behavioral factors associated with an increased risk of developing breast cancer have been identified, epidemiological studies do not provide conclusive evidence to support the recommendation of specific prevention strategies. The main factors of behavioral risks are obesity and smoking. In this study, it was noticed that the patient in question is an alcoholic and smoker, which increases the risks of cancer, including breast cancer.⁸

The woman in this study has low income and low educational level, which may have influenced the practice of health care, particularly, in the early diagnosis and prevention of neoplasias. On the other hand, it is also possible that this condition is based on the difficulty of health professionals in guiding women with low education on these diseases and how to prevent or detect them early.¹²

According to a study carried out by Silva and Riul4, only 38% of the nurses directed the women to practice EMS. This study also revealed that the nurses who explained to the women about CBE (clinical breast examination) were 31%. In the same study, it was observed that the vast majority of the patients, 14 (77.77%), discovered breast cancer through BSE, demonstrating the importance of its accomplishment, not only for the body's own knowledge, but, also, for the detection changes such as cancer.

To date, early diagnosis has shown to be the best tool available, at a population scale, to combat this disease, and it has been able to alter its natural history favorably. However, the need to evolve in relation to public health policies, related to the best clarification and guidance of the population and access to services provided by health professionals, are still alarming.^{2,9}

In a study conducted by Bim CR, et al7, women had a breast self-examination frequency of 63% and 24% of self-examination monthly. While the clinical examination of the breasts was performed in 49% of the interviewees. At least, a quarter of the sample did the mammogram. The authors point out that, during the preventive examination, not all women had their breasts clinically examined and this occurred, more frequently, when the preventive was performed in the basic health units.

When invasive carcinomas are palpable, they are about two to three centimeters in size when they are first detected and approximately one-third have already spread to the axillary lymph nodes or other lymph nodes. However, if mammography is performed before invasive carcinomas become palpable, they are, on average one centimeter in size, and less than one-fifth have lymph node metastases.²

Regarding treatment, it depends on the clinical staging and the histological type. In the case of the patient of this study, the treatment was performed chemotherapy and, after surgery (total mastectomy), with reconstruction of the breast through grafting. Non-conservative breast surgeries, whether or not followed by breast reconstruction, are indicated when it is impossible to ensure free margins, depending on the extent or multicentricity of the tumor.⁸

CONCLUSION

This study was of great relevance for academics and professionals, since it provided to improve knowledge about breast cancer, to encourage the practice of AEM, making women aware of the importance of this exam, since it is an early detection technique, without any cost and easy to execute. It was also very important for teaching and research, because it provided subsidies so that other researchers can go deeper into the proposed theme.

It is hoped that, this study, may have contributed to the characteristics, treatment, prevention of breast cancer, and systematization of Nursing care. Also contributed, to the patient having had a humanized treatment during her hospitalization and a better quality of life after discharge. Also, it was aimed to contribute to Nursing professionals and academics can look at the patient not only focusing on the disease but rather as a being that needs a humanized look, besides performing Nursing actions with competence and responsibility. This finding merits reflection on the part of educational institutions in the sense of training Nursing professionals focused on health promotion and disease prevention.

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<http://dx.doi.org/10.5380/ce.v15i2.17869>

Submission: 2017/06/07

Accepted: 2017/11/13

Publishing: 2017/12/15

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