



A Large Ulcerated Fungating Breast Lesion

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Mrs. S is a 60-year-old widowed woman who arrives in the emergency department via ambulance after collapsing at home. Her sister states that Mrs. S has been complaining of nausea and vomiting, polyuria, thirst, and pain in her right leg for several days. Her sister also notes that Mrs. S is lethargic and has become increasingly confused. Mrs. S has no health insurance and has not seen a healthcare provider in more than three years.

Laboratory studies are drawn, IV fluids are started, and when Mrs. S has become more responsive, her past medical history is obtained. Mrs. S states that, during her last physical examination with her primary care provider (PCP) approximately three and a half years ago, a lump was detected in her left breast. Her PCP said it could be a cyst and referred her for a mammogram. The mammogram showed a questionable abnormality in the left breast, and because Mrs. S had never had a mammogram in the past for comparison, she was told she needed to return for additional mammography views and an ultrasound. Mrs. S never returned for the additional tests because she did not have health insurance. The mammography center sent two notices for follow-up, but again, she felt that the lump was a cyst and she could not afford the examinations. She currently works part-time at a discount store, but the company does not offer health insurance, and Mrs. S cannot afford to purchase individual insurance on her salary. She was unable to afford the additional examinations or return to the provider's office for follow-up. She has not received any medical care since that time.

When providing her family and social history, Mrs. S states that her mother died of breast cancer at age 58 and her father

died of a stroke at age 70. She has two healthy siblings. She started her menstrual cycle at age 13, had no children, and has been menopausal since she was 51. Mrs. S has not used hormone replacement therapy and smokes one pack of cigarettes per day, drinks alcohol occasionally, and eats a "good" diet. She attends church regularly.

On physical examination, her left breast has a large, ulcerated fungating lesion (see Figure 1). The lesion is odorous at a distance of 10 feet and has a yellowish purulent drainage. Mrs. S keeps a dishcloth over the lesion to collect the drainage. The healthcare staff in the emergency department is amazed by the unusually large tumor, and many employees try to gain access to Mrs. S's room

to view it. The nursing director of the department is informed of the situation and intervenes to promote patient privacy, confidentiality, and dignity. The charge nurse carefully screens the personnel entering the patient's room.

Mrs. S's laboratory results are unremarkable, except for an elevated serum calcium level of 18 g/dl. A bone scan revealed a bony metastasis to her right femur. Mrs. S eventually is diagnosed with stage IV breast cancer. Despite neoadjuvant chemotherapy and subsequent surgery, chemotherapy, and hormonal therapy, Mrs. S died within a year of her diagnosis. When asked why she did not seek treatment earlier, Mrs. S replied that she did not have the money to pay for health care. She also was nervous about going to her PCP, a man, about a breast problem and later was embarrassed to have such a large breast mass. She prayed every day for her pain and breast lesion to go away.

Healthcare providers often question why Mrs. S and other women delay diagnosis and treatment of a known problem. One may question what could have been done to provide for an earlier diagnosis and better prognosis for Mrs. S.

Breast Cancer Early Detection

In 2003, an estimated 211,300 new cases of invasive breast cancer were expected to be diagnosed in the United States (American

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FIGURE 1. AN ULCERATED BREAST LESION IN A WOMAN WITH STAGE IV BREAST CANCER