Conference Abstracts

Recurrent breast cancer diagnosis delayed by COVID-19 pandemic, a case report

Sagar Ghimire, MBBS¹, Samriddhi Sharma, MBBS¹

¹ Nepal Medical College Teaching Hospital

Keywords: breast cancer, COVID-19, healthcare barriers

<https://doi.org/10.53876/001c.28400>

International Journal of Cancer Care and Delivery

Vol. 1, Issue Supplement 1, 2021

BACKGROUND

In Nepal, breast cancer is the second most frequent malignancy among women. Even though patients are evaluated and treated as per recommendations, there are substantial barriers to treating them, including their access to healthcare, financial constraints, the ongoing pandemic, and the stage they present. Here, we report a case of local recurrence of breast carcinoma attributable to all of the mentioned limitations.

CASE DISCUSSION

A 38-year-old woman initially presented to the hospital with a lump over her right breast. Mammography and Ultrasonography revealed growth suggestive of malignant potential. The patient, after a biopsy confirmed carcinoma, underwent Modified Radical Mastectomy followed by chemotherapy in 2018. The tumor was 6x5 cms. Histopathologically, this was invasive ductal carcinoma with surrounding lymph node metastasis and lymphovas-

cular invasion. The patient received eight cycles of chemotherapy post-surgery and was advised to undergo adjuvant radiotherapy. She could not undergo radiotherapy because of financial difficulties. She was considered to be in remission after chemotherapy and advised to be in regular follow-ups. The patient lost follow-up because of the COVID-19 lockdown, and two years later, she presented to a nearby clinic with fever and cough. COVID PCR came out negative. However, she was considered to have COVID-19 and kept in isolation. A month later, she presented to our hospital with growth along the mastectomy scar measuring 4x5 cm and distant metastasis to lungs on CT scan.

CONCLUSION

Cancer treatment is always challenging in low economic countries, and the COVID pandemic and availability bias amongst healthcare workers have caused a diagnostic delay amongst these patients. Similar recurrence of breast cancers has been reported worldwide, the majority of them due to reluctance to seek care despite physical findings.