

Autoamputation of breast following breast carcinoma

P Agarwal, D Sharma

Citation

P Agarwal, D Sharma. *Autoamputation of breast following breast carcinoma*. The Internet Journal of Surgery. 2008 Volume 18 Number 1.

Abstract

Carcinoma of the breast is psychologically devastating to the patient. Although the breast is an easily accessible organ, patients frequently present with advanced malignant tumors. Here we report an unusual case of total auto-destruction of the breast following cancer in a middle-aged woman, which has not been reported in English literature previously. (1)

CASE REPORT

A 45-year-old woman noticed a painless, centrally located nodule in her right breast. It gradually increased in size and ulcerated. Over a period of six months, small pieces of breast tissue along with tumor fell off. She had taken no treatment for this. There was no history of any surgical intervention, constriction band, vascular insufficiency or trauma. At the time of presentation she had complete loss of the right breast with a raw area over the chest wall (Figure 1). Examination of axilla and supraclavicular area revealed hard and fixed multiple lymph nodes. Biopsy from the edge of the raw area showed duct cell carcinoma. In view of the advanced malignancy, the patient was treated with chemotherapy.

Figure 1

Figure 1: Auto-amputation of the right breast



DISCUSSION

Auto-amputation is a rare phenomenon that has been reported for various organs. (2) Various reasons have been implicated such as congenital constriction bands, infection leading to gangrene and torsion leading to vascular compromise but amputation of an organ following malignancy is extremely rare. In developing countries patients often tend to delay seeking medical attention due to embarrassment, fear, ignorance, personal neglect and financial reasons. Delay in diagnosis and therapy affect survival as well as ability to eliminate the cancer and to retain a functioning and cosmetically satisfactory organ. (3)

Carcinoma of the breast is a potentially curable disease but these cases with auto-amputation as well as with lymph node metastasis can only be offered palliation. Improvement in the poor outcome is only possible with change in social attitudes, alleviation of ignorance and educating the primary care physicians.

CORRESPONDENCE TO

Dr. Pawan Agarwal, 292/293, Napier Town, Jabalpur,
482001 M.P. Phone No.: 0761-2450265 Email:

drpawanagarwal@yahoo.com

References

1. Mintz U, Keinan Z. Mammary "autoamputation" in inoperable carcinoma of the female breast. Harefuah. 1975 1; 88: 531-2 [Article in Hebrew]
2. Patel A K, Chaturvedi P, Panday R K, Sanyal B. Autoamputation of the tongue. Postgrad Med J 2001; 77: 335
3. Agarwal P, Sharma D. Autodestruction of penis due to carcinoma of penis. Journal of the European Academy of Dermatology and Venereology JEADV 2005; 19: 220-22.

Author Information

Pawan Agarwal

Associate professor, Department of Surgery, Netaji Subhash Chandra Bose Government Medical College

Dhananjaya Sharma

professor, Department of Surgery, Netaji Subhash Chandra Bose Government Medical College