







CAN CLINICAL EVALUATION BY PHYSIOTHERAPIST FORMS EARLY DETECTION OF **BREAST CARCINOMA?**



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ABSTRACT

Introduction: Modern living associated with greater health hazards including cancers. Among which breast carcinoma ranks with higher prevalence in adult women. Physical laboratory investigations and screening. Early identification to a larger extent can influence better outcome and longevity especially for breast cancer subjects.

Objectives: As physical therapist frequently involved in treating neck and low back ache as first contact healthcare expert, this research highlights importance of patients with chronic neck pain to be screened for lymph nodes, other related complaints like stiff neck, increasing atrophy, constant continuous pain, most of these could be related to malignancy while these subjects can be referred to physician or oncologist for to be detected and treated with due medical care for an enhanced post onco surgical living standard.

Materials and methods: 59-year-old diabetic subject with chronic continuous neck pain with nodules over posterior cervical spine was referred to undergo mammography by physiotherapist through physician. She was diagnosed later with hyper metabolic malignant lesion of left breast and underwent modified left radical mastectomy. Later, she was getting treated for her physical functioning in improving QOL were discussed with due evidence for the period 2020 to 2022.

Results: With lesser follow up post mastectomy and early identification by physiotherapists remain key component of this research. Findings of this research can form foundation of onco physiotherapy in early clinical screening and referral to medical expert.

Conclusions: If adhered can become novel means of physiotherapy evaluation as red flag and could be included in every patient physical evaluation in future.

Keywords: Carcinoma, mastectomy, mammography, onco-physiotherapy, breast cancer, fibromyalgia

INTRODUCTION

An increasing incidence of Breast Cancer, with an early age, are to be associated with higher human functional disturbances and huge economic burden. Early identification and due Oncological interventions were highly shown to overcome these hurdles. Common clinical conditions, physical findings, red flags, age, family history, gender, psychosocial details, systemic conditions, habits, stressful living conditions were highly formed to give a link to breast cancer. As Clinical experts, Physiotherapists, Physician, Gynecologist,

Dentist should take lead in early clinical screening for Breast Cancer and promptly refer to Oncological experts. As these professional qualities to a larger extent enhance human living quality, minimize sufferings and involved cost especially in developing countries like India, prior to that educating healthcare professionals on Breast Self Examination (BSE), Medical, Allied are key components to improve an awareness. This was supported by BSE conducted among Malaysian physiotherapy and nursing students (Odufa et al., 2021).

Further screening for red flag symptoms of cancer

were conducted in a community based study in Puduchery (Sakthivel, 2018).

While commonly used screening modalities like mammography (MMR), CBE, BSE (Ngan et al., 2020) concluded on the merits of Clinical Breast Examination to be great especially among Asian young woman who are at risk to benefit.

As lesser researchers were available on focusing clinical evaluation and referral for suspicious Breast cancer as underlying cause this research presentation gets highly significant as an innovative mode.

AIMS AND OBJECTIVES

- 1. To analyze how red flags and physical evaluation provide link to breast cancer.
- 2. To scientifically find how reliable clinical findings related to breast cancer.

MATERIALS & METHODOLOGY

59 Year Old female post Hysterectomy, Vegetarian, Home maker, Graduate in Science, Mother of two adults, known diabetic for 20 years with high stressful life in family, complains of chronic neck pain and thigh pain.

She was regularly treated along with the diabetic medication by non pharmacological intervention using specific exercise with weekly twice frequency during the period from 2015 to 2020.

The subject was complaining of increasing loss of weight, fatigue and small swelling in her breast its worthy that she had fibromyalgia and polyarthralgia.

She was advised for SBE and the therapist insisted on getting physicians advice and then to come for physiotherapy. She was later found to have Stage III Left Breast Cancer and subsequently treated Radical Mastectomy with resuming physiotherapy for her post mastectomy continues till today.

RESULTS

Table 1: Description of Pre and Post test scores of EORTC QLQ-BR23

EORTC QLQ-BR23	Pre -Test	Post-Test
Functional	0	54
Symptomatic	66	123

Graph 1: Describes the of Pre and Post test scores of QOL Scale

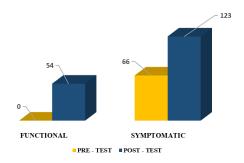


Table 2: Distribution of statistical analysis of EORTC QLQ-BR23 $\,$

EORTC QLQ – BR 23	SD	SE	T - Value	P - Value
FUNCTIONAL	114	81	0.66	< 0.05
SYMPTOMATIC	86	61	1.07	< 0.05

DISCUSSION

STRESS

Stressful life events can contribute various diseases including cancer by (Lillberg et al., 2001) and an increased risk of breast cancer were by Jacobs and Bovasso, 2000. Similarly this research female, being a mother of female child, multiple humiliating events at family and society to be considered by Clinician.

AGE

Age group of 50 to 69 years bi annual mammography screening in asymptomatic woman by European breast cancer guidelines Ditsch et al., 2022. With women >50 years accounted for 78% new breast cancer and higher mortality rate (Yancey et al., 2001). This research, woman aged 59 years with higher rate of risk for breast cancer should be thought of by clinical therapist with supportive evidences.

DIABETES

This research subject being a diabetic type 2 on medication was at high risk to develop breast cancer by Ling et al., 2020 in 32 million people cohort study. Being a diabetic for >30 years makes this subject to be looked in for vulnerability for breast cancer by physical therapist.

FIBROMYALGIA

Fibromyalgia is a common clinical condition among women, for which this research subject was getting treated with core and resisted exercise was found to be related to high intensity pain, stressful events, depression (Fuller et al., 2012) with lesser serotonin (Cordero et al., 2010) and higher pro-inflammatory cytokines (Buskili et al., 2005), fatigue was linked with higher breast cancer intensity; a cue for breast cancer which were supported by Akkaya et al., 2011.

Thus while treating a fibromyalgia female for chronic arthralgia, physiotherapist should consider this as an autoimmune disorder with multiple fat nodules in the body. Any abnormal increase in swelling, pain should timely be referred for medical experts were core components of this research.

CONCLUSION

Learned evidenced knowledge should be used clinically especially for referral to medical experts as shown in this research. Age above 50 years, being a

diabetic, having stressful life and fibromyalgia was timely referred to physician, later following due medical intervention the same subject was treated by the physiotherapist for post radical mastectomy related issues. The grey point of this research were timely referral, self-confidence of therapist, faith of patient on physiotherapist surely can elevate greater quality of physiotherapy profession and Quality of life of affected subjects.

LIMITATION

This research were single case experimental longitudinal study whereas part of the study was presented here, as subject receives treatment till today.

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