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Metastatic triple negative breast adenocarcinoma presenting as a fungating chest wall mass

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Description

A 60-year-old female with no previous medical history presented with progressive left sided weakness. Examination demonstrated a large, fungating chest wall mass with mucopurulent drainage and necrotic odor. The patient stated this lesion was worsening for multiple years and was associated with a 90-pound weight loss; however, she was hesitant to seek medical care until the onset of weakness. Comprehensive imaging, biopsy, and tissue analysis revealed the wound was consistent with fungating triple-negative breast adenocarcinoma with lung and frontal lobe metastasis (Figure 1).

While breast cancer is the most common non-skin malignancy in women, only a subset of 2-5% of locally advanced breast cancers present with a fungating mass as seen in this patient [1]. For patients without known malignancy, such skin lesions involve a broad differential diagnosis, including chronic infection, medication effect, auto-immunity, and malignancy [2]. With the presence of distal metastases, this cancer was considered to be stage IV. Treatment options generally include pallia-

Figure 1: Fungating breast mass on chest wall demonstrating mucopurulent drainage.

tive radiation and chemotherapy with surgical reconstruction of the necrotic chest wall for pain control and infection prevention [1,3,4]. While these therapies have shown efficacy in improving pain and short-term quality of life, long-term wound care challenges remain persistent due to the often extensive soft-tissue dissemination. Given that fungating masses typically indicate a late presentation and presence of likely distal metastasis, survival rates for these patients remain low [5].

Declarations

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