WIDE LOCAL EXCISION OF BREAST LUMP AND EXCISION OF GLUTEAL LIPOMA
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ABSTRACT
Wide local excision (WLE) is an operation to remove a lump in patient’s breast cancerous tissues with a small amount of surrounding normal tissues and is done under general anaesthetic. Excision biopsy (EB) is an operation done to remove entire area of suspicious tissues/lipoma from an area of concern in the body under a local anaesthetic. A 38 year old Malay female was admitted to Hospital Universiti Sains Malaysia (HUSM) due to breast lump operation. This patient is in moderate risk of bacterial infection patient due to mitral valve prolapsed, multiparous and have family history of cardiac diseases. Previous studies showed that physician should employ a patient-specific strategy for preoperative aspirin management due to aspirin withdrawal syndrome may significantly increase the risk of major thromboembolic complication while bleeding complication is minimum. This patient was given SBE prophylaxis before surgery to avoid complications. WLE and EB are the better choices for treatment of lump in the body. Surgery may be either proceeded with or followed by radiotherapy or chemotherapy when needed if cancer tissue detected. Several drug treatments such as antibiotics prophylaxis need to be taken into consideration to prevent these complications.

Keywords: Wide local excision; Breast Lump; Biopsy

INTRODUCTION
Wide local excision (WLE) is an operation to remove a lump in patient’s breast caused by cancer with a small amount of surrounding normal tissue and is done under general anaesthetic. Then, this tissue is analyzed in the laboratory. If the surrounding tissue does not show any cancer cells, surgeon will not have to do any further surgery. If the surrounding tissue shows cancer cells in it, then another operation will be necessary to remove all the cancer and gain clear margins.1 Complications of this surgery include thickened scar, infection, haematoma and wound pain.2 An excision biopsy (EB) is an operation done to remove entire area of suspicious tissue/lipoma from an area of concern in the body under a local anaesthetic. In this case, it is at gluteal part. In addition to removing the suspected cancer, the surgeon generally will remove a small rim of normal tissue around it as well called a margin.3 Patient underwent clinical examination before surgery to confirm the presence of the cancerous tissues. Excisional biopsy is the surest way to establish a definite diagnosis without getting a false negative result. Also, having the entire lump removed may reduce the probability of recurrence. However, excisional biopsy is more like regular surgery, and it will leave a scar and require more time to recover.3

Case Presentation
A 38 year old Malay female was admitted to Hospital Universiti Sains Malaysia (HUSM) due to breast lump operation. In the patient noticed of lump at right breast at right upper outer quadrant but it is painless. The size was marble size and not increasing. Patient did not experienced any skin changes and no discharge from the breast. Patient undergone mammogram at KPJ Perdana and result showed that there was a lump approximately 2 cm at right breast. From patient’s medical history, this patient had a stroke at age 13 years old that lead to right limb’s paralysis. Besides, patient also has mitral valve prolapsed and gastritis for 3 years. From patient’s family history, both parents are hypertensive. Patient’s father had a heart disease, diabetes and died due to stroke. Other than that, patient’s aunt has a breast cancer. On examination, the patient was alert, conscious, no chest pain but had palpitation on and off. Patient blood pressure was 110/60 mmHg, pulse rate of 90 beat/min and temperature of 37°C. Treatment plan included wide local excision at right breast lump and patient will be given spontaneous bacterial endocarditis (SBE) prophylaxis.

DISCUSSION
The aim of the treatment is to remove the lump at the right breast and lipoma at the gluteal part. Due to patient’s history of cardiac disease, patient takes tablet aspirin 150 mg once daily but stops due to surgery.4,5 Present patient was undergone WLE operation at the right breast and EB operation at right gluteal. The main problem in this patient is the risk of getting bacteria endocarditis due to surgery at the breast.6 In ward, the patient did not take any medication but an hour before operation this female patient was given IV Amoxicillin 2 g for SBE prophylaxis. Antibiotic prophylaxis is important in surgical procedure. It is used to reduce the incidence of postoperative wound infections. IV ampicillin 2 g stat is given to the patient 30 minutes before operation. IV Midazolam 5 mg which is a benzodiazepine is being prescribed for the patient to provide sedation, analgesia and amnesia before surgery.7 IV Fentanyl 200 mcg, IV Parecoxib 40 mg and IV Morphine 2 mg given to the patient to relieve pain and as analgesic during operation. IV Atracurium 40 mg act as local anaesthesia at the site of the excision and IV Dexamethasone 5 mg act as anti-inflammatory an anti-emetics during surgery

CONCLUSION
Surgery (WLE and EB) is the main modality for treatment of lump in the body. Surgery may be either preceded with or followed by radiotherapy or chemotherapy when needed if
cancerous tissues will detected. Surgery-related complications are major factors prohibiting the improvement of overall quality of the surgery, so it is vital to handle these problems. Several drug treatments such as antibiotics prophylaxis need to be taken into consideration to prevent these complications. Combination use of preoperative and postoperative antibiotics can reduce the risk of post-infection and ensure optimum therapeutic outcome by reducing the risk of complications and longer hospitalization.

REFERENCES

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