# Cancer deaths

**Case 1**

A 49 year old woman complained about a lump in her right breast which she had for last 6 months. She did not want to go to a doctor at first but since it was enlarging she contacted her doctor for advice. She also complained of loss of body weight during the last three months. She had her last menstrual period 3 weeks previously. She is married but does not have any children. She gave a history of having a first degree relative (aunt) with carcinoma of breast. Her past medical history also showed diabetes mellitus.

The doctor examined her and found 1.5 cm x 1 cm fixed lump on the upper outer quadrant of her right breast. She had enlarged axillary lymph nodes. Fine Needle Aspiration biopsy showed carcinomatous cells. She was referred to the hospital surgical unit and she underwent mastectomy. Surgery took place in March 2006. The histopathology confirmed infiltrating ductal carcinoma of the breast. No distant metastases were detected at the time of surgery.

She attended follow up clinics regularly. In November 2006 she was admitted to hospital again with severe headache and vomiting. A CT scan revealed disseminated carcinoma of the brain. She died after 5 days in hospital.

**Case 2**

A 68 year old man was admitted to the hospital with right lower quadrant pain of one month duration. He complained of recent loss of body weight, loss of appetite and malaise over the same period of time. On examination he looked ill and wasted. Examination of the abdomen showed that he had an enlarged liver 4cm below the costal margin. Needle biopsy of the liver showed hepatocellular carcinoma and the patient was started on chemotherapy. He was regularly followed up during therapy at the clinic. One month after the initial diagnosis, reduction of his liver functions was observed and he developed deep vein thrombosis of his left thigh which required readmission to the hospital. Five days after the admission he developed severe pulmonary embolism and died within 30 minutes of onset.

**Case 3**

A 68-year-old male was admitted to the hospital with progressive right lower quadrant pain of several weeks’ duration. The patient had lost approximately 15 kilograms in weight, with progressive weakness and malaise. On physical examination, the patient had an enlarged liver span that was four finger breadths below the right costal margin. Rectal examination was normal and stool was negative for occult blood.

Routine laboratory studies were within normal limits A chest x-ray and barium enema were negative. His ECG showed a right bundle branch block. CT scan showed numerous masses within both lobes of the liver. A needle biopsy of the liver was diagnostic of moderately differentiated hepatocellular carcinoma, and the patient was started on chemotherapy.

Three months after the diagnosis, the patient developed sharp diminution of liver function as well as a deep venous thrombosis of his left thigh, and he was readmitted to the hospital. On the third day of this admission, the patient developed a pulmonary embolism and died 30 minutes later.

**Case 4**

A 68-year-old male was admitted to the hospital with progressive right lower quadrant pain of several weeks' duration. The patient had lost approximately 15 kilograms in weight, with progressive weakness and malaise.

On physical examination, the patient had an enlarged liver span which was four finger breadths below the right costal margin. Rectal examination was normal, and stool was negative for occult blood. Routine laboratory studies were within normal limits. A chest X-ray and barium enema were negative. His ECG showed a right bundle branch block. CT scan showed numerous masses within both lobes of the liver. A needle biopsy of the liver was diagnostic of hepatocellular carcinoma, and the patient was started on chemotherapy.

Three months after the diagnosis, the patient developed sharp diminution of liver function as well as a deep venous thrombosis of his left thigh, and he was re-admitted to the hospital. On the third day of his hospitalisation, the patient developed a pulmonary embolism and died 30 minutes later.