

Multidisciplinary Management of Fungating Locally Advanced and Metastatic Breast Cancer: Report of Two Cases

Radu Meșină¹, Alexandru Marin Pascu¹, Raluca Câmpeanu², Dragoș George Popa³,
Andrei Mircea Dicianu⁴, Ion Vasile⁵, Cosmin Vasile Obleaga¹

¹Department of Surgery, University of Medicine and Pharmacy, Craiova, Romania

²Department of Oncology, Clinical County Emergency Hospital, Craiova, Romania

³Department of Plastic and Reconstructive Surgery, University of Medicine and Pharmacy, Craiova, Romania

⁴Department of Radiotherapy, St. Nectarie Oncology and Radiotherapy Center, Craiova, Romania

⁵Romanian Academy of Medical Sciences, Craiova Branch, Romania

Abstract

Background/Objectives: The therapeutic management of breast cancer is continuously evolving, leading to improved cure and survival rates. However, despite these advances, the management of fungating breast cancer has remained largely unchanged and is frequently regarded as a condition requiring palliative treatment rather than a potentially curative approach. Furthermore, metastatic and locally advanced fungating breast cancers, particularly in younger patients, remain challenging to manage due to the lack of clear therapeutic recommendations in international guidelines (NCCN, ESMO), while published reports on this topic are scarce. This report presents two clinical cases of locally advanced, metastatic fungating breast cancer managed through individualized multidisciplinary strategies. The cases illustrate the complexity of therapeutic decision-making in these challenging scenarios and highlight the role of adaptive, multidisciplinary management.

Methods: The first case involved a 38-year-old woman diagnosed with stage IV triple-negative invasive ductal carcinoma complicated by sepsis, severe anemia, and left subclavian vein thrombosis. Initial systemic therapy, radiotherapy, antibiotic treatment, and correction of anemia achieved temporary local and systemic disease control. However, subsequent tumor necrosis and recurrent sepsis necessitated palliative (toilet) mastectomy. The second case involved a 58-year-old woman diagnosed with locally advanced Luminal B invasive ductal carcinoma complicated by infection and bleeding, who refused neoadjuvant systemic treatment and subsequently underwent modified radical mastectomy with reconstruction of the chest wall defect using a split-thickness skin graft, followed by systemic oncological treatment.

Results: These cases illustrate the potential role of individualized treatment sequencing adapted to disease evolution and patient condition. Case 1 demonstrated that aggressive multidisciplinary management, including systemic chemotherapy, radiotherapy for brain metastases, and surgical control of local complications may achieve sustained disease control in carefully selected triple-negative patients. Case 2 demonstrated that in patients refusing neoadjuvant treatment, surgical resection with reconstructive techniques may achieve local control, followed by effective systemic management of subsequent metastatic disease.

Conclusions: Our findings suggest that a personalized treatment plan, close monitoring by a multidisciplinary tumor board, and continuous reassessment of the therapeutic strategy in response to newly emerging clinical challenges are key elements in the management of locally advanced fungating breast cancer. These observations should be regarded as hypothesis-generating examples of adaptive multidisciplinary care rather than evidence supporting generalized therapeutic recommendations. Future studies are needed to better define optimal management strategies for fungating metastatic breast cancer.

Keywords: advanced breast cancer, multidisciplinary team, hemorrhage, infection