African Journal of Biology and Medical Research
ISSN: 2689-534X
Volume 3, Issue 3, 2020 (pp. 90-95)
www.abjournals.org

PATIENT NEGLECT RESULTING IN FATAL METASTATIC MALIGNANT MELANOMA

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ABSTRACT: *Malignant melanoma (MM) represents 4% of skin cancers, but accounts for 80% of all skin cancer deaths. MM is one of the only cancers which neither incidence nor mortality are decreasing. This suggest there is a need to improve early detection and early referral when symptoms appear. A patient case is presented, where patient neglect due to a patient's fear of consulting the doctor with a potential fatal disease resulted in delayed diagnosis of MM and a fatal disease outcome.*

KEYWORDS: Malignant Melanoma, Metastatic Disease, Patient Neglect, Patient Non-Attendance

INTRODUCTION

Patients consulting their doctor and being referred to specialists long after symptoms of a potential cancer has appeared is frequently seen at larger University hospitals. Reasons for patient delay in seeking diagnosis and treatment are numerous and include patients may be afraid of a potential malignant diagnosis, ignore their symptoms, or suffer from one more comorbidities [1]. Further, patients' lack of education and awareness of the importance of early presentation of a potential cancer may be lacking [2]. As a result, patients' delay in contacting the doctor may lead to delay in correct cancer diagnosis and lack of treatment options with a fatal disease outcome, as illustrated in this case report.

CASE REPORT

A 66-year-old woman was admitted to the dermatology outpatient clinic due a massive formation of a tumour on the right foot (**Fig 1a**). She reported the tumour had first appeared from a growing mole on the sole two years prior to the admission and had continued growing, resulting in severe pain and an instability to stand and walk. In addition, she suffered from general weakness and a rapid weight of loss of 7 kilograms within the last month prior to admission. The patient reported no other comorbidities.

The patient was a retired nurse, who suspected she had developed cancer, but had been afraid to contact the doctor. During her work-life as a nurse, she reported she had seen some very

severe cases of skin cancer with fatal disease outcomes. She had tried to convince herself that her skin growth on the foot was caused by humidity and mold associated with cleaning work.

At the time of admission, a big tumour mass on the right sole, oedema of the right leg (**Fig 1b**), and lymphadenopathy in the right groin was noticed. The dermatologist suspected a progressive malignant melanoma (MM), which was confirmed by a punch biopsy of the tumour mass. A magnetic resonance imaging (MRI) of the right foot and calf showed a 4,8x4,2 cm big tumour mass, which perforated the plantar fascia. In addition, metastasis at the dorsum of the foot and near the ankle was seen (**Fig 1c**). Nevertheless, the patient wished no further diagnostic work up and got discharged from the hospital.

Two weeks later she was re-admitted to the hospital due to maggots in the wound.

Computed tomography of the thorax, abdomen and brain showed metastasis of the lung, the

6^{th} and 12^{th} rib, peritoneal carcinosis, and enlarged paratracheal lymph nodes.

The patient was terminally ill, the general state rapidly worsened and the patient passed away within a week after the re-admission.

DISCUSSION

MM represents 4% of all skin cancers, but nevertheless accounts for 80% of skin cancer deaths. MM is one of the only cancers which neither incidence nor mortality are decreasing.

Increasing public awareness of the signs of MM and of the importance of early presentation is needed in order to intiate correct and prescribe effective treatment [3]. Health professionals should take advantage of the opportunity to educate patients on symptoms, signs and the new treatment options for MM [2]. However, once patients have been diagnosed and a treatment prescribed, it is also necessary to be aware that attendance rates [4] as well as compliance to the treatment [5] is often limited, unless patients are given the necessary individualized support during the course of a treatment.

The presented case is an example of how a visible cancer in a well-educated patient can make the patient anxious to present at the doctor’s clinic, which resulted in fatal neglected cancer.

Acknowledgments

The authors would like to the Radiology Unit, Landesklinikum Melk, Austria for providing us with the MRI picture, which was originally taken at the Radiology Unit, Landesklinikum Amstetten, Austria.

Conflicts of Interests

The authors declare no conflicts of interest.

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APPENDIX

Fig 1a: Tumour Mass on the Right Sole.

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Fig 1b: Oedema of the Right Leg due to Lymphatic Metastasis.

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www.abjournals.org

Fig 1c: Big tumour mass on the sole of the foot, perforating the plantar fascia (yellow arrow). Metastasis at the dorsum of the foot and nearby the ankle (red arrows).