

Case Report: Palliative Care for Metastatic triple negative Breast Cancer with Cutaneous Involvement

Kaylee Scarnati^{1*}, Katherine Esser¹, Katie Beier¹, Thanuja Neerukonda²

¹College of Medicine and Life Sciences, 3000 Arlington Avenue, The University of Toledo, Toledo OH 43615

²Fellow, Division of Haematology and Oncology, Department of Medicine, 3000 Arlington Avenue, The University of Toledo, Toledo OH 43615

Email: kaylee.scarnati@rockets.utoledo.edu

Received: 2024-08-16

Accepted: 2024-09-16

Published: 2025-06-30

Introduction: Metastatic triple-negative breast cancer (TNBC) is a highly aggressive subtype of breast cancer, characterized by the absence of estrogen and progesterone receptors and the lack of HER2 protein overexpression. Cutaneous metastasis in breast cancer indicates a more advanced stage of the disease and is often associated with considerable morbidity. While palliative care in general aims to improve the quality of life for patients with advanced diseases, there is limited research on the most effective methods for managing the specific symptoms and complications arising from metastatic triple-negative medullary carcinoma with extensive skin involvement.

Case Presentation: We present a case of a 60-year-old female diagnosed with metastatic triple negative medullary carcinoma of the breast, complicated by extensive malignant involvement of the skin. The patient underwent all currently recommended therapies for cutaneous skin metastases including palliative radiation, chemotherapy, antibiotic regimens and frequent debridement of the skin lesions, but these therapies were unsuccessful in controlling this patient's pain and disease progression, ultimately leading to her passing from disease-related complications.

Conclusion: Despite utilizing the most commonly recommended therapies for managing aggressive cancer with cutaneous involvement, our patient's symptoms remained uncontrolled. Electrochemotherapy is a widely recognized treatment modality for patients with malignant cutaneous involvement, offering significant benefits, particularly for smaller tumors less than three centimeters in size. However, its efficacy diminishes with larger tumors, such as the 8 cm lesion presented in this case. Despite employing a multi-modal approach, including palliative chemotherapy with Sacituzumab, palliative radiation, and regular debridement coupled with silver dressings, the patient's symptoms were

not effectively managed. The persistent pain and progression of the disease underscore the limitations of current palliative care strategies for patients with extensive and aggressive cutaneous metastasis.

Keywords: Metastatic Cancer, Breast Cancer, Triple Negative Breast Cancer, Palliative Care, Cutaneous Metastasis
