

BACKGROUND

Tumor neglect syndrome is an under-reported medical and psychiatric phenomenon. This neglect of the obvious has been studied in cancer patients as an adaptive strategy to avoid painful realities (8). While denial in cancer patients is common, the denial of a condition that is visible to the individual and to those around them is less understood. It leads to delayed diagnoses and poorer treatment outcomes (9). Because the estimated incidence of cancer in 2018 was 1.7 million individuals (1) with an annual cost of \$140 billion (2, 3, 4), it is vital to limit cost and mortality by promptly addressing malignancies (4, 5).

KEY POINTS

- Tumor neglect syndrome is an understudied and under-reported phenomenon.
- This syndrome is due to maladaptive biopsychosocial responses by the patient to overwhelming circumstances
- The lack of appropriate and timely intervention leads to increased morbidity and mortality
- Inefficient utilization of resources results in increased cost of care and increases strain on the healthcare system.
- Specialists should consider a multi-disciplinary approach including psychiatric evaluation to reduce loss to follow up

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CASE DESCRIPTION

A 69-year-old woman presented with severe shortness of breath to a rural hospital. She denied any other symptoms or concerns. Chest x-ray showed a large right pleural effusion. Two liters of fluid were removed by thoracentesis and symptoms improved. The patient was sent to our higher-level-of-care hospital due to extensive abscess formation and induration of her chest and abdomen.

For the past year, the patient had noticed progressive generalized weakness and a 100 lb unintentional weight loss. On exam, the skin of her right breast, chest, and abdomen was indurated and necrotic. She had noticed a small right breast lump three years prior. As the tissue degradation spread and formed abscesses, she stated that she chose not to seek care because she had more important obligations to her family.

CT showed extensive multi-lobular infiltrating right breast cancer with widespread metastasis. Pain was minimal. Pleural catheter could not be placed due to degradation of the skin over her right thorax.

The patient only wanted treatment for shortness of breath. She was unconcerned with the advanced stage of the cancer. After discussion with palliative care, she was discharged home with hospice.

IMAGING



DISCUSSION

Very few case reports exist on tumor neglect syndrome and research in general is limited. It is imperative to recognize because delay of care increases cost and mortality (5, 6). It is a complex biopsychosocial phenomenon with outcomes that are impacted by medical literacy, financial resources, and distrust of physicians (9, 10). While denial is a normal response to hardship, in oncologic cases it is a maladaptive strategy (8, 9). A multidisciplinary approach can improve individual outcomes. Diligence of the primary care provider as well as coordination with psychiatrists and specialists is vital to reduce the incidence of tumor neglect syndrome.

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