

The Lump

This story begins way back in my first year of surgery residency. I was still a novice back then still learning the tricks of the trade. For those who don't know me personally I also work for an NGO called South Asian Medical Students' Association or in short SAMSA. SAMSA was known to conduct health camps at the ground level. Something always bothered me, when we used to visit these places once in a while there was no follow up of patients. Hence after seeing them once we never got the opportunity to follow up on their recovery. I personally was very determined to change this. We had gotten in touch with another NGO that worked at the ground level regarding women's rights.

I clearly remember my first meeting with the leaders of that NGO. Their office was in a tiny corner in Gariahat. They were very straightforward in what they wanted, they wanted someone to look after the health of these underprivileged women for the long run. They had their doubts about a young organisation such as ours but I was determined to move mountains and replied with confidence. Soon the collaboration was finalised and we started hosting health camps under the supervision of our very talented public health officers of SAMSA namely Miss Afifa Naushad, Miss Bishnupriya Mukherjee, Miss Ahana Majumdar and Miss Bindu Kumari Jha. The camps were smooth and we ensured regular follow up. I was a regular at these camps. Back in 1st year the only free time I got was Sunday evening which I used to keep for health camps. Breast cancer is a major issue in Indian society especially because most women don't follow the screening protocol.

One fine day It was just another camp at Sahid smriti and for the first time I came in contact with our patient, Mrs Anjali Das. She complained of a swelling over her right breast which she said had appeared after her grandson had playfully hit her. Very recently I had read a history of trauma to the breast does not rule out breast cancer but merely diverts the attention of the patient to that area. Maybe the lump was present before the trauma. To get a closer look I along with a female medical student decided to closely examine the lump. The seemed hard in consistency and there was definite puckering of skin over the lump all pointing towards a diagnosis of breast cancer. She also stated that her daughter lost her life to breast cancer. As per the triple assessment we had

examined the lump clinically and now we had to confirm via mammography and trucut biopsy. The real challenge was counselling our patient and convincing her that a trip to the surgery OPD at CNMCH was necessary and situation was infact grave. The public health officers made sure the patient understood the need of attending the hospital. Mrs Anjali Das finally turned up at the OPD of CNMCH where I remember already printing an OPD ticket for her convenience and to avoid the long waiting list. I showed all the clinical findings to my professor who concurred with my suspicion. The next challenge was performing the trucut biopsy. After the OPD we usually start the short cases and it often took time and hence it was often difficult for the patient to wait in this heat. When her turn finally came up she was nowhere to be found. So I called her caretaker who said they had already left as they were feeling sick due to the heat. I quickly made them understand the importance of the biopsy and how it was necessary if we needed to plan an operation. They responded by returning and finally we able to take the trucut biopsy sample with help of my seniors. SAMSA also helped her family financially for the biopsy reporting.

Our suspicion was right the trucut biopsy stated invasive ductal carcinoma. This meant an operation needed to be performed. And for the first time we at SAMSA had the opportunity to see a patient till a possible cure. Back in the day there was excessive patient load and finding a bed for her was another struggle. But finally she was admitted and modified radical mastectomy was planned as the tumor was somewhat large. The next hurdle was that the patient was an uncontrolled diabetic and hypertensive. My seniors had told me since I had admitted the patient it was my duty to improve these parameters. Back I was still learning so decided to call up Dr Rishav Mukherjee internal medicine resident at Medical College Kolkata. With his help I was able to control her diabetes and hypertension and she was finally fit for OT. Finally I gave her pre operative direction and the stage was set. It really felt amazing the moment I dropped her Pre-op direction in the box. It meant we had successfully seen a patient from camp to the OT table something I had dreamed of. The operation was successful and Mrs Anjali had a quick post operative recovery. Her gross biopsy specimen showed no metastasis. She was finally discharged from the hospital and referred to the radiotherapy department for chemotherapy.

I called the family members of Mrs Anjali Das recently ,they say she is doing extremely well once again playing with her grandchildren. A bunch of medical

students and young doctors had done something amazing, they had saved a life 😊

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