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CASE REPORT:

RECURRENT METASTATIC BREAST CANCER IN PREGNANCY COMPLICATED BY UNCONTROLLED PAIN

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BACKGROUND

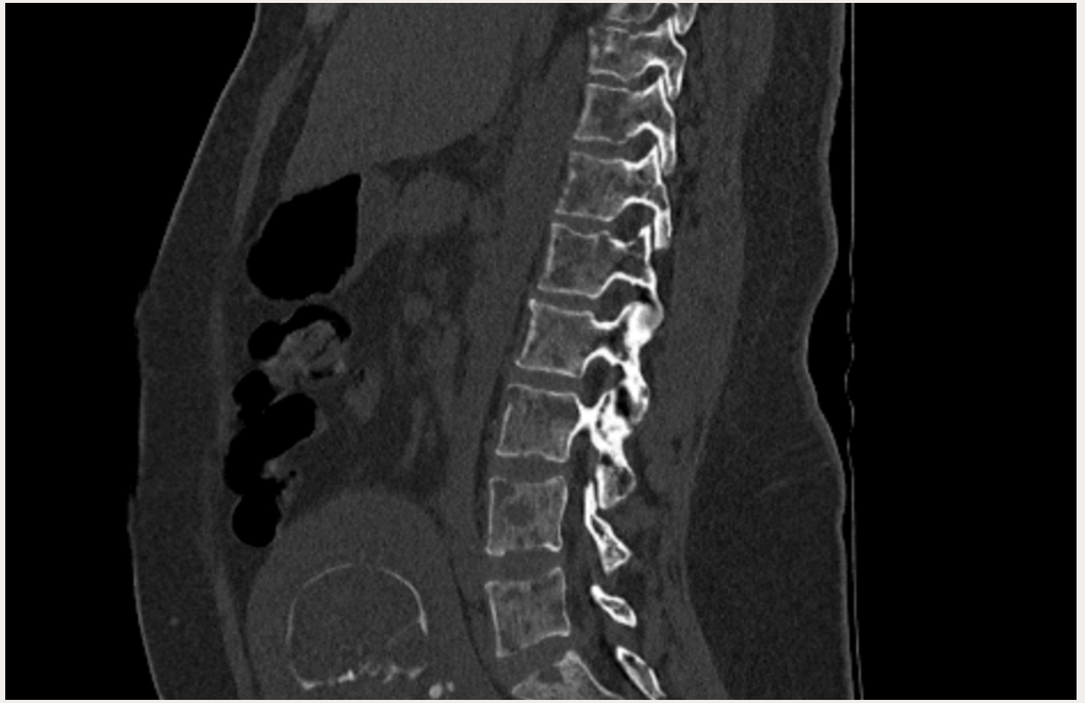
- PAIN MANAGEMENT DURING PREGNANCY IS A COMPLEX CLINICAL CHALLENGE, PARTICULARLY IN THE CONTEXT OF ADVANCED MALIGNANCY WITH EXTENSIVE METASTASES.
- BALANCING MATERNAL COMFORT WITH FETAL OUTCOMES REQUIRES INTERDISCIPLINARY COLLABORATION AND CAREFUL DECISION-MAKING.

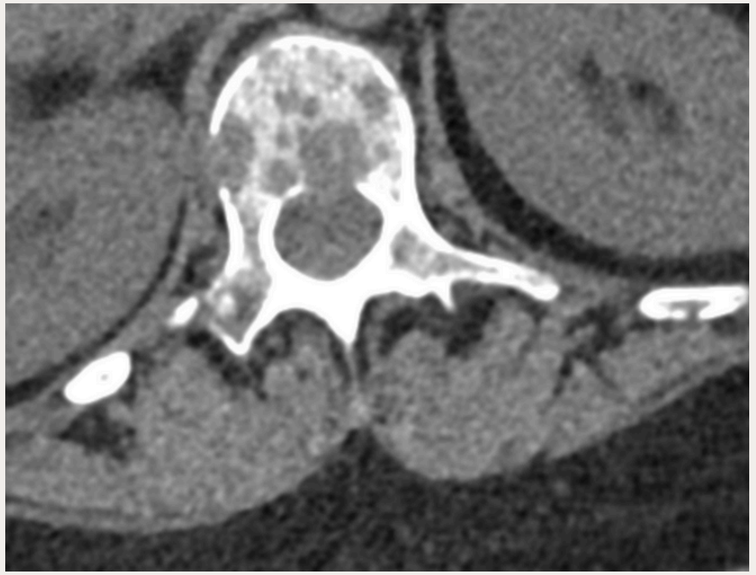
CASE REPORT

- A 36-year-old nulliparous woman
- History of Stage 1B ER/PR/HER2 positive breast cancer
- Treatment with chemotherapy and lumpectomy 3 years prior

- Presented at 24 weeks gestation via in vitro fertilization with **severe lower back pain** complicated by **hypercalcemia** and an **acute kidney injury.**
- Imaging revealed extensive lytic bone metastases, lung nodules, and signs of heart failure.
- Initial plan was for cesarean delivery at 28 weeks.
- Given her intractable pain, hypoxemia, and declining functional status, an interdisciplinary team elected for cesarean delivery at 26 weeks under general anesthesia.

- Post-delivery, the patient received TAP blocks, IV hydromorphone and PO oxycodone, and was treated for hypoxemic respiratory failure.
- Placental pathology revealed metastatic breast cancer





Challenges included

- Optimizing pain management in the setting of metastatic bone disease
- Avoiding neuraxial techniques due to lytic spinal lesions
- Balancing maternal safety and fetal prematurity

TEACHING POINTS

- Prolonged pregnancy risked exacerbating maternal morbidity, including uncontrolled pain, hypercalcemia, and hypoxemia, while earlier delivery allowed for definitive oncologic management.
- Effective pain management strategies can improve maternal quality of life, while close collaboration among obstetric, oncologic, anesthetic, and neonatal teams is crucial to navigating such complex scenarios.
- The discovery of placental metastases identifies the importance of thorough placental examination and neonatal surveillance.