

Larissa Calixto Lima, Aline Pereira Pedrosa, Fernanda de Oliveira Pereira, Taiara Scopel Poltronieri
 Department of Nutrition and Dietetics, National Cancer Institute (INCA)

INTRODUCTION

Gastric metastasis emergence from breast neoplasm is rare. However, the nutritional support and nutritional diagnosis is indispensable, since gastric tumors are related to nutritional complications.

METHODS

It is a descriptive study, type case report of experience. The Patient-Generated Subjective Global Assessment (PG-SGA), weight, height, triceps skinfold (TSF), arm circumference (AC), arm muscle circumference (AMC) and laboratory tests (complete blood count, C-reactive protein and albumin) were analyzed and the glasgow prognostic score (GPS) was calculated.

She had odynophagia, anorexia and severe weight loss of 2,7%, in a week, and total weight loss of 9.4% in one month. The laboratory tests showed hypoalbuminemia, thrombocytopenia and anemia while the relationship between serum levels of C-reactive protein and albumin showed GPS equal to zero. For all this, according to Fearon, this patient was classified as being in a pre-cachexia stage. Due to gastrointestinal symptoms and the pre-cachexia stage, it was opted for nasoenteric tube after discussion with an interdisciplinary team, but the patient died three days later. According to the GPS the prognosis was low-risk, but, since death is not a probabilistic event, the precise time of its occurrence cannot be defined by prognostic factors.

RESULTS

A 54-year-old female, Caucasian, diagnosed with invasive lobular adenocarcinoma of the left breast, stage IV (progression to bones, ovary and stomach), grade II, presenting positive hormonal receptors, HER-2 negative. Initially, she was classified as having a moderate malnutrition (PG-SGA B), indicating a need of nutritional intervention. In the anthropometric evaluation, the patient weighed 74.5kg, her height was 157cm and presented BMI's indicative of obesity grade I (30.2kg/m²) but the percentiles of TSF, AC and AMC were adequate.

CONCLUSION

The evaluations used daily in clinical practice such as significant weight loss, loss of appetite and metabolic changes can be used easily to classify the cachexia but the best use of nutritional therapy in these patients is still a dilemma among professionals.

Table 1 - Anthropometric and biochemical evaluation comparing admission values and the last nutritional evaluation of the patient with gastric metastasis of breast cancer

ANTHROPOMETRIC PARAMETERS	ADMISSION (06/07/2017)	NUTRITIONAL REEVALUATION (14/07/2017)	CLASSIFICATION	REFERENCES
Weight (kg)	74,5	72,5	**	**
Height (m)	1,57	1,57	**	**
BMI (kg/m ²)	30,2	29,4	Overweight	OMS (1998)
WL (%)	**	2,7 % in a week	WL severe	Blackburn <i>et al.</i> (1977)
AC (cm)	**	31,9 (p50-p75)	Adequate	Frisancho (1990)
TSF (mm)	**	28 (p50-p75)	Adequate	Frisancho (1990)
AMC (cm)	**	22,2 (p25-p50)	Adequate	Frisancho (1981)
BIOCHEMICAL DATA	ADMISSION (06/07/2017)	NUTRITIONAL REEVALUATION (14/07/2017)	CLASSIFICATION	REFERENCES*
HEMATOCRIT (%)	38,5	25,9	Low	36 – 47
HEMOGLOBIN (g/dL)	13,0	8,50	Low	11.5 - 16.4
LEUCOCYTES (/μl)	6900	5200	Adequate	4000 - 10000
PLATELETS (k/μl)	140	93	Low	150 - 400
C-REACTIVE PROTEIN (mg/L)	Not required	8,64	High	<0,5
ALBUMIN (g/dL)	3,4	2,4	Low	3,5 - 5,2
GPS	**	0	Low risk	McMillan (2008)

BMI: Body Mass Index; WL: Weight Loss; AC: Arm Circumference; TSF: triceps skinfold; AMC: arm muscle circumference; GPS: Glasgow Prognostic Score; * Limits adopted by the laboratory of the Hospital of Cancer III - INCA; ** Not applicable.