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Successful Diagnosis and Surgical Management of Breast Cancer in a Patient with Severe Intellectual Disability Who Refused to Leave Her Car: A Case Report

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ABSTRACT

Patients with severe intellectual disability may present unique challenges that make standard diagnostic and therapeutic pathways impossible. We report the case of a 36-year-old woman with severe intellectual disability who refused to leave her family's car throughout the diagnostic and treatment process. A multidisciplinary team developed an unconventional but safe approach, providing procedural sedation inside the vehicle to facilitate tissue diagnosis, staging investigations, and ultimately definitive surgical treatment. This patient-centred strategy allowed successful management of locally advanced breast cancer while respecting the patient's behavioural limitations.

Keywords: Breast Cancer; Diagnosis; Disability

INTRODUCTION

Breast cancer management requires timely diagnosis, staging, and definitive treatment. Patients with severe intellectual disability often experience significant barriers to healthcare because of communication difficulties, anxiety, and behavioural disorders. Although anaesthesia is frequently required for diagnostic procedures in this population, performing multiple stages of cancer management beginning inside a patient's vehicle has rarely, if ever, been described. We present a unique case highlighting multidisciplinary collaboration and flexibility in delivering oncological care.

CASE PRESENTATION

A 36-year-old woman with severe intellectual disability was brought by her parents to Rustaq Hospital, Oman, because of a progressively enlarging right breast mass.

On arrival, the patient refused to leave the family car despite repeated attempts by her parents and healthcare staff. The surgical team therefore assessed her inside the vehicle, where examination revealed a large right breast mass highly suspicious for locally advanced breast carcinoma.

As obtaining a histological diagnosis was essential, the anaesthesia team administered procedural sedation while the patient remained inside the car. Once adequately sedated, she was transferred safely to the surgical clinic where a core (Tru-Cut) biopsy was performed.

Histopathological examination confirmed invasive ductal carcinoma of the breast.
Following discussion with the tertiary breast surgery unit, staging CT of the chest and abdomen was recommended. Because the patient again refused to leave the vehicle, the same approach was adopted. She received sedation inside the car before being transferred for CT imaging.

The patient was subsequently referred to the tertiary breast centre for definitive surgery. However, surgery could not proceed because she again refused to leave the car on arrival at the referral hospital, and she was referred back to Rustaq Hospital.

Following multidisciplinary discussions, the tertiary breast surgeon agreed to perform the operation at Rustaq Hospital. On the scheduled operative day, the anaesthesia team once again administered anaesthesia while the patient remained inside the family car. She was then transferred to the operating theatre, underwent endotracheal intubation, and a modified radical mastectomy was successfully performed without intraoperative complications.

Approximately three hours after surgery, the patient recovered from anaesthesia, mobilised independently, refused to remain in a hospital bed, and insisted on leaving the hospital. After careful assessment confirming haemodynamic stability, satisfactory recovery from anaesthesia, and appropriate counselling of her parents, she was discharged home with close follow-up arrangements.

DISCUSSION

This case demonstrates how severe behavioural limitations can create major barriers to cancer diagnosis and treatment. Conventional hospital pathways were not feasible, requiring repeated adaptation by the multidisciplinary team.

The successful outcome was made possible through close collaboration between general surgeons, breast surgeons, anaesthetists, nursing staff, theatre personnel, and the patient's family. Delivering procedural sedation inside the patient's vehicle on multiple occasions enabled diagnostic biopsy, staging investigations, and definitive surgical treatment that otherwise would not have been possible.

The report also highlights the importance of individualised, patient-centred care. Rather than abandoning treatment because standard pathways failed, the team modified the pathway to accommodate the patient's unique needs while maintaining patient safety.

To our knowledge, we were unable to identify published reports describing an entire breast cancer diagnostic and surgical pathway beginning with repeated induction of sedation inside a patient's vehicle because the patient persistently refused to enter the hospital.[1-3]

CONCLUSION

Patients with severe intellectual disability may require highly individualised management strategies. Flexible multidisciplinary collaboration enabled successful diagnosis, staging, and definitive surgical treatment of breast cancer in this exceptional case. This report illustrates how adapting healthcare delivery to a patient's behavioural needs can overcome otherwise insurmountable barriers and allow timely oncological care.

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