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Incidental Detection of Breast Cancer by Non-Physician Healthcare Providers: A Case Report Highlighting the Importance of Vigilance Beyond Screening Programs

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ABSTRACT

Breast cancer is the most frequently diagnosed malignancy among women worldwide. While most cases are detected through screening programs or symptomatic presentation, incidental detection in non-traditional settings remains underreported. We describe two cases in which breast cancer was incidentally identified by non-physician healthcare providers during unrelated clinical encounters. These cases underscore the potential role of allied healthcare staff in facilitating early diagnosis and timely management, particularly in asymptomatic individuals.

INTRODUCTION

Breast cancer remains the most common malignancy among women globally and has recently surpassed lung cancer as the most frequently diagnosed cancer worldwide, accounting for approximately 2.3 million new cases annually (11.7%), followed by lung (11.4%), colorectal (10.0%), prostate (7.3%), and stomach (5.6%) cancers .

Although most breast cancers are identified through organized screening programs or patient-reported symptoms, incidental detection can occur in unexpected settings. Hudson-Phillips et al. reported an invasive lobular carcinoma incidentally identified within a phyllodes tumour, demonstrating how unforeseen findings may significantly alter patient management. Similarly, the cases presented here describe incidental breast lump detection by non-physician healthcare providers during unrelated procedures, leading to the diagnosis of invasive ductal carcinoma.

Despite advances in screening, incidental detection by allied healthcare staff remains an under-recognized but potentially valuable pathway to early diagnosis. Healthcare professionals working in diverse environments—including dermatology clinics, dialysis units, and imaging facilities—interact closely with patients and may observe abnormalities that otherwise go unnoticed. This report highlights the importance of vigilance across all levels of healthcare delivery.

CASE 1

A 48-year-old woman attended a laser hair-removal session in May 2024, during which the technician palpated a firm right-axillary lump and advised medical review. Dermatology referral led to breast imaging that revealed a spiculated 12 mm right-breast mass at 2 o'clock with distorted axillary nodes (Figure 1).

Biopsy showed invasive ductal carcinoma, grade 3 (B5b), no lympho vascular invasion or DCIS; metastatic carcinoma in right axillary node.

The patient received neo adjuvant chemotherapy, surgery, and radiotherapy, and remains on systemic therapy with good response.

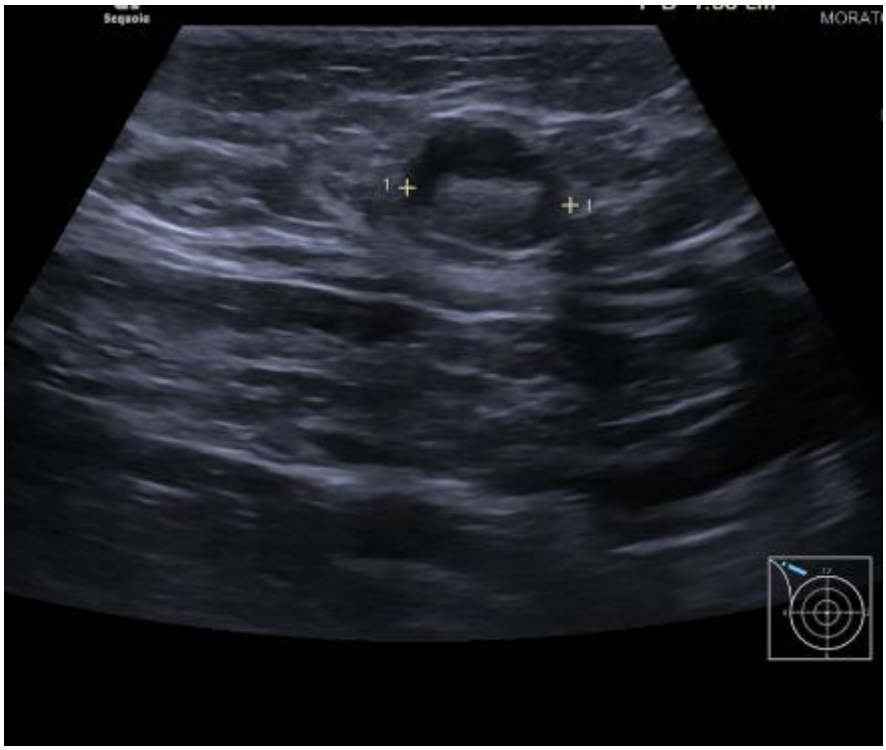

Figure 1 : Left Breast: Small benign intramammary lymph node of about 5.5 x 2 mm noted in the left 2 o'clock position. No obvious intralesional vascularity noted.

Small focal nodular iso-to-hypoechogenicity of about 6.5 x 3.9 mm noted in the left 2 o'clock position. No obvious intralesional vascularity noted.

CASE 2

A 67-year-old man with end-stage renal disease on hemodialysis was noted by his dialysis nurse to have a right-breast lump during routine access examination. The patient was unaware of the lesion.

Ultrasound (Figure 2) Two adjacent malignant-appearing masses with pleomorphic micro calcifications in the upper-outer quadrant; BI-RADS 5.

Biopsy showed Invasive ductal carcinoma, grade 3 (B5b) with suspicious lympho vascular invasion.

He underwent right mastectomy with sentinel-node biopsy and is currently well under oncology follow-up for adjuvant therapy.

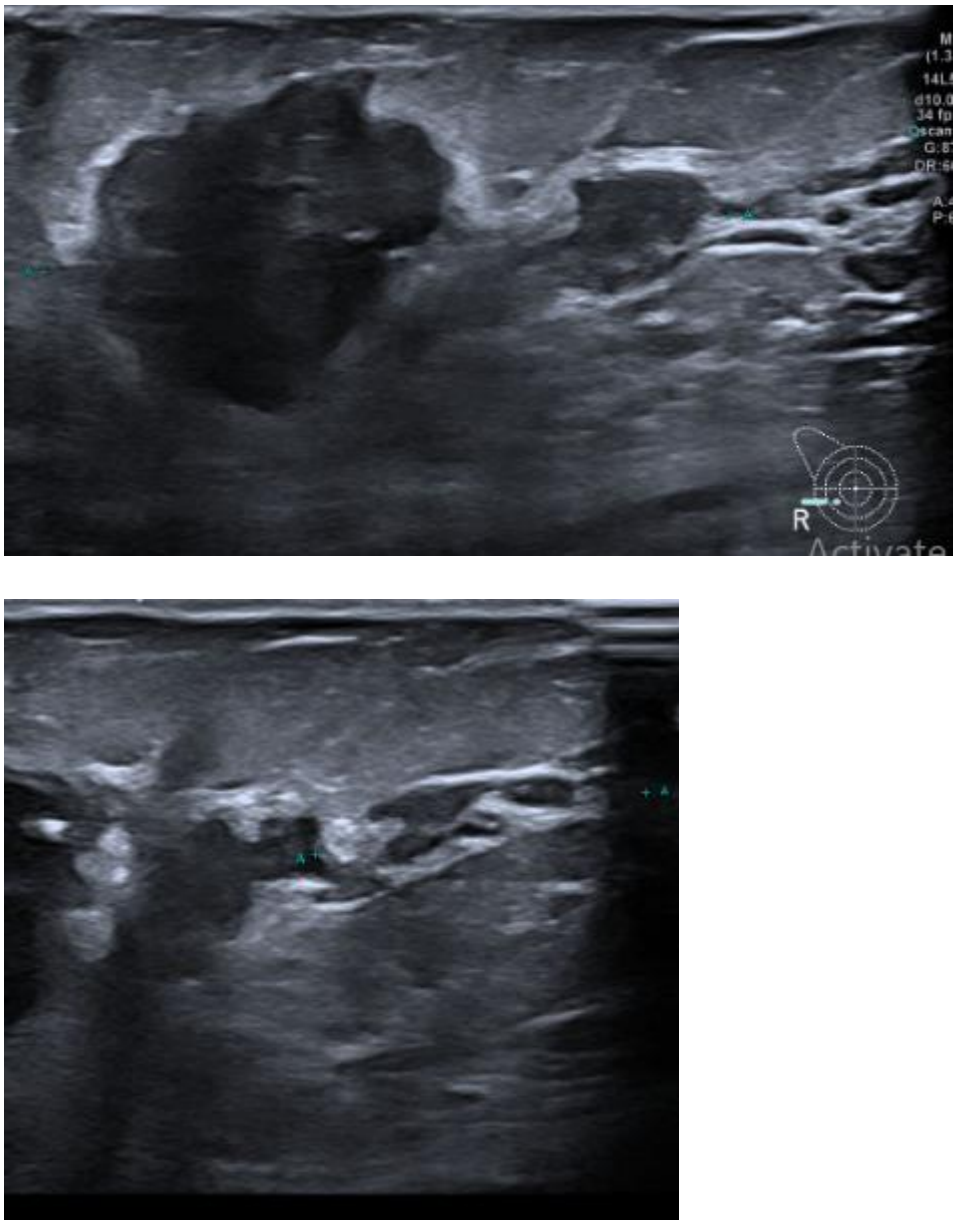

Figure 2: Right breast 9:00 highly suspicious solid lesion associated with adjacent inseparable satellite and echogenic calcifications.

DISCUSSION

These two cases highlight the crucial role of non-physician healthcare staff in the early detection of breast cancer. Both patients were asymptomatic and unaware of their breast lumps, which were incidentally identified by vigilant healthcare professionals in non-specialist settings. Prompt recognition and timely referral facilitated early diagnosis and initiation of definitive therapy, underscoring the importance of multidisciplinary awareness in cancer detection.

Hudson-Phillips et al. [2] described an invasive lobular carcinoma discovered incidentally within a borderline phyllodes tumour, further supporting that malignancies may arise in unexpected contexts and should not be overlooked, even when initial suspicion is low.

Furthermore, male breast cancer, as illustrated in our second case, remains rare, accounting for less than 1% of all breast cancers [5]. It is often diagnosed at later stages due to low awareness and delayed recognition. In such cases, nurses and allied health professionals can play a pivotal role by maintaining vigilance for abnormal findings during routine patient interactions.

Globally, the burden of breast cancer continues to rise, with over 2.3 million new cases annually [1]. Therefore, early detection efforts are vital across all healthcare settings. Educational initiatives for nurses, technicians, and ancillary staff on recognizing abnormal breast changes may substantially improve early detection rates and overall patient outcomes [6].

Supporting this, Rauscher et al. [7] reported that approximately 16% of patients delayed more than three months before seeking medical attention for breast symptoms, reflecting under-recognition of breast lumps or changes in the general population. These findings reinforce the need for greater community and staff awareness to bridge the gap between the appearance of early signs and medical consultation.

REFERENCES

1. Bray F, Ferlay J, Soerjomataram I, Siegel RL, Torre LA, Jemal A. Global Cancer Statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. CA: A Cancer Journal for Clinicians. 2021;71(3):209–249.
2. Hudson-Phillips SJ, Garza D, Massoumi R, et al. Incidental finding of invasive lobular carcinoma within a borderline phyllodes tumour of the breast: a case report. AME Medical Journal. 2023;8: 7530.
3. Moyle P, Sonoda LI, Britton PD, Sinnatamby R, Wallis MG. Incidental breast lesions detected on CT: what is their clinical significance? British Journal of Radiology. 2010;83(987):233–240.
4. Park J, et al. Missed and detected incidental breast cancers on contrast-enhanced chest CT: detection rates and CT features. Diagnostics. 2023;13(9):1522.
5. Thigpen C, Menon R, O'Neill D. Male breast cancer: clinical features, diagnosis, and treatment. New England Journal of Medicine. 2020;382:231–242.
6. World Health Organization. Early diagnosis and screening of breast cancer. Geneva: WHO; 2023.
7. Rauscher GH, Ferrans CE, Kaiser K, Campbell RT, Calhoun EE, et al. Misconceptions about breast lumps and delayed medical presentation in urban breast cancer patients. Cancer Epidemiology, Biomarkers & Prevention, 2010;19(3):640–647.