Review Article

BREAST CANCER: MEDICAL TREATMENTS OR HEALTH EDUCATION “TASK BASED PROJECTS” CONSTRUCTIVIST APPROACH

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ABSTRACT

Breast cancer (CAM) is a hormone-dependent disease that assumes a malignant proliferation of epithelial cells lining the ducts or lobules of the breast, including socio-cultural barriers and risk factors associated. The objective of this study is to spread a proposal based on health education through physical self-exploration and the tackling of its impact on the family. Bibliographic analysis was conducted through the pedagogy of project work in team of students mediated by the teacher. Promote school education, but from the perspective of a constructivist pedagogical approach, encouraging physical self-exploration and assisted exploration by his partner, qualitative investigation and attend workshops from education to health in couples. Constructivist approach to health education, self-exploration and exploration assisted by her partner or spouse is required.

Keywords: breast cancer, socio-cultural barriers, Risk Factors, constructivism, assisted self-exploration

INTRODUCTION

Breast cancer is a hormone-dependent disease that is known as a malignant proliferation of epithelial cells lining the ducts or lobules of the breast.¹⁻⁴ Some factors have been detected as the ones that predispose people to this type of carcinoma, but still the dominant cause of the pathology has not been found. Some of these risk factors are the age of the woman concerned, the average age is over 64 years and rarely below 24 years old, in women whose menarche occurs before the age of 11 the risk increases by about 20 % over women in which occurs after 14 years old, late menopause also increases the risk, full-term pregnancy, the nulliparous and primiparous women older 35 have a higher 20-year risk primigravida. All this can be due to the anabolic effect of estrogen on breast tissue; any known immune deficiency predisposes to an increased breast carcinoma irrigation exposure to proven carcinogens, as snuff increases the risk of 2 to 3.5 times as well as a number of other carcinogens in studio, there is a proven incidence of breast cancer in patients exposed to radiation for diagnostic and therapeutic procedures, being particularly increased risk in patients under 30 years, family history (first degree of consanguinity) with breast cancer increases according to the number of affected relatives, genetic predisposition to mutations in the BRCA1 and BRCA2 genes is attributed 5 to 10 % of breast cancers.^{4,5,6,9} Breast cancer is a leading cause of death around the world, Mexico ranks second after cervical cancer and according to INEGI (2012) in Hidalgo breast carcinoma occurs in 2.89 people per 100 thousand inhabitants. According to WHO, it is estimated that around 84 million people will die from the disease between 2005 and 2015.^{4-8,16} The classification of malignant epithelial tumors of the breast according to WHO, include:

- No invaders Interductal and lobular in situ.
- Invaders: invasive ductal, invasive ductal component with interductal predominant invasive lobular, mucinous, medullary, papillary, tubular, adenoid cystic, secretory (juvenile), apocrine, with metaplasia.¹⁰

Early changes in breast carcinoma are the loss of the normal regulation of the cell number causing epithelial hyperplasia that will cause a further atypical hyperplasia increasing oncogene and tumor expression, leading to cellular structural alterations. Breast carcinomas are identified not by the source site, but by the cytohistological characteristics shown, first divided into ductal and lobular and in turn are divided into in situ and infiltrating. Grossly carcinomas are stony masses, irregular most of the time, with white cut surface and starry aspect. The ductal epithelium is lined by a layer of cuboidal ductal cells laid on a basal membrane that serves as a barrier in order for neoplastic cells to not go outside, if a malignant lesion is located within the conduit is called in situ carcinoma and when it invades the stroma is called as invasive carcinoma. When breast cancer begins it is usually asymptomatic, as it develops, hard breast masses or axillary generally have an irregular appearance usually appear, with a diameter of 2-3 cm when they are detected for the first time, at this stage the third part of these cases has already spread to the axillary lymph nodes or other nearby structures.^{3,6,7,11} In most cases the patient is who discovers the tumor.¹² Men can also develop breast cancer and symptoms include breast tumor, pain and breast sensitivity. Symptoms of advanced breast cancer may include:

- Bone pain.
- Pain or discomfort in the breast.
- Skin ulcers.

- Swelling of one arm (next to the breast with cancer).
- Weight loss.¹³

The diagnosis for breast carcinoma consists of a physical examination in which the doctor should interrogate the evolution time, pain and relation to menstruation. During the examination, color changes and skin reaction, palpable mass and the fixation to deeper layers, change in direction of the nipple and secretion are sought. Among the most relevant laboratory and cabinet studies we found mammography which is a detection method that shows a great diagnostic accuracy: it values the density, nodularity, tumors; macro and micro calcifications are indicated in patients who are older than 35 years as a method for regular tracking that then is advised to take place annually. Ultrasound is an auxiliary technique to the diagnosis of breast cancer, malignant lesions are observed sonographically as irregular areas of solid structure. In a tumor biopsy the puncture is performed with a fine needle and it allows determining whether it is a solid or cystic lesion, sending the sample to cytological examination, the result has a diagnostic specificity of 82 to 97 %.¹⁴ Postoperative complications are rare, however some of those that are commonly mentioned are infections; manifested by redness, pain, hardening, purulent fluid secretion, etc., so that the antibiotics are recommended before surgery. The flap necrosis is currently uncommon but when it is presented may compromise their irrigation. The arm edema as a consequence of extirpation of armpit ganglions, the lymphatic drainage of the arm is compromised, so the lymph should seek alternative routes of drainage. Local recurrence of the lesion after pretreatment can occur (usually at 2 years following treatment) and appear in the scar resection, mastectomy scar, or in the same quadrant that previously had the injury. Metastasis is the late appearance of malignant lesions in organs different from its original location and their appearance usually means that the disease is not curable, although it can be bearable.^{5,6,9,15} The treatment of breast cancer is individual for each patient based on the clinical stage, tumor site and size. The radical treatment is a mastectomy or lumpectomy with the dissection of armpit lymph nodes, which is carried to the pathology department for analysis, according to cytohistological result, treatment consisting of radiotherapy is programmed (which greatly reduces the risk of recurrence in the breast) or chemotherapy (used as an additional treatment in patients at risk of complications).¹ Nowadays, early or primary prevention does not clearly exist, breast carcinoma can only be detected on time (secondary prevention) through regular revisions, annual mammograms and magnetic resonance, cannot be prevented in itself. However, so far, according to the results of 47 studies done in 30 countries by the Collaborative Group on Hormonal Factors in Breast Cancer showed that breastfeeding is a possible primary prevention method which would avoid it to appear. Therefore, if detected early and by reducing risk factors thousands of lives could be saved.^{1,16} Breast cancer is disorganized and abnormal cell growth. It represents the main cause of death in women of total breast carcinomas, less than 1 % occurs in men. Knowing the risk factors for women (such as food, carcinogens, radiation exposure, lifestyles)^{7-9,12-16} the mortality rate can decrease and it would prevent new cases of breast carcinoma to appear. This claim lead us to first analyze the root of the problem and allows us to establish a proposal based on health education through physical self-exploration and the tackling of its impact on the family.

JUSTIFICATION

Breast cancer is currently the second cause of death in women at a reproductive age in the State of Hidalgo, in the country and in some other countries. So far there are no primary prevention programs applicable to preventing this disease, prevention is based on early detection through self-examination, which is not effective because the growth of lymph nodes is not regularly palpable until it is presented as a tumor; The mammography and / or magnetic resonances have very high costs and therefore they are not considered as an option for most people, but there are certain factors that predispose people to acquire cancer or develop carcinoma, such factors can be treated in order to be reduced or avoided, also the knowledge of certain information (such as the causes of the disease) can raise awareness in the community and thus promote early detection. The real problem of the impact of this disease lies in the insufficient information given by health staff to the population, socio-cultural barriers, risk factors and lack of learning for self-exploration and self-concern on their health.

GENERAL OBJECTIVE

Spread a proposal based on health education through physical self-exploration and the tackling of its impact on the family.

METHODOLOGY

Bibliographic analysis was conducted through the pedagogy of task based projects in team of students mediated by the teacher.

THE PROPOSAL CONSISTS OF

The central point of this proposal lies first to promote school education, but from the perspective of a constructivist pedagogical approach, encouraging physical self-exploration and assisted exploration by his partner, facilitating the detection of alterations or evidence regarding the normal structure of the breast, also this includes the participation of the husband or spouse, which generally represents the applied health education. This leads to consider the possibility of behavioral studies of exploratory qualitative investigations that allow detecting concerns for their health, concerns for their partners and therefore the stability and familiar integrity. By detecting risk factors from the epidemiological standpoint on time the risk of cancer decreases and even there is a possibility for the disease to not manifest. The proposal includes, working education workshops for health with couples where both were trained in self-exploration and exploration assisted by his partner, there are currently barriers resulting from gender differences, so this would be a major issue, changing the educational model would cause changes in the way of appreciating their health, hence it is important to the goodbye of traditional pedagogical methods, which has not proven to generate meaningful cognitive processes. Qualitative investigation will allow understanding an important and meaningful way for the information given to the health dependent of the pathognomonic manifestation of signs and symptoms of breast cancer, and this would open the door to exploring areas of knowledge and impact on themselves and partner, this allows at the same time to have preventative measures, such as recommending to attend medical consultation and workshops about health education. This has applications in the clinic or hospital as well as in the intervention work that is done in their communities.

CONCLUSION

Breast Cancer has an impact on the increase in mortality rates in women, with little impact on men and their impact on lifestyle and quality of life of survivors and about a traditional educational system. It is urgent to implement a proposal based on the health education from the constructivist pedagogy that motivates the assisted physical self-exploration and tackling its impact on the family with partner participation, because it will allow early detection of this disease and therefore higher probability of successful treatments.

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