



Exploring the Intersection of HIV, Breast Cancer, and Wound Sepsis within the Healthcare System of Uganda

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ABSTRACT

This study delves into the complex intersection of HIV/AIDS, breast cancer, and wound sepsis within the healthcare system of Uganda, focusing on the Amuru, Kitgum, and Pader districts in Northern Uganda. The objectives were to identify, explore, and document the interplay of these diseases, particularly among females, and to understand the sociocultural and structural factors influencing disease progression and access to care. The prevalence rates of breast cancer and HIV/AIDS were found to be significant, with late-stage diagnosis being common, exacerbating the challenges of treatment. Wound sepsis emerged as a critical barrier to care, often leading to unnecessary abandonment of potentially curative interventions. The study highlights the urgent need for comprehensive healthcare system management to address the growing burden of non-communicable diseases and chronic illnesses in Uganda.

Keywords: HIV/AIDS, breast cancer, wound sepsis, healthcare system, Uganda and disease

INTRODUCTION

Breast cancer accounts for almost a tenth of total cases of cancer and also accounts for about ten percent of cancer among females in Uganda [1-3]. However, the prevalence rate and the estimated age-specific prevalence rate of the result of this study were computed to be 29.94% and 4.2% respectively [4-5]. This is consistent with other existing rates estimated for other related countries in East Africa and elsewhere in the world [6-7]. At the time of the HIV/AIDS pandemic, the growth linkage between breast cancer and HIV/AIDS was not very clear in Northern Uganda or elsewhere [8-11]. With gender inequalities that had persisted in Uganda among others and with the majority of males who also became the affected persons with HIV/AIDS, many women, such as those who were supposed to discuss their issues about breast cancer with their male spouses and who were taking even other traditional prescriptions from many traditional healers in the region, omitted to undertake Biophysical support program for the treatment of breast cancer disease [12-14]. Besides the death associated with some complications, the opportunity cost of time female breast cancer victims took while seeking services for the hopeful solution for the breast cancer disease was undoubtedly high [15-20].

HIV and Breast Cancer in Uganda

Despite the HIV-breast cancer nexus, the response to the epidemic of cancer has been poorly understood in the sub-Saharan African region. In a study, women in Kenya felt that "cancer was not a top-of-mind concern" and cited inadequate capacity of healthcare services in cancer management as a challenge [21-24]. Not even half of medical practitioners in small town Kenya and 10% of Ethiopian gynecologists had education on cancer. Health resources mobilized to treat and educate the public on breast cancer detection in much of sub-Saharan Africa are often targeted to reduce cancer mortality in the population. Given the limited infrastructure and financial constraints on the healthcare system of Uganda, the discourse on addressing cancer disparities in the population begs the need of those diagnosed with HIV [25-27].

Uganda is a country in which HIV rates of the population exceed 10% and breast cancer rates of women are more than 70%. Breast cancer is the second most common cancer among women in Uganda, the fifth most common cancer diagnosis, and the leading cause of cancer deaths [28-29]. HIV is the leading cause of death among adults and 1,200 people become infected every day. Those living with untreated HIV are likely to progress to AIDS, secondary infections, co-morbidities, and premature death [30-32]. The health infrastructure of Uganda, like that of many countries with a high prevalence of disease and a low per capita income, is designed to manage communicable diseases and address acute healthcare needs, with

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a minimal focus on non-communicable diseases or chronic illness [33-36]. With the increasing prevalence of breast cancer in Uganda and the high prevalence of HIV, and thus a high risk of co-infection in women, a thorough examination of the healthcare system in Uganda is warranted to understand the sociocultural and structural factors influencing breast cancer progression in women with HIV.

Wound Sepsis in the Healthcare System of Uganda

Breast cancer is on the rise in Africa, with infection-related tumor types, such as those caused by human papillomavirus (HPV) and HIV, contributing to the growing percentage of advanced stage tumors and increasing mortality, despite overall lower incidence compared to fully industrialized countries [37]. In Uganda, it is estimated that breast cancer is the most common cancer among women, with the majority of patients presenting at late-stage disease and experiencing poor outcomes. Areas where the strength of the Ugandan healthcare system is greatest and where strong collaborations exist should aggressively be capitalized upon and used to confront the prevailing pressing disease states of the current era. However, these partners need to be selective of candidate diseases to address and ensure they do not miss the burgeoning NCD burden [38-39]. The HIV epidemic in Uganda has severely stretched the country's healthcare system. In light of this, champions and policymakers focused on the prevention and treatment of HIV-related illnesses by implementing policy and building clinical infrastructure. For instance, routine testing for HIV became the standard of care at The AIDS Support Organization (TASO) Clinic. While this reduction in the incidence of HIV infection is laudable, a recent shift of morbidity from HIV to non-communicable diseases (NCDs), as well as the re-emergence of certain endemic infections, suggests the need for more comprehensive healthcare system management to holistically address the disease burden of this East African country [39].

The Intersection of HIV, Breast Cancer, and Wound Sepsis in Uganda

The rates of breast cancer in Uganda are lower than in high-resource countries; however, challenges in diagnosis result in diagnosis at an advanced stage in the majority of women, illustrating the argument by Anderson and Rees that "...yes, eventually it will kill you." Despite the initial misconception of breast cancer as an HIV-associated cancer, necrotizing soft tissue infections and other post-surgical wound complications are major barriers to treatment for women with advanced breast cancer [23]. Women in this setting faced the barrier of delayed access to care due to limited education, empowerment, and caregiver support, leading to diagnostic and therapeutic delays. A profound lack of knowledge and understanding among healthcare workers compounded the situation. Then, wound complications of mastectomy and axillary dissection resulted in a complete, yet unnecessary abandonment of this supportive and potentially curative, even if palliative, intervention [25]. An understanding of the intersection of HIV, breast cancer, and wound complications in a low-resource setting is critical to make more substantial reductions in global health disparities. The review describes current barriers to care in the setting of high breast cancer mortality, the profound burden of sepsis and chronic wound complications, and the "full circle" impact of wound complications that we rarely encounter in the Western world. A complex background provides the setting for this intersection in Uganda with high HIV incidence and profound gender disparities. Despite comparable rates of HIV in men and women, significant cultural differences lead to substantial gender disparities in HIV care, with women being diagnosed earlier and currently at higher rates of understanding viral suppression and access to care, as disparities in control of viral suppression and taking medication exist for women [26-28].

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