

PHANTOM BREAST SYNDROME POST MASTECTOMY IN BREAST CANCER PATIENTS

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ABSTRACT

Introduction: Breast cancer cases are surging worldwide, phantom breast syndrome raised as a complication among survivors particularly with the increased figures of mastectomy in developing countries. This syndrome is described as felling phantom sensation or pain at the surgical site. **Methods:** a questionnaire survey was done to assess the rate of phantom pain or sensation among breast cancer patients. Patient's demographics, location of cancer and adjuvant therapy given were assessed through the survey. **Results:** it's been noticed that phantom breast syndrome is a growing problem affecting cancer patients post surgery. About half of patients surveyed were complaining from phantom sensory pain. By comparison, 45% were seriously suffering from phantom pain at the site of mastectomy. **Discussion:** With the increase in number of mastectomies in relation to breast conservative and oncology plastic surgeries in developing countries. It is mandatory to assess the causes and consequences of radical breast surgeries and to diagnose breast cancer at earlier stage to eliminate the need of radical and adjuvant therapies. Social and psychological issues among cancer patients need to be carefully addressed by oncologists during follow up visits to eliminate any post treatment complication.

KEYWORDS: phantom breast syndrome, phantom pain, Mastectomy, Phantom sensation.

INTRODUCTION

Phantom breast syndrome (PBS) is a condition in which the patient experiences phantom pain, sensation or both of them.^[1] It may be localized in the nipple and then expand to the whole breast. Patients may have pain or discomfort, itching, tingling, burning, throbbing, and stabbing in the removed breast area. The syndrome can start even after more than one year of surgery. PBS can happen after radical mastectomy, modified radical mastectomy, and breast-conserving surgery, which is known as a lumpectomy.^[1-4] Breast cancer (BC) is one of the most common type of cancers among females.^[5] New cases are diagnosed every year and it is expected to be increased in the future.^[6] Common standard surgical procedures for the treatment of breast cancers are breast-protective surgery and modified radical mastectomy.

Complications of cancer treatment, such as lymphedema and post-mastectomy pain syndrome (PMPS), can occur among approximately 90% of patients during the treatment course and continue for months or years after the end of treatment.^[7,9]

Chemotherapy, radiotherapy, and hormone therapy can

play a role in the development of these adverse effects.^[8] It is estimated that over 50% of women complain of chronic pain following treatment for breast cancer surgery. When pain is considered as chronic pain, its duration is longer than normal time for healing.^[10,11]

Several types of sensory disturbances may be seen, such as allodynia, hyperpathia, burning, and sensory loss. Chronic pain after the treatment of breast cancer can be classified into four groups: 1) Phantom sensation or phantom pain, 2) Intercostobrachial neuralgia or post mastectomy pain syndrome, 3) Pain secondary to neuroma, and 4) Pain due to other nerve damages.^[12] The conception of phantom pain is the included pain in the region of the body that does not exist. Phantom breast pain is the pain that takes place in the breast that has been previously removed.

Phantom sense makes a person feel like the breast that was removed is still in its place. Phantom sensation, either painful or non-painful, can occur after the removal of every part of the innervate organs of the body.^[11]

Phantom pain characteristics have been classified into

the four groups according to the following: Severity of pain, Attack frequency, Duration of attack, and Pain description.^[2]

The pain may be sensed in all parts of the breast or only in the nipple.^[3] It usually occurs as intermittently as every 2–4 weeks.^[2,3] This chronic pain has serious impacts on the emotional situation of the patients, their daily activities, social life and health system costs.^[6]

METHODOLOGY

60 post mastectomy patients were surveyed at the outpatient clinic in Baghdad whom complaining from phantom breast syndrome, questionnaire design was done and directed to the patients including their age, type of surgery, site, type of management, history of breast

feeding and the type of phantom breast syndrome. Patients were questioned by a medical doctor and anonymity was preserved through the whole survey.

RESULTS

Among 60 patients surveyed 55% (33) suffered from phantom pain post Modified radical Mastectomy, 45% (27) where afflicted by phantom sensation (Figure 1).

Median Age is 51 and mean is 52.51. Right breast mastectomy and axillary clearance was done in 28 patients 46%. Left Breast Mastectomy and axillary clearance was done 30 patients 50%. Whereas, Bilateral Mastectomy performed in 4% only of the sample followed (Table 1).

Table 1: Demographics N=60.

Median Age	51
Mode	50
Mean	52.15
Right Breast %	46%
Left Breast %	50
Bilateral Mastectomy	4%
Phantom Pain	27 (45%)
Phantom Sensation	33 (55%)

Phantom Breast Syndrome

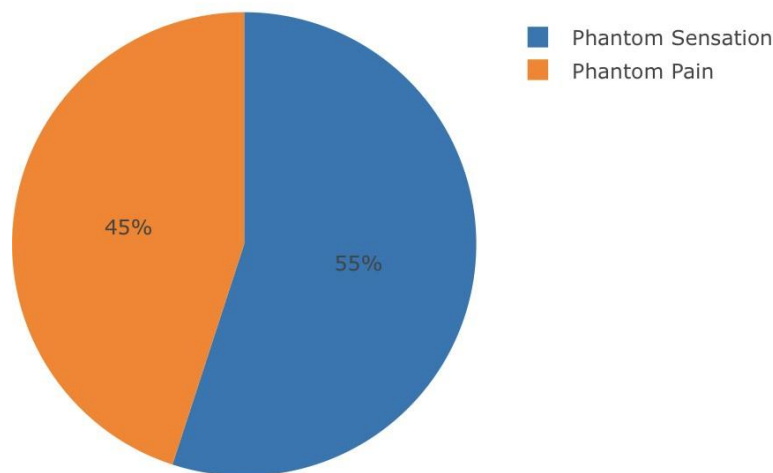


Figure 1: Phantom Breast Syndrome, phantom sensation % N=33 and Phantom pain % N= 27.

DISCUSSION

Phantom breast syndrome is seriously impacting cancer survivors and this can be attributed to the fact that higher rates of modified radical mastectomy done in Iraq and many developing countries.^[13] This can be due to many causes like late diagnosis, breast conservative surgery limitations, lower level of awareness among the population towards screening and patients desire during treatment discussions.

Unfortunately, patients need to live with serious

consequences after radical surgery. Hence, many therapeutic modalities have been suggested to mitigate the afflictions of radical mastectomy like acupuncture, meditation, simple analgesia and sometime remedies. Studies were linking phantom breast syndrome to many social and psychological factors like marital status, social stigma of breast cancer in some countries and low self esteem among survivors.^[14] Besides, some research contributed the phantom syndrome symptomatology to the immune cytokine variations due to treatment modalities used in the adjuvant settings like

chemotherapy and radiation.^[15] It is empirical that breast conservative and once- plastic surgeries rates to be higher in many developing countries like Iraq. Patient's support programs and rehabilitation centers should be more popular to breast cancer survivors and discussed briefly with them by the treating physicians.

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