

個案報告：藉由肉毒桿菌治療乳癌術後疼痛症候群

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Botulinum Toxin as A Non-Surgical Option for Post-Mastectomy Pain Syndrome : A Case Report

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Introduction

Post-mastectomy pain syndrome (PMPS) is reported to occur in 25-60% patient following breast cancer-related surgery and cosmetic mammoplasty. In most conditions, symptoms may be relieved after 2-3 weeks, but chronic pain may occur within the range of 20-60%. Surgical nerve release and fat graft are common methods of treatment. Botox injection is a good non-surgical option of treatment. Here we presented our case and treated the patient with a simple and less invasive method by injection of Botox and steroids.

Case Report

The 48-year-old female patient without any systemic disease was diagnosed with left breast ductal carcinoma in situ. (DCIS, ER 90%, PR:85%, Her2:+1) The patient received robotic-assisted nipple sparing mastectomy, sentinel lymph node biopsy and direct reconstruction with Motiva implant. The implant was placed beneath pectoralis major muscle layer. After one month post-operatively, during follow-up at out-patient department, she complained of intermittent pain over left breast, especially when trying to abduct her left arm. The symptom aggravated over following three months, with poor response to oral analgesics.

Afterwards, she was referred to plastic surgeon. During our out-patient clinic visit, we arranged sonography and it revealed hyperactive of pectoralis major (PM) muscle and spasm over upper pole of left breast and especially near the junction of implant and PM muscle. Grade II capsular contracture was highly suspected as well. Also, dermatitis with hyperpigmentation over lower pole of left breast was noticed. (Figure 1)

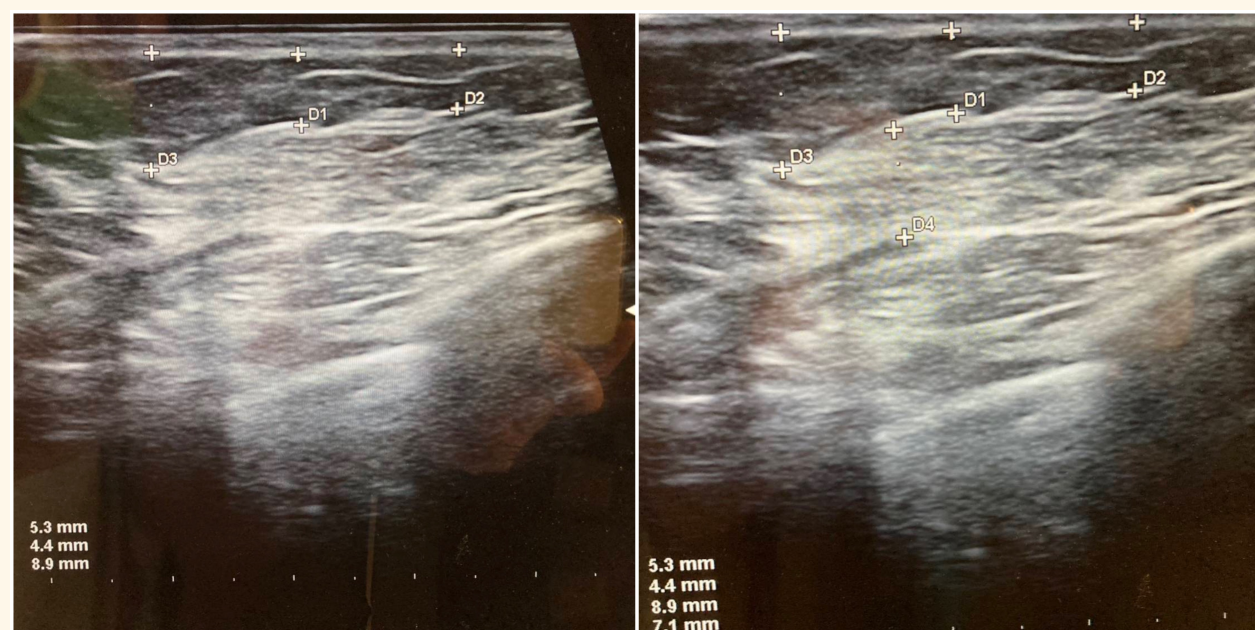


Figure 1. Sonography revealed thicker subcutaneous tissue layer and spasm of pectoralis muscle layer.

At out-patient clinic of plastic surgery, 10 units of Botox (Botulinum toxin) was infiltrated into the whole PM muscle, along with 10mg of Triamcortolone. Boosting dosage of 10 units of Botox was injected after two weeks. The symptom partially and gradually relieved but still persistent after Botox injection after two months follow-up. (Figure 2 and Figure 3)

After three months follow-up, the patient shows up at our out-patient clinic without symptoms of PMPS. The patient felt improvement of symptoms and quality of life. The patient's satisfaction was pretty high according to the patient herself.

Additionally, range of motion of left shoulder joint was recovered to about 70% compared to functional status pre-operatively. (Figure 4) Furthermore, sonography was performed as well, and it confirmed improving subcutaneous edema and spasm of PM muscle. (Figure 5)



Figure 2. Photography and graphic of Botox injection site.



Figure 3. After two months follow-up, the symptom was partially relieved and still persistent.



Figure 4. After three months follow-up, the symptom was relieved, and the patient's satisfaction was pretty high according to the patient herself.

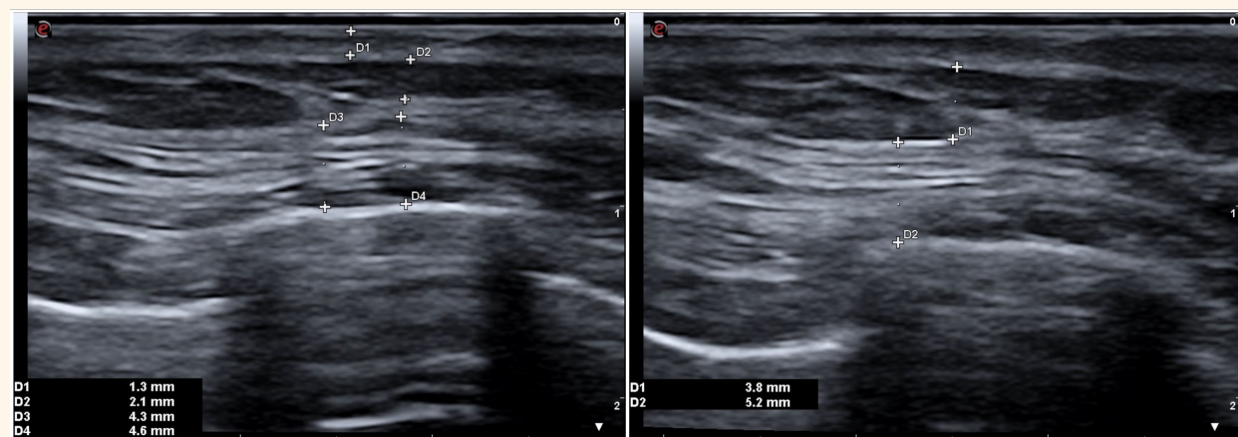


Figure 5. After three months follow-up, image of sonography confirmed improving subcutaneous edema and spasm of PM muscle.