TREATMENT OF POSTMASTECTOMY SHOULDER PAIN WITH BOTULINUM TOXIN: A CLINICAL CASE.

Vaamonde-Lorenzo L, Cuenca-Gonzalez C, Archanco Olcese M, Laso-Muñoz S, Garvin Ocampos L.¹

¹Physical and Rehabilitation Medicine Department
Hospital Clínico San Carlos, Madrid, Spain.

INTRODUCTION: Postmastectomy shoulder pain is a frequent problem with different causes. Botulinum toxin A (BTX-A) may be an option to treat shoulder pain and decreased range of motion (ROM) in patients with mastectomy due to breast cancer.

PURPOSE: treatment of postmastectomy shoulder pain with BTX-A.

METHOD: We present the clinical case of a 35 year-old woman with radical, left mastectomy (2013) for breast cancer. Positive sentinel lymph node; axilar lymphadenectomy (positive 3/10); adjuvant radio-chemotherapy and hormone therapy. She was referred to our Physical and Rehabilitation Medicine Department for left superior limb lymphedema. She complained about decreased shoulder ROM and intense shoulder pain (nociceptive and neuropathic characteristics), since the mastectomy, with worsening after breast reconstruction with *pectoralis major* expander and posterior breast implant. Visual Analogical Scale (VAS) 8/10.

Physical exam showed scar fibrosis and deep adhesences. Painful left *pectoralis major*, with increased consistency. Decreased shoulder ROM, with, flexion 130° active, 150° passive, and abduction 130°, painful after 70°.

She was treated with lidocaine 5% topical patch, tapentadol 100 mg /12 hours, 30 sessions of kinesitherapy, mastectomy scar-tissue massage and pulsed ultrasound.

Regular treatment was not successful, so we used BTX-A 100u on left *pectoralis major*, prior informed consent.

RESULTS: After one month, VAS 2/10, without the need for pharmacological therapy. Shoulder ROM: flexion 145° and abduction 180°. No pain or consistency increase in *pectoralis major*.

CONCLUSION: In our experience, BTX-A is an effective treatment for postmastectomy shoulder pain and decreased ROM, when *pectoralis major* is altered. More studies are needed.

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