

# Treatment of Mastalgia. Our Experience at Lahore General Hospital, Lahore

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## Introduction

Mastalgia (breast pain) is a symptom that usually affects 70% of the women at any given point during their life time.<sup>1</sup> Breast pain can either be cyclical (worse before menstrual period) or un-cyclical (unrelated to the menstrual period). Cyclical breast pain usually resolves spontaneously but tends to recur back whereas non cyclical pain shows a poor response to treatment.<sup>2</sup>

Recently over the last few years we have seen an increase in the number of mastalgia patients presenting in the surgical outpatient department. Majority of them are unaware of the pattern and nature of the disease. This study was conducted in the surgical outpatient department of Lahore general hospital to find out about the severity of disease, its pattern and response to treatment.

## Aims and Objectives

The aims of this study were:

- 1) Find out about the severity and pattern of the disease.
- 2) To determine its response to treatment.

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## Patients and Methods

This study was conducted in the surgical outpatient department of surgical unit I at Lahore General Hospital, Lahore over a period of 6 months starting from Jan 2011 to June 2011. A total of 3360 patients were seen in the outpatient department over a period of 6 months. Out of these only 50 patients were included in the study. A detailed history, complete physical examination and ultrasound examination of the breasts were carried out in all these patients.

Patients were allocated in two groups (A, B). A total of 25 patients were placed in each group. Group A included patients with short onset of disease (less than 6 m), young and anxious patients with age limit ranging from 20 to 30 years with the mean age of 25.9 years. Group B included patients with more chronic disease (more than 6m), middle aged female with age ranging from 30 to 50 years with the mean age of 41.8 years. All patients were thoroughly questioned about the severity of the disease (mild, moderate, severe) and any change noticed in the severity of the pain during before or after the menstrual period.

## Inclusion Criteria

All female patients with no age limit presenting with breast pain were included in the study.

## Exclusion Criteria

- 1) Any women with complaints of breast pain associated with a lump.
- 2) Lactating mothers.
- 3) Patients presenting with nipple discharge.
- 4) Patients presenting with pain arising from the chest wall.

Group A patients were reassured, given treatment with simple baseline analgesics like NSAIDs and followed up at 2 weeks, 4 weeks and 6 months interval.

Group B patients were reassured for exclusion of breast cancer and treated with evening primrose oil (3 g) daily for 4 months. Patients were followed up at 4 weeks, 3 months and 6 months interval.

## Results

Regarding the severity of the disease about 10% of the patients (5 out of 25) reported the pain to be mild, occurring occasionally and settling without any medication. About 70% of the patients (35 out of 50) said that the pain was moderate, relieved by simple analgesics like aspirin and panadol but recurrent and not disturbing their life and daily activities. Only 20% of the patients (10 out of 50) said that the pain was severe enough to disturb their daily household activities and non-relieved by any medication. None of the patients were aware regarding the disease pattern. They did not notice any change in the severity of pain during before or after the menstrual cycle.

In group A out of 25 patients only 5 patients (20%) presented at 2 weeks follow up with persistent pain not responding to treatment. They were extremely worried regarding the possibility of developing breast cancer. All these patients were re-examined, underwent another ultrasound examination of the breasts. They were reassured and discharged on simple analgesics and anxiolytics (nuberol forte and lexilium). They were again followed up after 2 weeks at which they showed complete satisfaction and resolution of symptoms.

Group B patients were given evening primrose oil (24 – 320 mg) daily for 4 months. They were reassured, advised diet modification, regular exercise and low caffeine intake. Only 2 patients (8%) reported at first follow up with failure of treatment. These patients were re-examined, best reassured and underwent repeat ultrasound examination of the breasts. They were continued with evening primrose oil for another period

of 3 months. None of these patients reported with any recurrent symptoms.

## Discussion

Mastalgia is a common occurring problem in women. It is also commonly seen in our part of the world. It has been seen that approximately 21% of the women have severe breast pain but less than 15% seek medical advice.<sup>3</sup> In this study we have seen that out of 3360 patients presenting in the surgical outpatient department only 50 patients presented with this problem (1.48%). This low rate of presentation could be attributed to low socioeconomic status where females feel shy to come to doctors for their medical problem. They also feel reluctant to get their self examined by male doctors thus preferring to stay at home without treatment.

It was also observed that none of our patients noticed any relationship of mastalgia with their menstrual period. This can be a manifestation of low literacy rates and lack of awareness of disease. Apart from mastalgia noncyclical causes of chest pain may be pain located over the costal cartilages.<sup>4</sup> According to study by Massel RE cyclical pain responds spontaneously within 3 months in 20 – 30% of cases and non-cyclical mastalgia may resolve spontaneously but may show a poor response to treatment whereas in this study only 5 patients (20%) in group A and 2 patients (8%) in group B reported failure of treatment initially and none later on. A study by Pye reports that mastalgia patients respond very well to tamoxifen and danazol<sup>5</sup> the wonder drug whereas in this study all the patients were cured either by simple analgesics and evening primrose oil.

## Conclusion and Recommendations

Mastalgia is a prevalent problem in our society. Patients with short onset of disease respond fairly well to simple measures like reassurance and baseline analgesia. Patients with more chronic disease respond well to evening primrose oil as compared to the popular belief with tamoxifen and danazol. Most of our patients are reluctant to seek medical advice and are unaware of the disease pattern. Thus again highlighting the need for improving education and patient awareness.

## References

1. Surgery International. Management of benign breast disease. John Pallett, Christopher A Gately 2004: Vol 66.
2. Breast pain. Nigel J Bundred. Prof of Surg Oncology. Clin Evid (Online); 2007: 0812.
3. Drug treatment for mastalgia. 17 years experience in Cardiff Mastalgia clinic. Journal of Royal Society of Medicine 1992 Jan; 85 (1): 12-15.
4. Maddox PR, Harrison BJ, Mansell RE et al. Non-cyclical mastalgia: improved classification and treatment. Br J Surg 1989; 76: 901-904.
5. Pye JK, Mansel RE, Hughes LE. Clinical experience of drug treatment for mastalgia. Lancet. 1985; 1: 373-377.