
Letter to the Editor

PHANTOM BREAST SYNDROME AFTER BREAST CANCER SURGERY

Dear Editor,

Breast cancer is the most common disease which causes serious health problems in women. Breast cancer constitutes 24.1% of all cancer cases and is the most common cancer in women. Although the prevalence of breast cancer varies by geographic region, the incidence of breast cancer has been increasing by 1.5% per year (Özkan and Alçalar 2009). Breast cancer is known to be more prevalent in developed countries than developing countries (Parkin et al. 2005).

In many societies, breasts are associated with ideas of attractiveness, sexuality, and motherhood. Surgery is one of the most commonly used methods of treatment in women diagnosed with breast cancer (Uçar and Uzun 2008). The loss of one or both breasts by mastectomy may be perceived as the loss of femininity, fertility, attractiveness, or sexuality. The resulting psychological consequences may include emotional stress due to the woman's altered perception of her body; anxiety related to the likelihood of recurrence; depression; impaired body image; and sexual dysfunction (Gümüş 2006, Bredin 2009). Phantom breast syndrome (PBS) is characterized by the continued perception of breast tissue after mastectomy, including

pain in the breast area. It remains unclear whether PBS may be caused by damage to the nerves during surgery. Regardless, psychological factors may be effective in the etiology of PBS (Ramesh et al. 2009, Spyropoulou et al. 2008). However, no adequate studies of the role of psychological factors are present in the literature. Below, we present a case of PBS.

A 45-year-old female patient with no history of mental disorder was admitted to a psychiatric outpatient clinic for the first time. She was a high-school graduate, married with two children, and employed as a clerk. On presentation to the psychiatric outpatient clinic, she reported demoralization, insomnia, sexual frigidity, and a dislike of seeing herself naked in the mirror, all of which had begun a year earlier after total mastectomy. She also had the sensation of remaining right breast tissue and pain in the region. The patient completed the Beck Depression Inventory (BDI) with a score of 33 (Beck 1961, Hisli 1988). Venlafaxine was administered and its dose was increased to 225 mg/day gradually over two months. The patient is followed-up monthly and her BDI score was 15 at the fourth consultation. Phantom breast pain and perception have been substantially reduced.

A previous study reported an association between depression severity and PBS and a higher frequency of PBS before the age of 51 (Spyropoulou et al. 2008). Of 41 patients who underwent mastectomy, 54% had PBS and 80% of those patients also had phantom breast pain. In another study, patients with PBS were found to have received less emotional support from their surgeons compared to patients without PBS, and psychological symptoms seemed to occur secondary to the mastectomy in the patients with PBS (Jamison et al. 1979). In a third study, 35.5% of 31 patients with mastectomy had PBS,

and more severely impaired body image and sexual function were detected in the patients with PBS (Christensen et al. 1982). MacDonald et al. (2005) assessed patients diagnosed with PBS after mastectomy nine years post-operation and determined that 52% of the patients still suffered from PBS.

Antidepressants, anticonvulsants, opioids, N-methyl-D-aspartate receptor antagonists, mexiletine, topical lidocaine, cannabinoids, topical capsaicin, and glycine antagonists have been tested and proposed for the treatment of PBS. However, no specific treatment for PBS has been determined (Ramesh et al. 2009). Studies with larger samples should be performed to determine specific treatment options for PBS. We believe that it is important to evaluate patients who have undergone breast removal surgery for PBS.

Yours sincerely,

Ferdi Köşger, MD, Assis. Prof.

Eskisehir Osmangazi University, Faculty of Medicine, Department of Psychiatry, Eskisehir, Turkey.

e-mail: ferdikosger@mynet.com

İpek Sönmez, MD, Assis. Prof.

Near East University, Department of Psychiatry, Nicosia, TRNC.

REFERENCES

- Beck AT (1961) An inventory for measuring depression. Arch Gen Psychiatry. 4: 561-71.
- Bredin M (1999) Mastectomy, body image and therapeutic massage: A qualitative study of women's experience. J Adv Nurs 29: 1113-20.
- Christensen K, Blichert-Toft M, Giersing U et al (1982) Phantom breast syndrome in young women after mastectomy for breast cancer. Physical, social and psychological aspects. Acta Chir Scand 148: 351-4.
- Gümüş AB (2006) Meme kanserinde psikososyal sorunlar ve destekleyici girişimler. Meme Sağlığı Dergisi 2: 108-13.
- Hisli N (1989) Beck Depresyon Envanterinin üniversite öğrencileri için geçerliği, güvenirliği. Psikoloji Dergisi. 7: 3-13.
- Jamison K, Wellisch DK, Katz RL et al (1979) Phantom breast syndrome. Arch Surg 114: 93-5.
- Macdonald L, Bruce J, Scott NW et al (2005) Long-term follow-up of breast cancer survivors with postmastectomy pain syndrome. Br J Cancer 92: 225-30.
- Özkan S, Alçalar N (2009) Meme kanserinin cerrahi tedavisine psikolojik tepkiler. Meme Sağlığı Dergisi 5: 60-4.
- Parkin DM, Bray F, Ferlay J et al (2005) Global cancer statistics, 2002. CA Cancer J Clin 55: 74-108.
- Ramesh, Shukla NK, Bhatnagar S (2009) Phantom breast syndrome. Indian J Palliat Care 15: 103-7.
- Spyropoulou AC, Papageorgiou C, Markopoulos C et al (2008) Depressive symptomatology correlates with phantom breast syndrome in mastectomized women. Eur Arch Psychiatry Clin Neurosci 258: 165-70.
- Uçar T, Uzun Ö (2008) Meme kanserli kadınlarda mastektominin beden algısı, benlik saygısı ve eş uyumu üzerine etkisinin incelenmesi. Meme Sağlığı Dergisi 4: 162-8.