



Explain The Pain

Breast pain is one of the most common symptoms that bring women to our center. With any new and unexplained breast pain, there is the inevitable concern that it could be related to an underlying breast cancer. Fortunately, breast cancer rarely presents as a pain in the absence of other symptoms, the most common of which is a breast lump. So the first point to make about breast pain is that in the vast majority of cases a new breast pain is not an early sign of cancer.

There are however situations in which both the patient and the physician must be on guard for the possibility that a new breast pain may be an indication that something more serious is going on. First of all, any new pain lasting more than a month should be evaluated by a physician. If a new pain is associated with a lump, there is need for more immediate attention by a physician.

After taking a careful history and doing a careful physical examination of the breast, the physician can usually distinguish between common conditions which are associated with breast pain and require only reassurance. In situations where there is concern by the physician, the next step is a diagnostic mammogram including focused views of the area of concern and in most cases an ultra-sound examination. If the imaging studies are negative and the physical exam is also normal, the patient can be followed (we usually see the patient at 2-3 months) and if the pain resolves we go back to routine follow-up.

For the vast majority of patients this is all that is required, but there are conditions where this standard approach will fail to identify a “hidden” breast cancer. Women and their physicians should be aware that in rare circumstances a new pain may be the first indicator of a “hidden” breast cancer. The first clue that this may be the case is when the pain is localized to a very specific area of the breast: i.e. the patient can point to it with one finger. The second clue is that the pain is increasing in intensity over a period of weeks or months.

Given the combination of focal pain that is increasing in severity, the probability of a hidden cancer is real and efforts must be taken to determine the cause of the pain. If other causes of pain can be excluded, the next step is an MRI. Although the MRI is expensive and not always covered by insurance companies, in my experience it will detect the vast majority of these “hidden” cancers.

If the MRI is negative, the overwhelming probability is that a breast cancer is not the cause of the pain. However, in the rarest of circumstances I have seen a few cases in which there was a “hidden” cancer despite a negative evaluation including a negative MRI. For this reason we do two things to make certain we are not missing a “hidden” cancer. The first is to offer women



the option of an open breast biopsy to sample the area, or as an alternative we do very careful follow-ups (i.e. every 1-2 months for one year). Of course we also look for other explanations of the pain. We also encourage these women to see us immediately if they note any change in symptoms.

The bottom line is that for the vast majority of women with breast pain, the cause is not breast cancer. For those unusual situations in which a breast cancer is the cause of the pain, it is usually easily diagnosed using standard imaging techniques. In the rare case, an MRI can be very effective in finding a hidden breast cancer. Women who have unexplained breast pain that persists after completing a normal work up should see a breast care specialist. Fortunately, such situations are very unusual.