

2019-02-22

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Repository Citation

Hall, Lauren M.; Reilly, Julia; Most, Mathew J.; and Baima, Jennifer, "No Woman is an Island -- Access to Care and Extreme Measures for Cancer Pain and Lymphedema: A Case Report" (2019). *Orthopedics and Physical Rehabilitation Publications and Presentations*. 189. https://escholarship.umassmed.edu/ortho_pp/189

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No Woman is an Island -- Access to Care and Extreme Measures for Cancer Pain and Lymphedema: A Case Report

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Keywords

mucinous ovarian cancer, pain management, cancer rehabilitation, metastatic bone disease, palliative amputation, physiatry

Comments

Poster presentation at the 2019 Association of Academic Physiatrists Annual Meeting, Puerto Rico, February 19-23, 2019.

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BACKGROUND

Cancer rehabilitation is a rapidly growing diverse field in physiatry. This case provides an example where rehabilitation physiatrists played a crucial role in the pain management, education, and rehabilitation before and after a palliative amputation. Due to her limited resources, both in her home country and in her local community, she could not access appropriate care that may have prevented the need for amputation. Though amputation is not generally accepted as the first line of treatment for pain, there have been several reports of palliative amputation in metastatic cancer patients. In particular, fore quarter amputations have been reported in metastatic breast cancer patients to manage pain and recurrent fractures.

CASE DESCRIPTION

STAGE 1A MUCINOUS OVARIAN CANCER

- ◆ 28 yo F p/w abdominal pain, distension, irregular menses, and weight gain
- ◆ Abdominal CT revealed a multi-loculated cystic mass with multiple areas of solidly enhancing tissue
- ◆ diagnosed with **Stage 1A mucinous ovarian cancer** and returned to her island home for surveillance.

About 5 months later...

- ◆ She developed acute arm pain.
- ◆ Imaging from her home hospital revealed a classic minimally displaced pathologic fracture.
- ◆ When she presented to us, repeat imaging revealed a large calcified tumor with a severe malunion, which surgery could not fix.
- ◆ Biopsy was consistent with a metastatic lesion from her initial ovarian adenocarcinoma with no other metastatic disease.

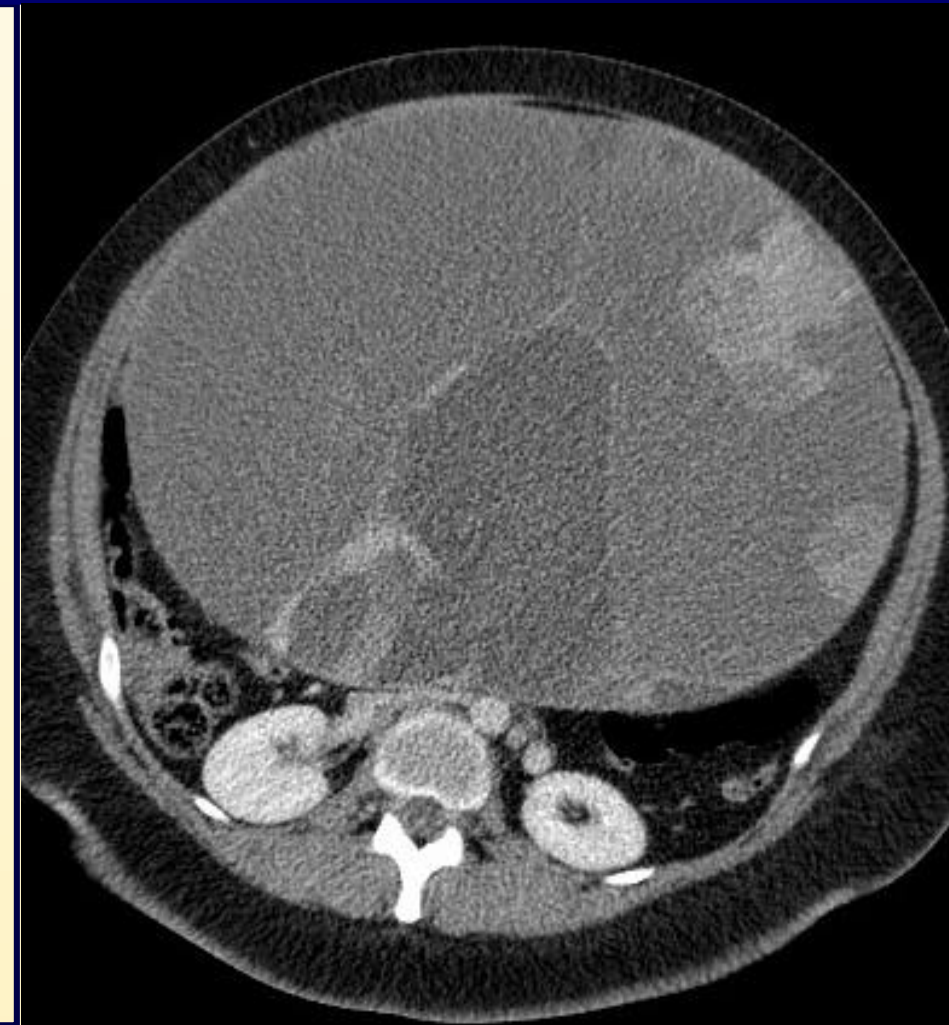
The Aftermath...

- ◆ She was left with severe lymphedema and unrelenting pain for almost two years.
- ◆ Difficulty accessing manual decongestive therapy.
- ◆ By the time she did, her pain and lymphedema had progressed markedly.
- ◆ Despite the use of multiple narcotics and gabapentin, her pain was unbearable.

MUCINOUS OVARIAN CANCER

Abdominal CT:

- ◆ 35x23x37cm multi-loculated cystic mass with multiple areas of solidly enhancing tissue originating from the pelvis
- ◆ Likely ovarian origin.
- ◆ Likely etiologies includes ovarian mucinous or serous cystadenoma



METASTATIC BONE DISEASE

Humerus X-Ray:

- ◆ Large expansile lytic lesion
- ◆ Pathologic fractures in the proximal humeral shaft with slightly laterally displaced distal fracture fragments.
- ◆ Inferior subluxation of the humeral head
- ◆ Widening of the glenohumeral joint space could be related to a large effusion.



ROLE OF PALLIATIVE AMPUTATION

When to amputate?

- ◆ Uncontrollable pain
- ◆ Failure or resistance to chemotherapy and radiation

Palliative Amputation:

- ◆ Following several months of education, prehabilitation, and weighing of risks and benefits she decided to undergo a complete shoulder disarticulation.
- ◆ As of several months after her surgery, her pain is significantly decreased and she was able to return once again to her island home.

Risks of Amputation

- ◆ Inability to guarantee the reduction of pain or prevention of recurrence of malignancy

DISCUSSION

ACCESS TO CANCER REHABILITATION SERVICES:

- ◆ Access to cancer rehabilitation services are limited across the country
- ◆ If offered, many patients still do not receive adequate information about the resources
- ◆ Cheville et. al. reported that only 1-2% of cancer patients with functional deficits receive adequate rehabilitative services
- ◆ Recent article by Silver et. al. reported that 70% of Cancer Centers do not have a definition of cancer rehabilitation services on their website

WHEN TO REFER TO REHABILITATION SERVICES:

- ◆ Referral to services is often one of the biggest barriers that patients face
- ◆ Physicians often hesitate to refer to rehabilitation evaluation due to prognosis
- ◆ All patients should be referred despite their prognosis or life expectancy

EDUCATION ON FUNCTIONAL IMPACT OF AMPUTATION:

- ◆ No guarantee for complete or even partial pain reduction
- ◆ Phantom limb sensation and phantom limb pain are possible and can be difficult to treat
- ◆ Continued risk of recurrence of cancer

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