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

Lauren M. Hall
University of Massachusetts Medical School

Let us know how access to this document benefits you.
Follow this and additional works at: https://escholarship.umassmed.edu/ortho_pp

Part of the Female Urogenital Diseases and Pregnancy Complications Commons, Health Services Administration Commons, Neoplasms Commons, Orthopedics Commons, Pain Management Commons, Palliative Care Commons, Pathological Conditions, Signs and Symptoms Commons, Psychological Phenomena and Processes Commons, Rehabilitation and Therapy Commons, Surgical Procedures, Operative Commons, and the Women's Health Commons

Repository Citation

This material is brought to you by eScholarship@UMassChan. It has been accepted for inclusion in Orthopedics and Physical Rehabilitation Publications by an authorized administrator of eScholarship@UMassChan. For more information, please contact Lisa.Palmer@umassmed.edu.
No Woman is an Island—Access to Care and Extreme Measures for Cancer Pain and lymphedema: A Case Report

Hall L¹, Reilly J², Most M¹, Baima J¹
¹Department of Orthopedics and Physical Rehabilitation, University of Massachusetts Medical School
²Spaulding Rehabilitation Hospital, Harvard Medical School

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, forearm 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 unremitting pain for almost two years.
- Difficulty accessing manual decongestive therapy.
- By the time she died, 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

REFERENCES