

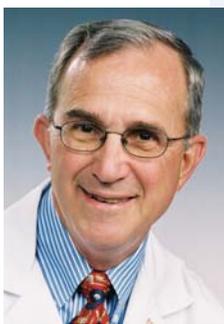
Breast Pain During Menopause



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Most women have experienced breast pain at some point in their lives. During the reproductive years it is often cyclic. Though menopause brings an end to monthly cycles, women can still have breast discomfort. The following article by Dr. Smink discusses the sources for these symptoms and outlines some treatment options.

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Pain in the breast is a common symptom in women of all ages. In the perimenopausal years this discomfort becomes more prominent primarily due to the hormonal changes which occur during this significant event. Although hormonal influences are the most common cause of pain at this time, dietary effects, mechanical issues, or infection can also cause pain. Breast cancer must also be considered; however, the vast majority of breast tumors are painless. In addition, breast pain is frequently asymmetric without any obvious explanation.

Hormonal Issues

All female hormones including estrogen, progesterone and prolactin have an effect on breast tissues. The cyclic production of these hormones causes intermittent stimulation of tissues in the breast and can therefore result in breast discomfort. Hormonal effects are most obvious when the stimulation changes, especially during the menopause. Thus the perimenopausal years can be fraught with increasing complaints of breast pain. This type of pain tends to have a cyclic quality. Most commonly, the pain intensifies in the week prior to the onset of menses and begins to resolve several days into the period. During this time the patient may also notice fullness, lumpiness or tenderness in the breast. These symptoms are classic for what is referred to as fibrocystic “change” or “condition” but should not be referred to

as “fibrocystic disease”. This symptom complex is entirely normal in the menstruating or perimenopausal female; thus, they do not represent a disease process. Frequently these symptoms abate within several years following the menopause. Unless women take hormone replacement therapy following menopause they rarely have cyclic, hormone-induced pain once menopause has concluded.

Cysts

In addition to the cyclic type of pain discussed above, women frequently have pain from cysts which are sacs filled with fluid. The fluid is frequently tan, yellow, green, grayish black, or in rare instances even bloody. The fluid can be clear or cloudy in appearance. Only bloody fluid is of any concern; all other fluids are completely normal.

Cysts are frequently caused by hormonal changes. They may present either with localized pain or the appearance of a mass. Cysts can be diagnosed by mammography but ultrasound is a more sensitive modality for diagnosis of a cyst. When ultrasound confirms that a cyst is present and filled with clear fluid, no further treatment is necessary. If the patient has pain or a large mass is present, the cyst can be easily aspirated by the surgeon. Aspiration is a virtually painless office procedure which takes but a few seconds.

Dietary Effects

Dietary issues, such as a group of compounds called methylxanthines, have been implicated in causing breast pain. These substances include caffeine and chocolate, as well as certain wines and nuts. In the absence of other obvious causes for pain, avoidance of these substances is worth trying. Few patients achieve any significant degree of improvement and even then they take at least one to two months before relief is noted.

This is intended as an information resource providing guidelines for women. As always, check with your own healthcare practitioner with your specific concerns and questions.

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Medications such as vitamin E and diuretics have not demonstrated any significant improvement in clinical trials. Reassurance by the physician is often sufficient to relieve the patient's anxieties. Other measures such as sports bras, ice, or anti-inflammatory medications can be effective. However these symptoms tend to resolve over time even without specific treatment.

Other Issues

Breast infections are uncommon in the peri- or postmenopausal patients. They are associated with redness, swelling, or even drainage of pus. Since the breast is covered by skin, any skin infection can also occur on the breast. Most of these infections are treated easily with surgical drainage or antibiotics, but must be differentiated from inflammatory carcinoma of the breast, a rare but serious form of breast cancer.

In addition, pain in other organs can be attributed to the breast. Women can present with pain believed to originate in the breast but which is found to have another source. The most common such causes are muscle strains or arthritis in the rib cage. Less frequently, patients present with pain which originates in the lungs or even in the heart.

Another cause of breast pain in the postmenopausal patient is the mechanical effect of gravity. As the supporting ligaments of the breast weaken or rupture, the breast tends to "droop".

This event can be associated with pain as the breast pulls on the underlying muscle. Again, use of a sports bra can be helpful in reducing the patient's pain.

Finally, the issue of breast cancer cannot be overlooked in a patient who presents with pain. As mentioned earlier, cancer is a rare cause of breast pain. However, it must be investigated in all situations. The physician will obtain a history, do an examination and then order tests for more definitive diagnosis. These tests might include mammography, ultrasonography, or even an MRI. A needle aspiration biopsy to obtain cells from the area of concern may also be performed. If all of the above studies are negative for evidence of breast cancer, then the patient can be reassured that there is no malignancy present.

In Summary

Breast pain is a common symptom in patients of all ages but particularly in the perimenopausal time frame. The vast majority of these symptoms are caused by a benign process. However, each patient should be evaluated carefully by an experienced breast surgeon to rule out any serious underlying problem.

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