Breast Pain (Mastalgia)

Disclaimer

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**Red Flags**

- Mastalgia associated with a lump, ulcer, bloody or serous nipple discharge
- Skin changes such as peau-d’orange or diffuse erythema
- Repeated presentation with the same symptoms

**Background**

**About breast pain**

Mastalgia, mastodynia, or breast tenderness is a common problem experienced by most women. Only a small proportion of patients seek medical advice from their general practice team.

Breast pain can be cyclical or non-cyclical and is most common between the ages of 30 and 50 years. It is often located in the upper outer quadrant of the breast.

Cyclical breast pain resolves spontaneously within 3 months of onset in 20% to 30% of women. The pain tends to relapse and remit, and up to 60% of women develop recurrent symptoms 2 years after treatment. Non-cyclical pain responds poorly to treatment but resolves spontaneously in about 50% of women.

**Assessment**

1. Take a history to establish whether the pattern of pain is:
   - cyclical or non-cyclical.
   - focal.
   - unilateral or bilateral.

   If the pattern of pain is unclear, ask patient to complete a Breast Pain Calendar.

2. Exclude features raising suspicion of breast cancer.
   - **Features raising suspicion of breast cancer**
     - Discrete breast or axillary lump, ulceration, skin dimpling, breast distortion
     - Persistent nipple eczema, ulceration, recent (< 3 months) nipple retraction or distortion
     - Repeated consultation about the same breast symptoms
     - Bloody or serous unilateral nipple discharge – green or yellow discharge is not a feature of cancer.


   Inflammatory breast cancer is a rare and aggressive form of breast cancer characterised by diffuse erythema and oedema involving a third or more of the skin of the breast and typically has the peau d’orange skin dimpling appearance. The inflammatory changes are caused by tumour emboli.

   - Consider inflammatory breast cancer when mastitis is:
     - accompanied by skin dimpling (peau d’orange), or
     - not responsive to antibiotics after 10 days and
     - not associated with breast feeding or another cause.
   - There is usually no fever.
   - See also the Mastitis and Breast Abscess pathway.

4. Consider the cause of breast pain in:
   - **Females**
     - Cyclic breast pain is linked to hormones and the menstrual cycle.
     - Non-cyclical breast pain may be related to:
Breast Pain (Mastalgia) pathway

- Pregnancy.
- Menopause (unless patient is taking menopause hormone therapy).
- Oestrogen and progesterone containing medications.
- Large breasts.
- Referred pain from osteoarthritis of the thoracic spine or underlying musculoskeletal pain.
- Mastitis or a breast abscess – suspect if breast pain associated with redness with or without a tender lump. Manage according to the Mastitis and Breast Abscess pathway.

- **Breast pain in women generally improves without treatment. Almost a third of women with cyclical breast pain improve over 3 cycles. Breast pain is frequently recurrent.**

**Males**

- **Mastalgia can occur in young boys and adults, usually related to physiological gynaecomastia. This generally resolves without any treatment.**
- **In elderly men who develop gynaecomastia, usually secondary to certain diuretics and cardiac medications, discomfort is usually worse in the first 3 to 6 months before it settles.**

5. Examine the patient – check for:
   - mass
   - localised tenderness
   - skin changes
   - lymphadenopathy
   - discharge.

6. Arrange breast imaging if:
   - any clinical findings raising suspicion of breast cancer.
     - **Features raising suspicion of breast cancer**
       - Discrete breast or axillary lump, ulceration, skin dimpling, breast distortion
       - Persistent nipple eczema, ulceration, recent (< 3 months) nipple retraction or distortion
       - Repeated consultation about the same breast symptoms
       - Bloody or serous unilateral nipple discharge – green or yellow discharge is not a feature of cancer

   - no improvement after 6 to 8 weeks of observation.
   - persistent pain not previously investigated.
   - patient is due for breast screening.

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**Management**

1. Request urgent or routine breast surgery referral if:
   - mastalgia associated with a lump, ulcer, bloody or serous nipple discharge, or skin changes such as peau-d’orange or diffuse erythema.
   - non-response to treatment or repeated presentation with the same symptoms.
   - pain is severe.
   - pain is not responding to first line treatment after 4 months, for consideration of second-line treatment options including danazol or tamoxifen.

2. Reassure the patient that breast pain is rarely the only presenting symptom for breast cancer. Provide patient information.

3. If symptoms are significant, consider treatment options:
Non-drug strategies

- Wearing a well-fitting sports bra, non-underwired and fitted by a professional, often gives relief from breast pain.

Medication

- Non-steroidal anti-inflammatory drugs (NSAIDs):
  - Diclofenac topical gel can be effective at relieving symptoms of cyclical and non-cyclical breast pain.
  - It is considered appropriate first-line treatment as benefits are thought to outweigh the risk of adverse effects.
- Stopping, reducing, or altering hormonal therapies including combined oral contraceptive pill (COCP), progesterone-only pill (POP), Depo-Provera, progesterone implant, or menopause hormone therapy (MHT).

Evening primrose oil

- There is inconclusive evidence for evening primrose oil but this appears to be helpful for many women.
  - The usual dose is 1000 mg two to three times a day.
  - 4 months of continuous treatment is needed to assess effectiveness.

4. Review at 3 to 4 months, or earlier if new symptoms arise.

Referral

- Request urgent or routine breast surgery referral if:
  - mastalgia associated with a lump, ulcer, bloody or serous nipple discharge, or skin changes such as peau-d'orange or diffuse erythema.
  - non-response to treatment or repeated presentation with the same symptoms.
  - pain is severe.
  - not responding to first line treatment after 4 months, for consideration of second-line treatment options including danazol or tamoxifen.

Information

For health professionals

Cancer Australia – Investigation of a New Breast Symptom, A Guide for General Practitioners

For patients

- Patient – Breast Pain
- The Royal Women's Hospital – Breast Soreness
- Westmead Breast Cancer Institute – Mastalgia

References


Last Reviewed: December 2019

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