

EFFECTIVENESS OF BOTULINUM TOXIN INFILTRATION IN THE TREATMENT OF POST-MASTECTOMY PAIN SYNDROME.



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BACKGROUND AND IMPORTANCE

Post-mastectomy Pain Syndrome (PMPS) is characterized by chronic neuropathic and musculoskeletal pain following breast surgery. Botulinum neurotoxin type A (BoNT-A), by inhibiting the release of acetylcholine and reducing muscle contraction, offers a longer-lasting effect.

AIM AND OBJECTIVES

- To evaluate the effectiveness of BoNT-A in pain control in patients with PMPS.
- To analyze the variability between different BoNT-A presentations.

MATERIALS AND METHODS

- Retrospective observational study in a secondary-level hospital between February 2019 - August 2025.

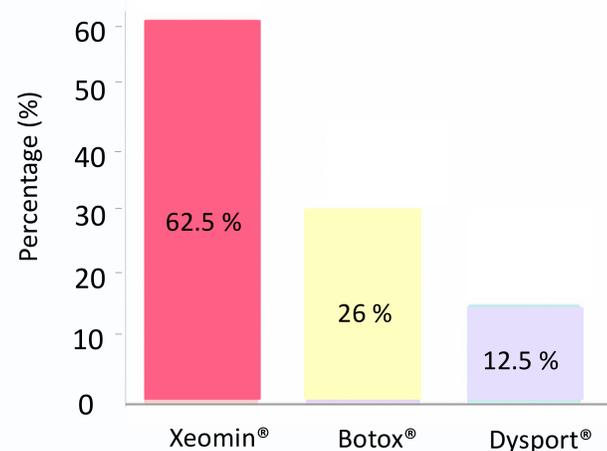
- Variables
 - Demographic variables.
 - Toxin presentation and dose.
 - Dose variations.
 - Number of infiltrations.
 - Frequency of administration.
 - Previous analgesics.
 - Clinical improvement were recorded.

- Programs used: Mambrino XXI®, Farmatools® Outpatient Dispensing module, Excel® and SPSS®.

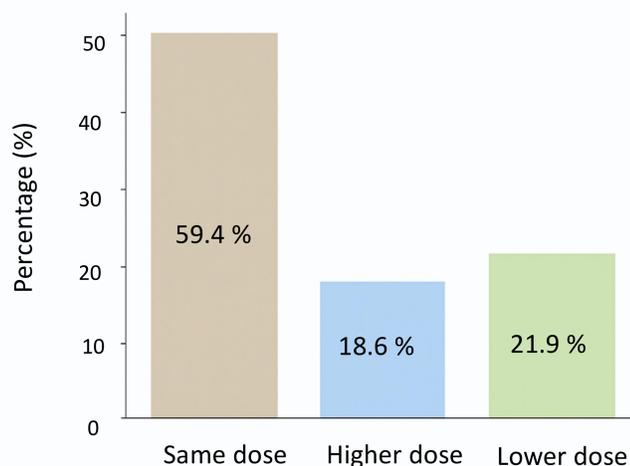
RESULTS

- 32 patients
 - All women
 - Median age of 50 years
- Median infiltrations per person → 2 infiltrations.
- Median administration interval → 5 months (36 months maximum).
- ↑ Nº Previous analgesics → ↓ Frequency of administration

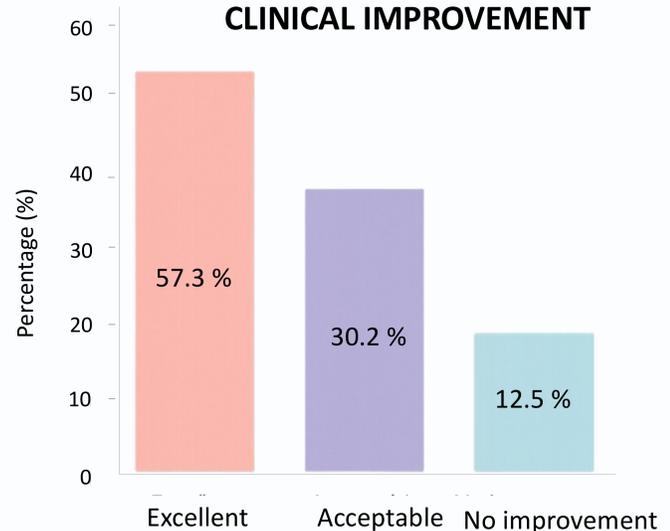
TOXIN PRESENTATION



DOSE VARIATIONS



CLINICAL IMPROVEMENT



CONCLUSIONS AND RELEVANCE

- BoNT-A showed high efficacy in pain control in PMPS, with significant improvement after the first and successive infiltrations, consistent with other related studies.
- Showed no significance between age and clinical effectiveness.
- Showed no statistically significant differences between clinical improvement and BoNT-A presentation.



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