



Mini Review

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Sequellar Chronic Pain After Cancer: What Characteristics in A Tunisian Population?

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Introduction

The development of diagnostic and therapeutic means in oncology continues to increase the number of patients in complete remission after cancer whose quality of life can be altered by the sequelae of the various treatments. Pain is one of the most common complex and prevalent symptoms observed in patients cured of their cancers and can be a barrier to resuming normal life.

Objective

Assess the prevalence of chronic sequelae pain during the after-cancer period, identify its characteristics and esymptomss its impact on functional capacity in a Tunisian population.

Methods

Descriptive study about adult patients in remission, treated curatively for cancer at the oncology department of Farhat Hached Hospital (Sousse, Tunisia), suffering from sequellar chronic pain during after cancer period. Data were collected using a self-administered questionnaire between October and December 2022. Functional capacity was assessed using the French version of the Oswestry Disability Index [1].

Results

Among 441 patients in remission undergoing surveillance, 41 had sequelae of chronic pain, with a prevalence of 9.3%. Women accounted for 95% of cases. The median age is 57.5 years. Breast cancer was the most common (75%), followed by digestive cancers (17.5%). Median time since end of treatment is 21 months. The majority of patients (97.5%) underwent surgery which was radical in 38.5% and conservative in 61.5% with lymph node dissection in 56.4%. Chemotherapy is used in 85% of patients (Taxane:65%, platinum salt:22.5%), radiotherapy in 52.5%, hormone therapy in 67.5% of cases. Pain was neurogenic in 45% of cases, nociceptive in

27.5% and mixed in 27.5%. Painful symptomatology was described as burning in 40%, cold sensation in 20%, electrical discharges in 32.5% and tingling in 42.5%. It appears during treatment in 55% of cases and after the end of treatment in 45% with an median onset time of 14 months. Pain was paroxysmal in 77.5% of cases and continuous in 22.5%. Localized to the surgical scar in 45% of cases, upper limbs in 25%, lower limbs in 20 and joints in 12.5%. The median maximum intensity was 5/10. Majority of patients (97.5%) were poorly treated for their pain ,87.5% report having disabling pain at the time of interrogation and only ten patients (25%) were under analgesic treatment which was paracetamol in 100% of cases. It was taken continuously in only 20% of cases, and was prescribed by a doctor in only half the cases. Only in 2 cases it was prescribed by an oncologist and only one was completely relieved. Overall, functional capacity was often little or unimpaired, with a median score of 18% (0%-68%) , indeed 87,5% had a minimal to moderate reduction of functional ability and only 12,5%described a significant functional impairment that was considered severe in 5% of cases .

Discussion

This is the first Tunisian study about pain in after cancer, showing that chronic pain is frequently observed in oncology patients cured of their cancers [2,3]. It showed that 30-50% of cancer patients present pain at a distance from the disease. The intensity is medium or strong in 10-40% of cases. Pain results from damage caused by the various treatments received (radiotherapy-surgery-chemotherapy-hormone therapy) and psychological factors reflecting the experience of the disease. In our study, often pain is neurogenic, mainly secondary to surgery or platinum-based chemotherapy or neuropathic requiring the use of neuroleptics. The most frequent location was the operative scar and this regardless



of the initial tumor site . In this review, no differences were found in prevalence of pain between elderly and younger patients but a higher prevalence among women was noted [3].

The intensity is often of moderate, as we found in our patients, but can be incapacitating in fact most patients will accept mild pain, whereas moderate and severe pain will require attention [3]. Quality of life can be altered by sequellar pain and constitutes an obstacle to the resumption of a normal life [1].

These pains are frequent, chronic in nature. They often give rise to fears of recurrence, and are often neglected and poorly managed with rarely recourse to doctors [2] indeed fear of medications in general (opioids in particular), patient desire to be a “good” patient, lack of knowledge, lack of interest and request from care providers are well known barriers to adequate pain control [3].

Conclusion

Chronic sequellar pain during the after-cancer period is a frequent problem, neglected in the management strategy of our patients and must be properly supported.

Acknowledgements

None.

Conflicts of Interests

None.

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