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mastalgia

Mastodynies : évaluation de l'acupuncture

1. Systematic Reviews and Meta-Analysis

1.1. Shi 2024

Shi H, Chen H, Gao S, Fang J, Zhu L, Liu Z. Acupuncture for cyclic and noncyclic breast pain in women: A systematic review and meta-analysis of randomized controlled trials. Eur J Integr Med. 2024 Jun;68:102355. https://doi.org/10.1016/j.eujim.2024.102355

Introduction	Breast pain is a frequently encountered problem in both pre- and postmenopausal women. The pain can be severe and persistent, and interferes with women's daily life. Acupuncture has been widely used for women with cyclic and noncyclic breast pain with possible favorable effects and few adverse events, however, the data have not been systematically reviewed. This systematic review aims to investigate the efficacy of acupuncture on alleviating breast pain.
Methods	Seven databases including Medline, Embase, Pubmed, CNKI, etc. were searched for English and Chinese literature from their inception to 22 January 2024. We included randomized clinical trials that assessed the effectiveness of acupuncture in reducing pain intensity for cyclic and noncyclic mastalgia unrelated to cancer. Two independent reviewers screened the retrieved studies and extracted the data. Risk of bias of included studies was assessed according to Cochrane Risk-of-Bias (RoB) tool version 2. Meta-analysis was conducted where applicable.
Results	**Eleven studies were included**. Eight studies with 588 women focused on cyclic breast pain (CBP), three studies with 210 women focused on noncyclic breast pain (NCBP). For CBP, the overall response rate of acupuncture was comparable to tamoxifen (3 studies, n=243; RR 1.24, 95% CI 0.75 to 2.06, p=0.39; very low certainty), however, the effect of acupuncture measured by visual analogue scale (VAS) score was inconsistent when compared with sham acupuncture in 3 studies (n=141; MD 11.08, 95% CI -3.95 to 26.10; p = 0.15; very low certainty). For NCBP, acupuncture provided significantly more reduction in VAS score than antibiotics for mastitis (2 studies, n=148; MD 12.69, 95% CI 8.38 to 17.00; p < 0.001; low certainty). A total of five cases of adverse events were reported.
Conclusion	Acupuncture may have similar effects to tamoxifen in treating women with CBP, and may be more effective than antibiotics in alleviating breast pain for women with mastitis. Acupuncture may be an effective complementary treatment for breast pain. However, the overall certainty of evidence was very low. The evidence was not conclusive and requires further investigation with robust methodological quality.

1.2. Hafiz 2018 ☆

Hafiz SP, Barnes NLP, Kirwan CC. Clinical management of idiopathic mastalgia: a systematic review. J Prim Health Care. 2018;10(4):312-323. [197724].

Introduction	Idiopathic mastalgia (benign breast pain of unknown origin) is often poorly managed because of its subjective nature and unclear aetiology. Mastalgia is a reason for up to 50% of breast outpatient referrals. Existing systematic reviews discuss dated treatment options that provide limited symptomatic relief.
Methods	A systematic review was conducted for aetiology and treatment of idiopathic mastalgia in accordance with PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidance. Databases such as PubMed, MEDLINE, Cochrane Database and the Clinical Trial Registry were searched (February 2016).
Results	Reassurance plus bra-fitting advice provides relief for most women. If symptoms persist, addition of topical non-steroidal anti-inflammatory drugs (NSAIDs) provides relief in 70-92% of women. There is some benefit in reducing dietary coffee and fat intake. Medical treatments have serious side-effects (often androgenic or menopausal) and should be considered only in cases resistant to simpler measures. Dopamine agonists are useful, but less effective than endocrine treatments such as Danazol or Tamoxifen. Of the Selective Oestrogen Receptor Modulator drugs, Ormeloxifene appears most effective, but is not licenced in the United Kingdom. Relaxation therapy, **acupuncture** and kinesiology may be useful but currently lack good evidence of effectiveness.
Discussion	First-line management of breast pain should be explanation, reassurance and a bra-fitting advice. Subsequent drug therapy should be balanced against its side-effects; topical NSAIDs and Ormeloxifene show greatest benefit with least side-effects. Newer agents (Ormeloxifene) currently being used for mastalgia in India could be considered in the developed world.

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