

CASE REPORT

History of Present Illness:

A 69 year old female with a history of malignant ER+ right breast cancer s/p lumpectomy presented with intensifying migraines and status migrainosus. She reports intensifying headaches after participation in XTandi/Alpelisib clinical trials. MRI findings revealed multiple new brain and bone metastases.

Pertinent History:

The patient has a +30 year migraine history with throbbing pain, phonophobia, photophobia, and aura. Migraine treatment with rizatriptan, topiramate, hydrocodone, and naproxen provided no relief.

Clinical Intervention:

67 unit BOTOX injections significantly decreased patient daily migraine headaches to 1 day/month. BOTOX intervention provided headache stability and control with reduced duration and severity.

OBJECTIVES

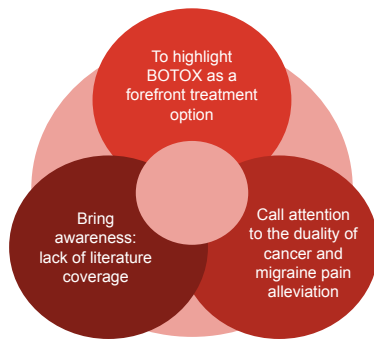


Figure 1 : Research Objectives

BACKGROUND

BOTOX is a safe and effective treatment, making it an attractive adjuvant to chemotherapy in patients with comorbid migraines. Research shows treatment with BOTOX is well-tolerated in cancer patients and can significantly reduce pain by mitigating migraine morbidity and post-surgical pain. However, literature assessing concomitant reductions in cancer-related pain and migraine morbidity from BOTOX treatment are lacking.

INJECTION SITES

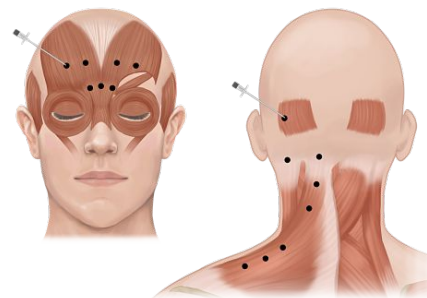


Figure 2: Injection sites for migraines, total 67 units

BASELINE MRI

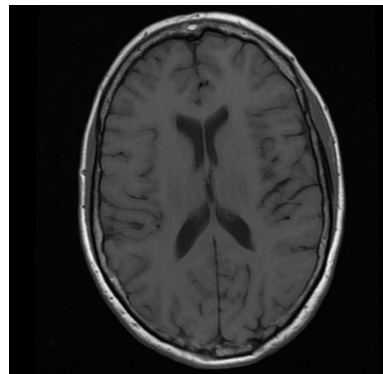


Figure 3: Baseline MRI in 2016 revealing no brain METS, still with concomitant daily migraines.

DISCUSSION

This case study promotes excellence in the realm of pain management for women suffering from breast cancer and migraines, both of which are common debilitating struggles among females.

CONCLUSIONS

BOTOX injections reduced the duration, severity, and provided significant headache relief in a patient suffering from treatment-refractory migraine exacerbations with a concomitant breast cancer diagnosis. Patients suffering from such comorbid diagnoses may optimize pain control and improve quality of life with BOTOX therapy.

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