

Case Report

The Lone Parent Syndrome

Ridvan Alimehmeti^{1*} and Arba Cecilia²

¹Department of Neuroscience, University Hospital Centre "Mother Theresa", Albania

²George Mason University, Virginia, USA

Abstract

Background: The life endeavor of the patient is extremely important in the pain related to specific disease.

Pain and state of malaise in chronic patients, especially in those treated for cancer is very complex. It reflects not only the advanced stage of an incurable disease, but also the psychological state with relation to the patient's situation in life.

Case presentation: The authors discuss the case of an old lady with post-ataxic plexopathy. The intensity of her neuropathic pain improved after neurolysis, as she reported to the doctor a visual analogical scale dropping from seven before to three after surgery. But the patient was upset living her serious state of illness with her old husband alone, because her son and daughter had emigrated. The patient chose to hide her improved state of pain postoperatively in order to keep her daughter stay a little longer, before she returned to the country of new residence.

Conclusion: The work of the doctor in evaluating pain and the subjective status of his/her patient may become difficult if he/she is not known with other factors of the patient's life that may influence the communication between them. This is a good lesson for the surgeon to understand the importance of the social aspects of the patients' life. The routine activities of the doctor should not omit the time needed to understand these aspects of patients' life that are directly related to their state of health.

Keywords: Surgery; Ethics; Aging; Emigration

Introduction

Radiation neuropathy is reported in 2.4% of the cases of those irradiated for tumour therapy. It occurs from a few months to up to 24 years after the radiation therapy. Pain, affection of the lower part of the plexus and Bernard-Horner syndrome are more common in "metastatic" than in radiation neuropathy [1]. Myokymic discharges are known to be more common in radiation than in "metastatic" neuropathy. Radiation neuropathy is considered to be dose-dependent and related to the size of individual fractions [2]. Surgery probably is indicated in three conditions: establishment of diagnosis, particularly of a radiation-induced malignant tumour of the peripheral nerve sheath; severe and persistent pain; and rapid progressive loss of function [3]. Computed tomography does not differentiate between tumour and radiation neuropathy. While the accuracy of Magnetic Resonance imaging is not clear in differentiating metastatic disease from radiation changes [4]. The case of painful left arm after radiation therapy for mammary cancer is reported, with lessons learned from the ethical point of view in dealing with the patient's family during clinical practice.

Case Presentation

"Doctor, my mother's still complaining of pain in her left arm, although she seemed to have improved immediately after the

operation!" - the compassionate expression on her face was impressive. It was the second postoperative day of an uneventful operation.

Her mother, a 68 years old lady, had been mastectomised on the left side for mammary carcinoma and irradiated 15 years ago. Six months before coming to our attention she had developed a progressive left arm pain, worse at night, with gradual progressive paresthesia of the hand, followed by muscular wasting from the distal to the proximal of the upper left limb. On inspection, the skin of the left pectoral region was stretched by the scar and, had local radiation discolouring. Her hand was pink and atrophied with severe motor and sensory deficit (Figure 1). Tinel's sign were immediately visible at the supra and subclavicular trajectory of the brachial plexus, with painful paresthetic discharges reaching to the tips of the fingers. An electroneurographic study revealed that all of the left brachial plexus elements had been affected. MRI did not reveal any mass at the left brachial plexus area showing hypo intense signal of nerve trunks.

During colloquial explanations of the risks and benefits from the operation the lady had explained me her situation in life. She was quite upset and hopeless to find herself alone with her aged husband since their daughter had emigrated some years ago. She explained me how unbearable was for her to see herself progressively deteriorating without her daughter by her side. Daily telephone calls with the daughter were never enough to fill the emptiness that was growing inside her day by day.

The surgical exploration of the supraclavicular area revealed severe fibrosis and adherence of the brachial plexus trunks and cords (Figure 2). Progressive neurolysis released the elements of the plexus from fibrotic adherence (Figure 3), from their exit at the cervical foramina to the subclavicular passage (Figure 4). No pathologic tissue was observed to suggest that there was a tumour in situ. The morning after the operation she expressed thanks for having slept uninterruptedly all night long. Her pain had remarkably improved (Visual Analogical Scale 3/10 from 7/10 preoperatively) and the pink colour of the hand

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***Corresponding author:** Ridvan Alimehmeti, Department of Neuroscience, University Hospital Centre "Mother Theresa", Albania, E-mail: ridvanalimehmeti@hotmail.com

had been replaced by a more normal colour.

During the morning visit the old lady, alone in her room, thanked me for being freed from half intensity of her pain. Some hours later the daughter of the patient came to see me asking after her mother's condition after the operation. She was very much concerned with what her mother had referred to her about the unchanged state of pain. The daughter told me almost in tears that she was desperate to see her mother not improved at all after the operation. Moreover she had to prepare herself to go back to her new country of residence abroad, because her permission off work was going to expire in a couple of days.

I couldn't help being precise about her mother's good state of health, telling her: "Your mother has improved well from her pain. She confirmed this to me only a few hours ago. I suppose that perhaps she's now trying to justify having brought you here, since she made you come back home to look after her. For sure she is in need of your care and love by her side and could not bear seeing you leaving once more. Unfortunately I happened to see such behaviour in other patients in other similar situation. I call it "The Lone Parent Syndrome". - Instantly tears rolled down her face. I begged pardon at once, but I couldn't blame myself for having told her my version of true state of her mother. One year after surgery, the old lady was in need of painkillers for intermittent relief of pain in her operated hand, although she did not have any neurological recovery of her hand which did not turn useful for the lady to resume her self-service. She died from her cancer two and a half year from brachial plexus surgery.

Conclusion

It is general belief among surgeons that surgery leaves less time to talk to patients and their family, apart from the discussion of surgical informed consent preoperatively. But it should not justify



Figure 1: Left mastectomy and reflex sympathetic dystrophy of the left upper limb.



Figure 2: Initial steps of longitudinal epineurotomy of the upper primary trunk of the brachial plexus.

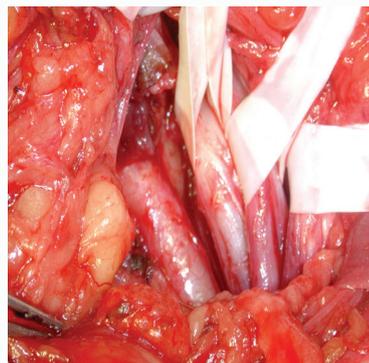


Figure 3: Upper, middle and lower trunks freed from adhesions and left subclavian artery medially.



Figure 4: Final appearance of brachial plexus elements after neurolysis.

being straightforward with presumptive theories and conclusions over the behaviour of our patients in relation to their endeavour. In my busy surgical practice at the national referral university centre I find very little time to talk to patients and their family. But since that painful episode with the daughter of the old lady, I have changed my way of delivering my surgical services: I do not come to conclusive explanations to my patient's family in a hurry! I take time from my practice schedule and fix an appointment as soon as possible for them, rather than repeat the same mistake.

According to United Nations Development Programme there are some 350-400.000 Albanian emigrants in Greece and a further 100-150 000 in Italy. The emigration is characterized by the high number of émigré families and youths [5]. More and more old parents remain home alone with the burden of being separated from their émigré children in developing countries nowadays.

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