

Reduction mammoplasty

There is anecdotal evidence that many patients who undergo reduction [mammoplasty](#) (RM) procedures, to relieve symptoms of large breasts, also report improvement in existing [back pain](#). Given how important back pain is as a [healthcare](#) burden, the [literature](#) which explores the relationship between RM and back pain is sparse. Thus, Mian et al. aimed to appraise whether such a correlation exists, through [systematic review](#) and [meta-analysis](#).

Adhering to [PRISMA methodology](#), they used the [OVID](#) engine to search the [MEDLINE](#) and [Embase databases](#) with predefined search terms and inclusion criteria. [MeSH](#) terms were not exploded. Statistical analysis was performed using [Review Manager](#) 5.3, employing a Mantell-Haenszel method and a fixed-effect model suitable for dichotomous data.

The review yielded 13 articles after exclusions, eight of which were suitable for quantitative analysis. The results of the analysis suggested an improvement in back pain following RM across all studies (OR 40.37 [8.09, 201.53] 95% CI, n = 1008). Heterogeneity was high ($\tau^2 = 5.14$, $\chi^2 = 230.37$, $df = 7$ ($p < 0.00001$) $i^2 = 97\%$).

Although cursory, the [evidence](#) gleaned suggests that RM reduces the [prevalence](#) of [back pain](#) in patients with large [breasts](#). Furthermore, they highlight the scarcity of studies investigating whether RM is at the clinical threshold of efficacy in treating back pain. Although the evidence is insufficient for recommending RM as a management option aimed at treating back pain, this review does identify the need for prospective data looking at back pain metrics as a specific outcome measure before and after reduction mammoplasty ¹⁾.

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Mian S, Dyson E, Ulbricht C. Reduction mammoplasty and back pain: a systematic review and meta-analysis. *Eur Spine J*. 2019 Oct 12. doi: 10.1007/s00586-019-06155-2. [Epub ahead of print] Review. PubMed PMID: 31606817.

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