

# DIJAGNOSTIČKI IZAZOVI AKUTNOG EDEMA ŠAKE U BOLESNICE PREŽIVJELE OD RAKA DOJKE S UZNAPREDOVALOM ALZHEIMEROVOM BOLEŠĆU



**Ana Poljičanin<sup>1</sup>, Nora Perišić<sup>1</sup>, Lucija Guić<sup>2</sup>, Ivana Klarić-Kukuz<sup>3</sup>,  
Maja Marinović Guić<sup>1</sup>, Vana Košta<sup>1</sup>, Blaž Barun<sup>1</sup>, Jure Aljinović<sup>1</sup>**

<sup>1</sup> University Hospital Split, Croatia/Hrvatska

<sup>2</sup> Faculty of Health Sciences University of Split, Croatia

<sup>3</sup> Faculty of Health Sciences University of Split, Croatia

e-mail: [ana.poljicanin@gmail.com](mailto:ana.poljicanin@gmail.com)

Hand oedema in breast cancer survivors is commonly attributed to lymphedema; however, alternative aetiologies such as deep vein thrombosis (DVT) and complex regional pain syndrome (CRPS) must also be considered. Diagnostic evaluation becomes particularly challenging in patients with advanced neurocognitive disorders, where communication barriers limit symptom reporting and pain assessment, increasing the risk of misdiagnosis and delayed treatment. We report the case of a 78-year-old breast cancer survivor treated with surgery and radiotherapy in 2012 who presented with acute right-hand swelling following minor trauma. Her medical history was significant for advanced Alzheimer's disease with aphasia and Parkinson's disease with rigidity, both of which impaired her ability to describe symptoms and cooperate with examination. Clinical evaluation revealed a swollen, warm, shiny hand with reduced mobility. Because pain could not be assessed, the differential diagnosis included lymphedema, DVT, and CRPS. Venous ultrasound excluded thrombosis, while radiography demonstrated patchy osteoporosis suggestive of CRPS. The distal distribution of oedema and absence of lymphatic fluid retention further argued against lymphedema. Based on clinical and imaging findings, CRPS type I was diagnosed. The patient was treated with compression therapy, cryotherapy, and passive physiotherapy, resulting in progressive reduction of swelling and improved range of motion. This case underscores that hand oedema in breast cancer survivors should not be presumed to be lymphedema, particularly in patients with neurological comorbidities. Alzheimer's disease can obscure typical pain reporting and delay recognition of CRPS, necessitating heightened clinical suspicion and reliance on objective findings. A multidisciplinary approach is essential to ensure accurate diagnosis and timely management.

## **Ključne riječi**

Breast Cancer, Hand Oedema, Complex Regional Pain Syndrome, Lymphedema, Alzheimer's Disease, Parkinson's Disease, Differential Diagnosis