



# Breast bruises and breast cancer

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LETTER

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# Breast bruises and breast cancer

Nancy Krieger

While recently examining one of the early classic works on breast cancer epidemiology—Janet E. Lane-Clayton's 1926 report to the United Kingdom Ministry of Health [1]—and its 1931 US counterpart [2], I was struck by one item in the list of commonplace “antecedent conditions”: breast bruises, a not uncommon occurrence. Johannes Clemmensen's classic review article in 1948 [3] also mentions bruises to the breast as a possible etiologic factor.

In these articles, the discussion of bruises concerned how tissue trauma might increase risk of cancer [1–3]. As for the etiology of the bruises themselves? This was barely discussed, except with speculative reference to accidents and falls, whether at home or at work [1–3].

Any mention of breast bruises now, however, raises the question of whether intimate partner violence or other forms of physical abuse are at issue. A handful of new studies notably are investigating whether being physically or sexually abused acts as a psychosocial stressor that affects the risk of developing breast cancer (either directly or else indirectly, e.g., via increasing risk of obesity or alcohol consumption) [4] and also the likelihood of getting a mammogram [5]. As these studies attest, research on links between breast cancer and exposure to physical abuse and intimate partner violence remains scant [4, 5].

The historical juxtaposition is stark: (a) breast bruises having been routinely associated, in the past, with risk of breast cancer, albeit with no attention to violence as a possible cause [1–3] versus (b) intimate partner violence only recently becoming a focus of contemporary research on breast cancer [4, 5]. Although empirical data on long-term trends in violence involving breast bruises among women with breast cancer is likely unobtainable, nevertheless such violence is unlikely to be negligible [4, 5].

A lack of attention to breast bruises and violence in the current period is at best only partly explicable by changes in etiologic hypotheses regarding physical trauma as a cause of carcinogenesis.

The larger point is that a concern with breast cancer must be in the full context of the lives of those whom it affects, with due attention to the health problems to which breasts bear witness.

#### Competing interests

The author declares that she has no competing interests.

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