

Image of the Month

Shafik N. Wassef, MD; Ernest S. Chiu, MD; Haytham H. Alabbas, MD; Emad Kandil, MD

A 55-YEAR-OLD WOMAN DIAGNOSED WITH LEFT breast adenocarcinoma was evaluated for a palpable mass on her left chest. At age 30 years, she underwent modified radical mastectomy for stage III disease and immediate placement of a silicone implant with latissimus dorsi flap reconstruction. At age 55 years, she was found to have a 4-cm palpable mass in the surgical field. Metastatic workup revealed evidence of a 4-cm subpectoral mass lateral to the breast implant with positive uptake on computed tomography (CT) and positron emission tomography (PET) scans of the chest. The patient continued to be asymptomatic; conservative, close follow-up was planned.

Author Affiliations: Divisions of Endocrine and Oncologic Surgery (Drs Wassef, Alabbas, and Kandil) and Plastic and Reconstructive Surgery (Dr Chiu), Department of Surgery, Tulane University School of Medicine, New Orleans, Louisiana.

Three months later, her physical examination revealed evidence of an increase in the firm mass size to 8 cm on her left chest. There was no evidence of axillary or cervical lymphadenopathy or other findings suggestive of tumor recurrence. Repeat metastatic workup included CT (**Figure 1**) and positron emission tomography (**Figure 2**) scans of the chest. Additionally, CT-guided Tru-cut needle biopsy of the mass was performed; there was a florid granulomatous reaction with giant cells and no evidence of a malignant neoplasm.

What Is the Diagnosis?

- A. Recurrence of breast adenocarcinoma
- B. Leakage of silicone gel implant
- C. Chest wall sarcoma
- D. Granulomatous disease of the breast

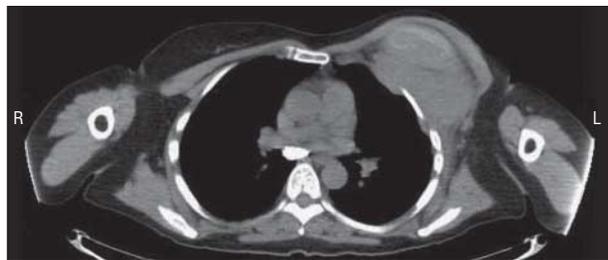


Figure 1. Computed tomography of the chest showing a left subpectoral mass. R indicates right; L, left.

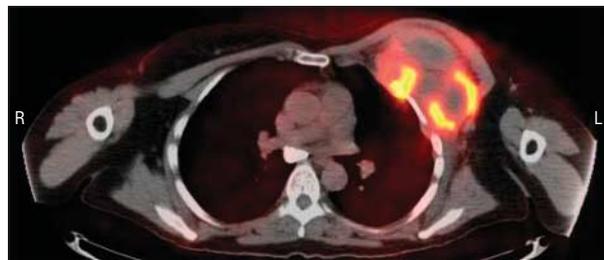


Figure 2. Positron emission tomography of the chest showing increased intensity around the implant. R indicates right; L, left.