

Image of the Month

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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.

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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.