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Non-resolving seroma after simple mastectomy: It's time to rule out malignancy

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Background: Though in breast sarcomas angiosarcomas are commonest one, primary breast angiosarcoma accounts only for 0.04% of all malignant breast tumour. Malignant angiosarcomas have inferior prognosis as compared to other breast malignancies. Malignant angiosarcoma developing in patient who underwent simple mastectomy for recurrent large benign phylloides tumour is an uncommon entity.

Case report: We are reporting a case of 34 years old lady who came with lump in left breast for one year. The lump progressively increasing in size without any pain. Patient also gave h/o lumpectomy in same breast 2 years back for which the histopathology was consistent with benign lesion. On clinical examination Rt breast and axilla was essentially normal. In Left breast there was a large lump 8x8 cm involving $\frac{3}{4}$ of the breast with lobulated surface. The lump was free from pectoral fascia and muscle. The left axilla was clear. Trucut revealed possibility of phylloides tumour. Considering recurrence and keeping in mind the large size of tumour simple mastectomy was performed. Histopathology revealed benign phylloides tumour. Patient was discharged and planned for regular follow up. She was asymptomatic for 8 months then she reported with swelling at operation site. Ultrasonography (USG) AND Contrast-Enhanced Computed Tomography (CECT) reported seroma formation beneath the superior flap. Fine Needle Aspiration (FNA) showed serous fluid without any malignant cytology. Aspiration of seroma was done several times. Sclerosant agents were injected but all went in vain. Once closed drainage was ineffective open drainage and debridement was done. The material sent for HPE revealed possibility of malignant angiosarcoma. After this the swelling took an aggressive course and soon turned in to a large ulceroproliferative growth with rolled out indurated margins and the discharge from wound was slightly bloody. Patient developed edema of left upper extremity. As patient already undergone simple mastectomy gemcitabine and cisplatin-based chemotherapy was scheduled. But finally, patient succumbed to her illness on January 8, 2018 within three months of final diagnosis.

Conclusion: Malignant angiosarcoma is aggressive lethal disease without any standard treatment regimen. Recurrent breast lumps should be evaluated thoroughly. MRI and MR mammograms can play a crucial role in evaluation of recurrent lumps in operated breasts. Seroma fluid should be exclusively examined for presence of atypical cells. Re-examination of previous histopath slides with an expert pathologist can play a prudent role in establishing diagnosis. Malignant angiosarcoma once detected should be treated aggressively. In setting of non-resolving seroma high induction of suspicion should be kept for possibility of malignancy especially when presenting late.

Biography

Kusum Meena is working as professor of surgery in Lady Hardinge Medical College, New Delhi, India. The college is unique as it is the first medical college only for women and in year 2016 it completed glorious 100 years. She takes special interest in treating breast cancer patients. Apart from medical responsibilities women empowerment and cleanliness are the two topics close to her heart and she has written poems in Hindi on these topics.

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