

Systemic Anaplastic Large Cell Lymphoma after Breast Augmentation - a Case Report

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BACKGROUND:

Breast implant associated anaplastic large cell lymphoma (BIA-ALCL) has been a major concern in patients with history of breast augmentation. Rarely is peri-implant breast swelling, pain and lymphadenopathy associated with other types of ALCL. Here we describe a unique case of systemic CD30 positive ALK-1 negative anaplastic large cell lymphoma (ALCL) causing pain and swelling around a textured breast implant.

METHODS:

The clinical course and diagnosis of a patient presenting with right axilla, breast pain and swelling 16 years post-bilateral breast augmentation.

RESULTS:

We present the case of a 44-year-old female with past medical history significant for bilateral submuscular breast augmentation with textured anatomic saline implants performed in 2002. She presented with late onset peri-implant seroma formation, right breast mass, upper extremity swelling, supra-clavicular, mediastinal and mammary lymphadenopathy and pectoralis muscle swelling. Lymph node biopsy was notable for CD30 positive ALK-1 negative ALCL. Brentuximab vedotin in combination with cyclophosphamide, doxorubicin, and prednisone (Bv-CHP) and brentuximab chemotherapy was initiated. Cytology from the bilateral capsulectomies and removal of saline implants were negative for BIA-ALCL markers.

CONCLUSIONS:

To our knowledge, this is the first documented case report of non-BIA-ALCL systemic ALCL involving a breast implant. Systemic ALCL likely triggered an inflammatory response heightened by the presence of the textured material. Plastic surgeons should be aware of various ways breast implants may be involved in a malignant process. Multi-disciplinary management with chemotherapy and implant

removal is recommended. Any reconstruction should be delayed until systemic ALCL has been addressed.