

Lymphoma Mimicking Findings with Migration of Breast Augmentation Filler

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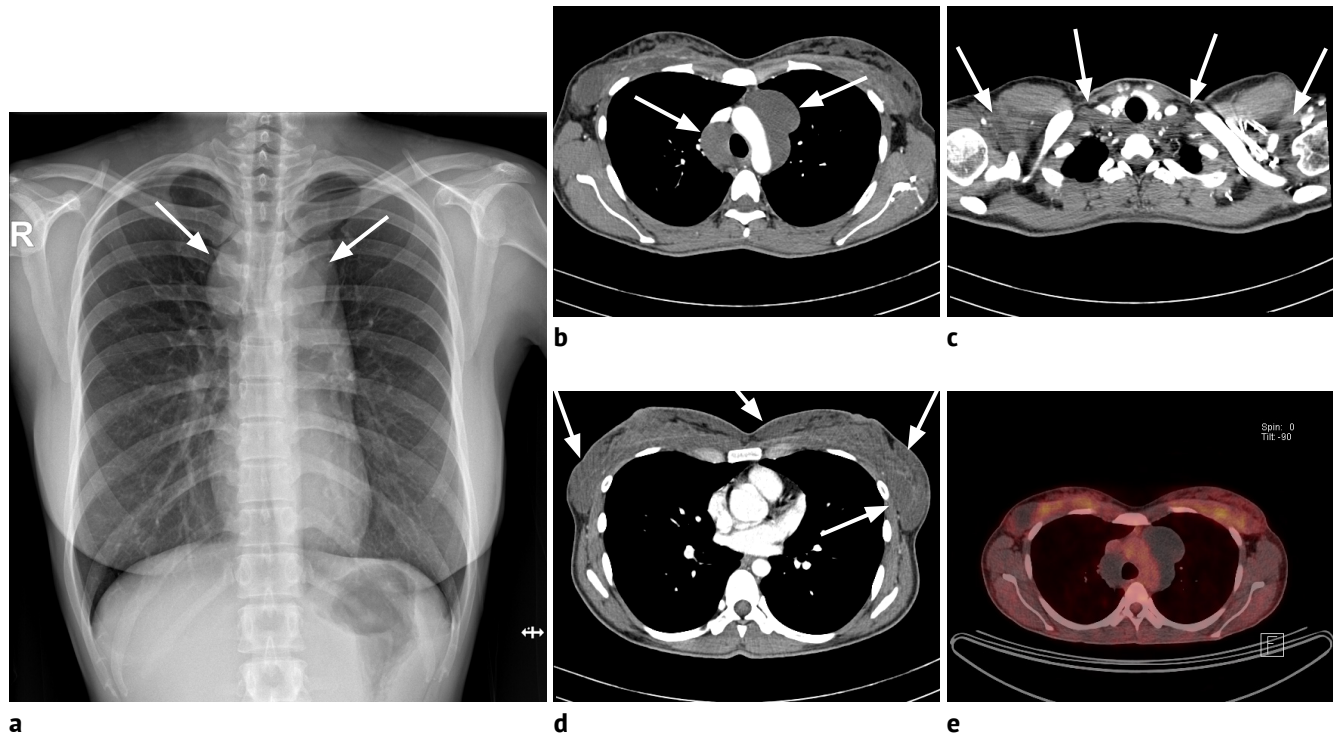


Fig. 1. A 30-year-old woman with incidentally found mediastinal mass in screening.

a. Chest PA shows mediastinal mass (arrows). **b-d.** Contrast-enhanced chest CT shows low attenuated non-enhancing masses at anterior mediastinum (arrows). Similar featured lesions were also noted in both axillary regions and supraclavicular fossae (arrows). Also, indistinct low attenuated lesions were noted in subcutaneous and retromammary fat layers of both breasts (arrows). **e.** No significant FDG uptake is noted in the location of lesions detected.

A 30-year-old woman visited our hospital for incidentally found mediastinal mass in screening chest PA. Her chest PA, chest CT, FDG PET-CT, breast ultrasound images were presented as Fig. 1.

The patient had a history of repeated filler injections for breast augmentation in local clinic over the past two years, and the last injection

was performed two months ago. The mediastinal masses were confirmed as foreign body reaction with chronic inflammation and fibrosis from VATS excisional biopsy. In other words, mediastinal masses and lesions in both axillary regions and supraclavicular fossae were due to migration of filler material for breast augmentation.

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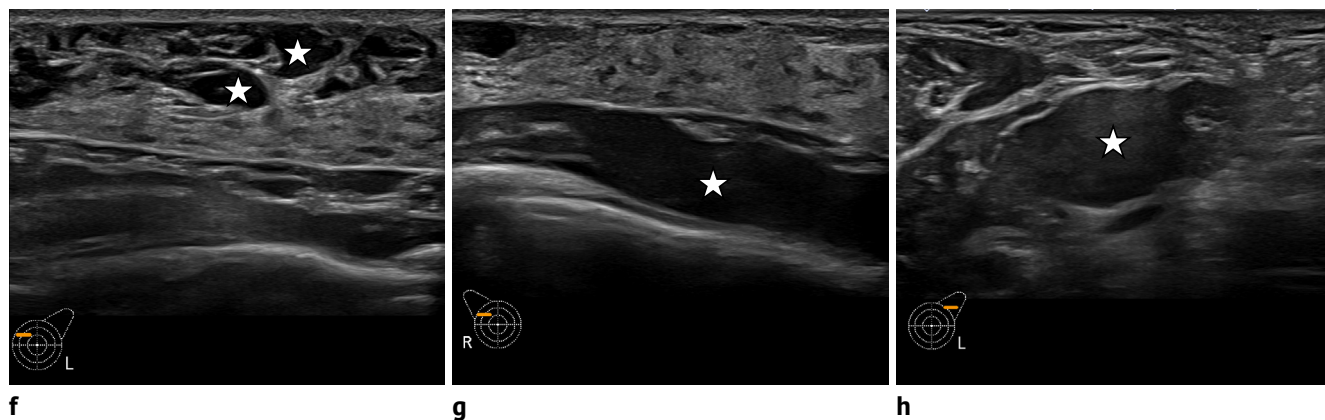


Fig. 1. f-h. On ultrasound, the lesions are shown as multiple variable sized anechoic lesions (stars) with or without internal debris in retromammary and subcutaneous fat layers of both breasts, and debris-filled fluid collection is noted in both axillary interpectoral regions and supraclavicular fossae.

Reference

1. Huang M, Ong YS, Ong BH. Migration of breast augmentation filler to the mediastinum mimicking lymphoma: a case report. JTCVS Tech 2022;14:155-158.