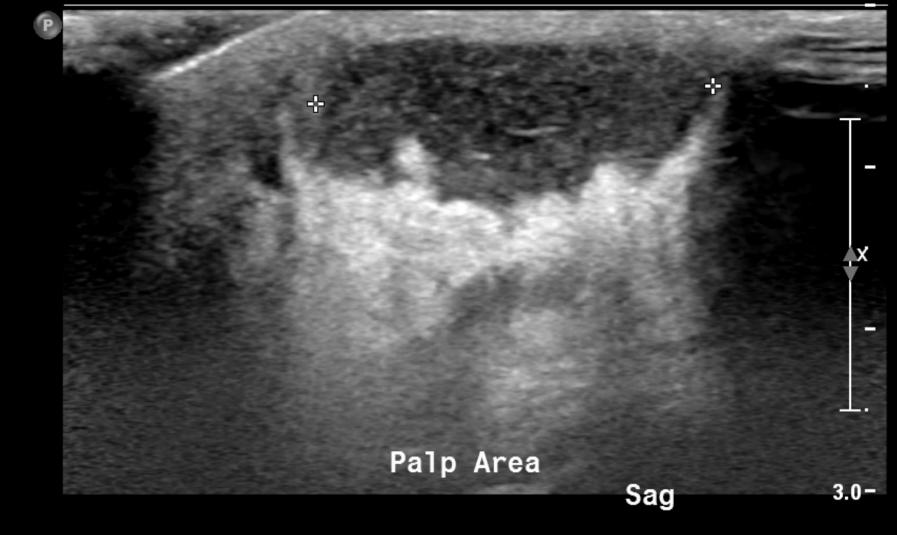
59 y/o female with history of left breast cancer s/p left mastectomy and reconstruction with a tender fluctuant 8:00 left breast mass

Ryan Joyce, MD





Dist 2.45 cm

Med Res C1

Lt Breast 8:00-9:00 MEDIAL



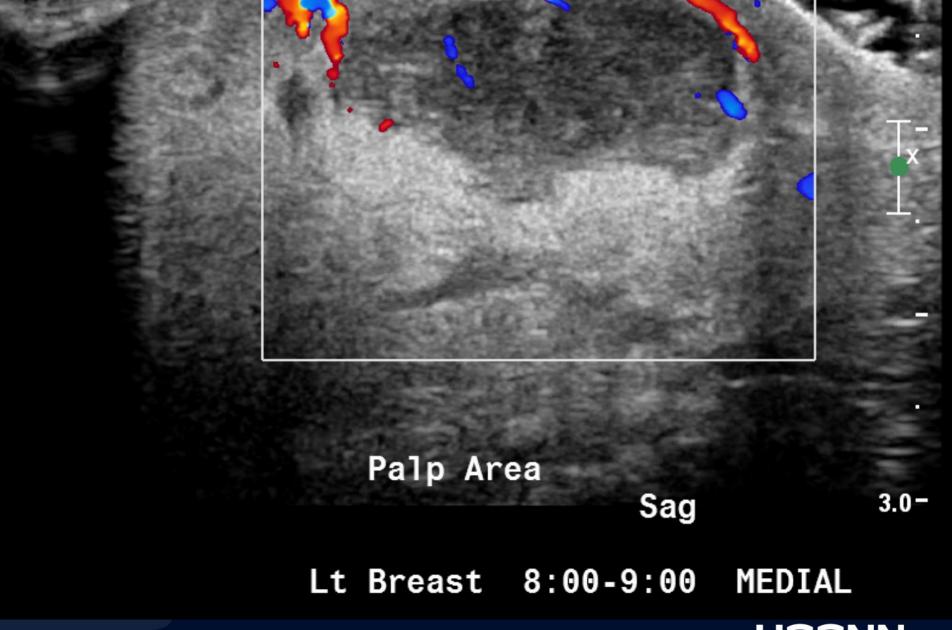
C 60 P Med HRes TAC1



Dist 2.39 cmDist 0.966 cm

Lt Breast 8:00-9:00 MEDIAL





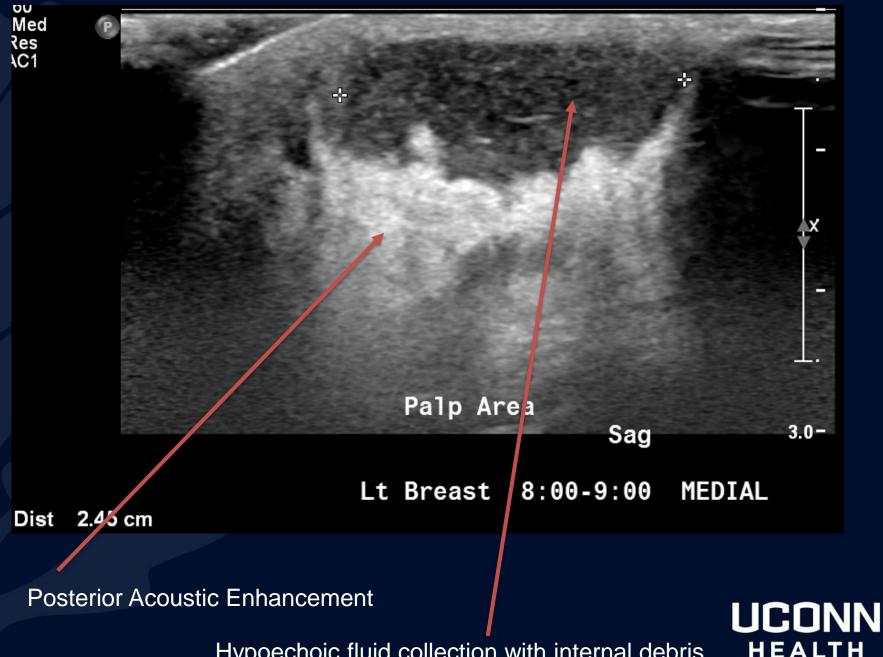






# Breast Abscess



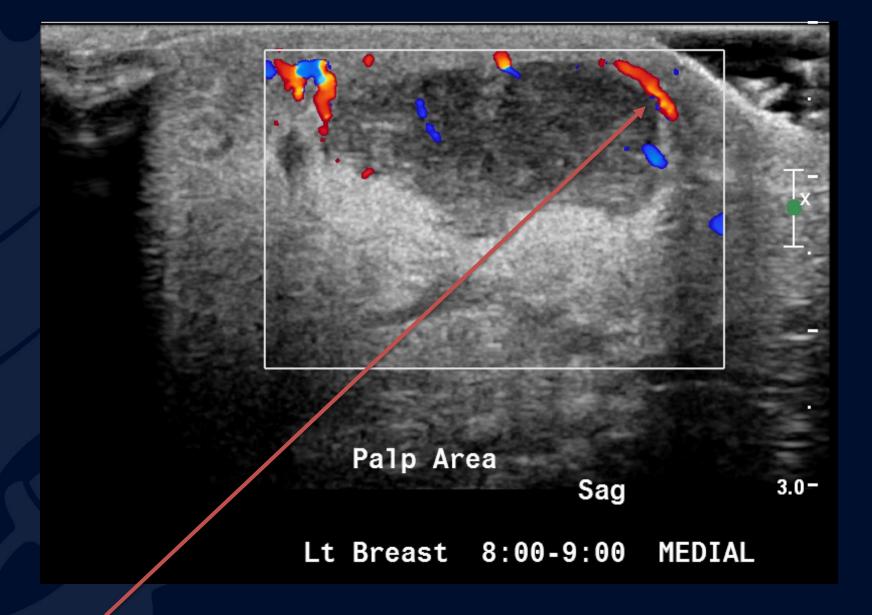


Hypoechoic fluid collection with internal debris



C 60 P Med HRes TAC1 Palp Area Sag 3.0-Lt Breast 8:00-9:00 **MEDIAL** Dist 2.39 cm Dist 0.966 cm





Increased peripheral flow on Doppler



## **Breast Abscess**

#### Localized pus collection within breast tissue

- On ultrasound Hypoechoic, thick-walked, irregular, complex cystic mass with increased surrounding vascularity and edema, posterior acoustic enhancement
- On mammography ill-defined, noncalcified mass or focal asymmetry, +/- trabecular pattern and skin thickening due to edema, possibly ipsilateral lymphadenopathy



### **Breast Abscess**

#### Localized pus collection within breast tissue

- Staph. aureus is most common organism
- Risk factors: breast feeding, diabetes, smoking, HIV, steroids, recent surgery, radiation, nipple piercing
- Erythematous, indurated, painful lump
- Fever in 5-47% patients at diagnosis
- Systemic abx directed to target skin organisms
- US-guided drainage for diagnosis, treatment
- Aspiration and fluid analysis/culture confirms Dx.



## References

 Christensen AF et al: Ultrasound-guided drainage of breast abscesses: results in 151 patients. Br J Radiol. 78(927):186-8, 2005

