

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

P



Palp Area

Sag

3.0-

Lt Breast 8:00-9:00 MEDIAL

Dist 2.45 cm

C 60
P Med
HRes
TAC1

P



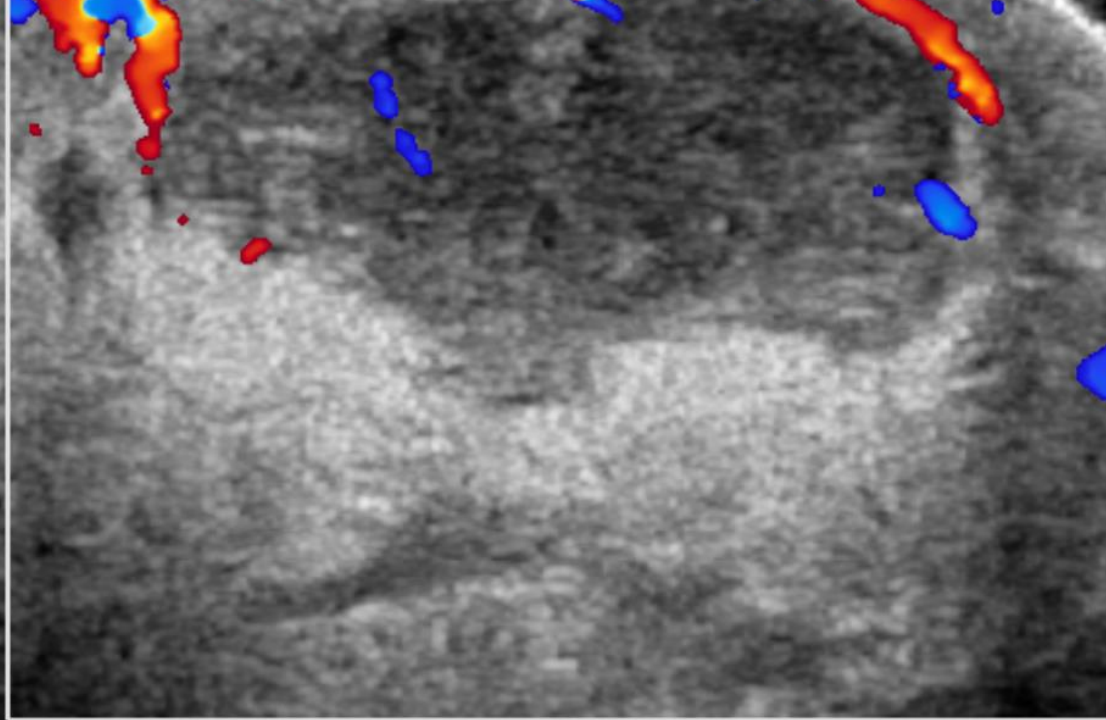
Palp Area

Sag

3.0-

+ Dist 2.39 cm
x Dist 0.966 cm

Lt Breast 8:00-9:00 MEDIAL



Palp Area

Sag

3.0-

Lt Breast

8:00-9:00

MEDIAL

UConn
HEALTH

RADIOLOGY

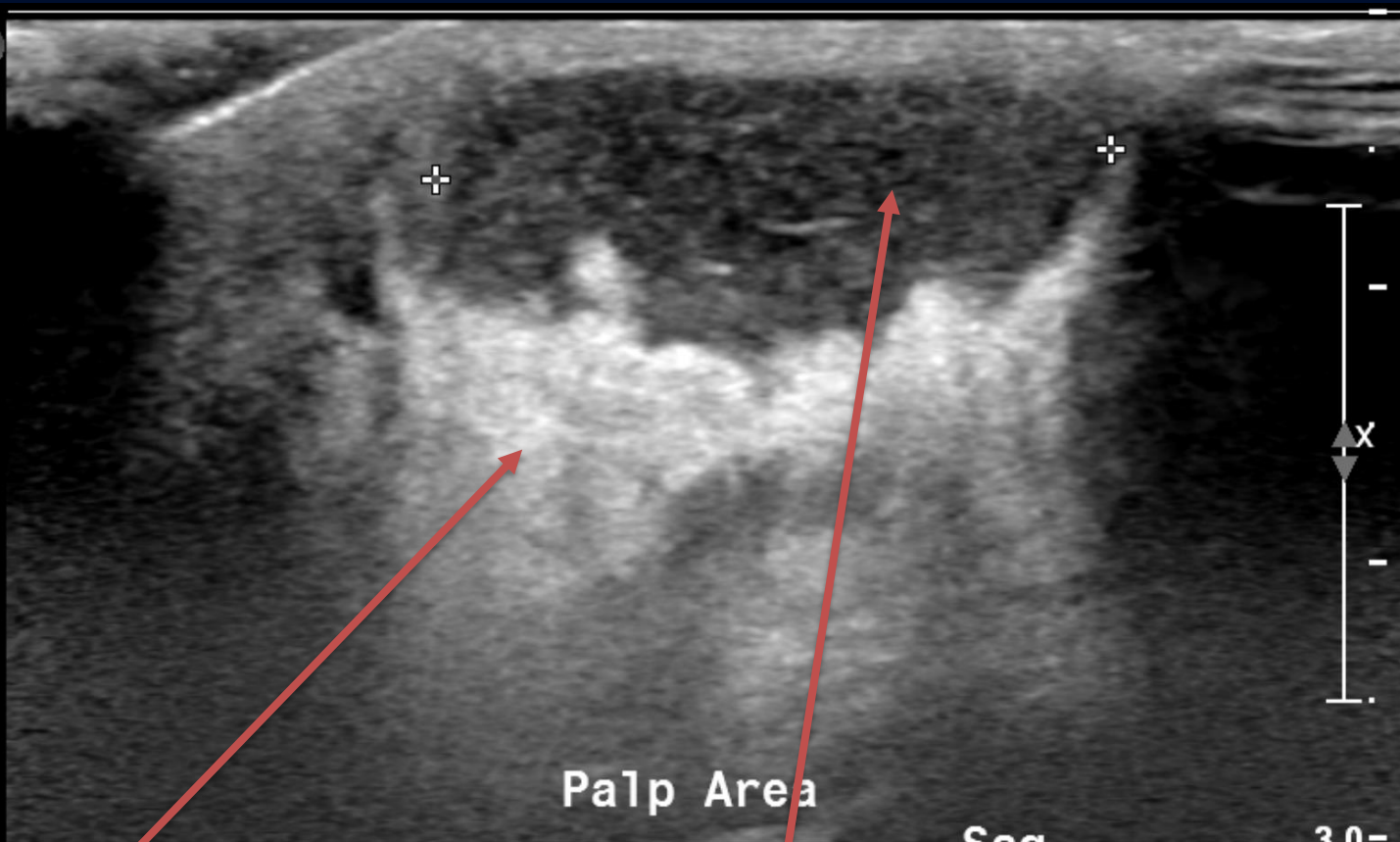


?

Breast Abscess

OU
Med
Res
AC1

P



Palp Area

Sag

3.0-

Lt Breast 8:00-9:00 MEDIAL

Dist 2.45 cm

Posterior Acoustic Enhancement

Hypoechoic fluid collection with internal debris

C 60
P Med
HRes
TAC1

P



Palp Area

Sag

3.0-

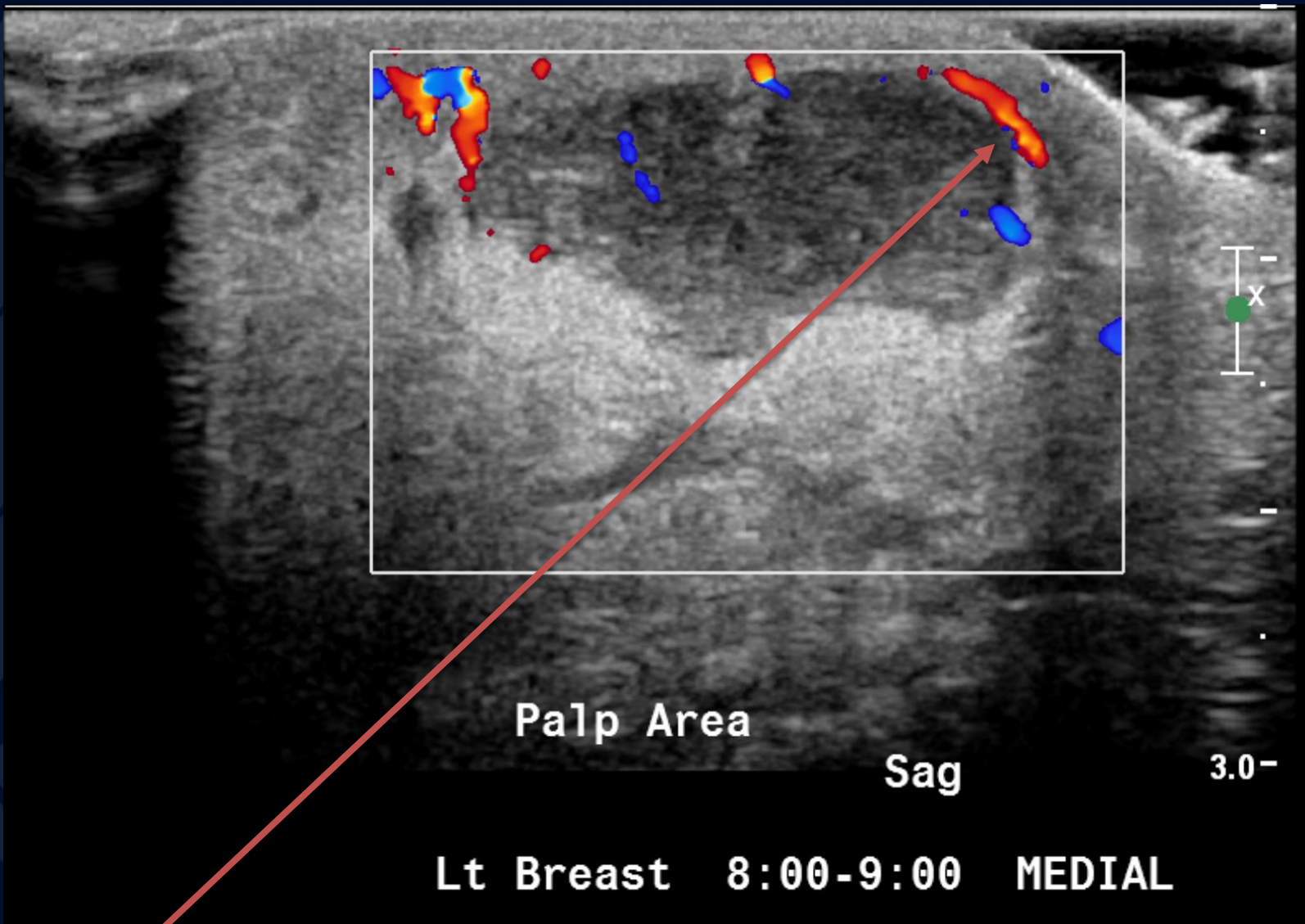
+ Dist 2.39 cm

x Dist 0.966 cm

Lt Breast 8:00-9:00 MEDIAL

UConn
HEALTH

RADIOLOGY



Increased peripheral flow on Doppler

Breast Abscess

Localized pus collection within breast tissue

- On ultrasound – Hypoechoic, thick-walled, 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

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