

Joint Event

45TH WORLD CONGRESS ON NURSING CARE & 8TH EUROPEAN BREAST CONGRESS

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Breast implant associated – Anaplastic Large Cell Lymphoma

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Novel technique for the sampling of breast implant-associated seroma. Using a blunt-tip lipofilling cannula, we have the freedom of movement to sample all fluid collections and prevent the misfortunes of damaging the implant. Also, we have demonstrated the inability of the Coleman style I lipofilling cannula to perforate a silicone breast implant. This practical and reliable technique will prove to be useful in managing the breast implant-associated seroma, especially with the rising incidence of the anaplastic large cell lymphoma, where the sampling of seroma is mandatory. Concern has been raised regarding the incidence of the breast implant-associated anaplastic large cell lymphoma (ALCL) over the last years.^{1,2} Presentation is infrequent, and symptoms can vary; however, a chronic or unexplained seroma occurring more than 1 year after implantation of a textured breast implant should be considered as highly suspect for ALCL. In accordance with the structured expert consultation process,³ seroma fluid needs to be sent for culture, cytology, flow cytometry, and cell bloc. Immunohistochemical analysis by means of a positive CD30 and a negative anaplastic lymphoma kinase-1 staining is considered diagnostic for ALCL. Seroma fluid sampling is commonly performed by ultrasound-guided needle aspiration. The fluid associated with ALCL tends to be cloudy and debris filled; therefore, large-caliber needles are required for adequate sampling. Radiologists are at risk of perforating the underlying breast implant.

Biography

Marianne Mertens completed her studies at UA – University of Antwerp Belgium. She is head of Department Plastic, Reconstructive and Aesthetic surgery. She gives training and teaching for residents in plastic surgery. She is member of the executive committee of RBSP and MWAB, member of ASPS.

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