

E-CASE REPORT



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KEYWORDS

Melanoma; Breast implant; Ultrasound; Silicone granuloma **Abstract** Subcutaneous lesions may be detected during follow-up of patients with melanoma. The main entities that should be contemplated in the differential diagnosis in such cases are in-transit and regional lymph node metastases. We describe 2 cases of women with breast implants who developed palpable subcutaneous lesions in the axillary region during follow-up of melanoma. In both cases, the ultrasound study showed diffuse hyperechoic signals forming the characteristic snowstorm sign in the subcutaneous tissue. Ultrasound proved to be a key diagnostic tool for ruling out melanoma-related disease, such as in-transit metastases and regional lymph node metastases.

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PALABRAS CLAVE Melanoma; Prótesis mamaria; Ecografía, Siliconoma

Siliconomas axilares en pacientes con melanoma

Resumen Durante el seguimiento de pacientes con melanoma podemos detectar lesiones subcutáneas cuyo principal diagnóstico diferencial son las metástasis en tránsito o las adenopatías metastásicas. Se describen 2 mujeres con melanoma portadoras de prótesis mamarias que presentaron durante su seguimiento lesiones subcutáneas palpables en la región axilar. El estudio ecográfico puso de manifiesto en ambos casos la existencia de imágenes hiperecogénicas difusas en «tormenta de nieve» localizadas en el tejido subcutáneo. En estos casos la ecografía se posiciona como herramienta diagnóstica fundamental para el despistaje de procesos relacionados con el melanoma, como las metástasis en tránsito o las adenopatías metastásicas. © 2015 AEDV. Publicado por Elsevier España, S.L.U. Todos los derechos reservados.

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Introduction

Nodules or subcutaneous masses may be detected during follow-up of patients with melanoma. In such cases, intransit and regional lymph node metastases tend to be the first suspected diagnoses. Although a series of clinical and histologic risk factors that support this likely diagnosis have been identified,^{1,2} in many cases further tests must be carried out, leading to a longer diagnostic delay and greater anxiety in the patient. In such cases, ultrasound can play an important role in helping to establish a diagnosis.

Case Description 1

The patient was a 49-year-old woman with a history of dorsal melanoma on the left side in stage IA, according to the classification of the American Joint Committee on Cancer (AJCC), in 2006. In January 2014, she reported finding a palpable mass in the left axilla. Physical examination revealed a firm, subcutaneous, nodular lesion approximately 2 cm in diameter that was not attached to the underlying tissue. On the basis of a suspicion of regional lymph node metastasis, the patient was referred to the diagnostic radiology department for an ultrasound study (Toshiba Aplio 500, multifrequency 7-11 MHz linear probe). The ultrasound showed diffuse hyperechoic images in the subcutaneous tissue with a maximum diameter of 2 cm and poor sound transmission (Fig. 1A). This ultrasound image has been described as a ''snowstorm'' pattern and is highly suggestive of silicone granuloma caused by breast implant rupture. As the image was very striking, a breast ultrasound was carried out immediately. The ultrasound revealed extravasated gel in the space between the fold of the outer shell of the implant and the fibrous capsule surrounding the implant. This finding confirmed the capsular rupture of the left breast implant (Fig. 2). The patient's medical history confirmed that she had received Poly Implant Prothèse (PIP) implants in 2008.

Case Description 2

The patient was a 46-year-old woman with a history of AJCC stage IB dorsal melanoma on the left side in 2013. A palpable subcutaneous mass of elastic consistency, approximately 4 cm in diameter, was detected in the left axillar region during follow-up. On the basis of a suspicion of lipoma, an ultrasound was carried out (Esaote MyLab 25, 10 MHz linear probe). The ultrasound revealed a diffuse hyperechoic image with a ''snowstorm'' pattern in the subcutaneous tissue, with a maximum diameter of 5 cm (Fig. 1B). The patient confirmed having received PIP implants in 2002. She underwent a magnetic resonance imaging (MRI) study of the breast, which revealed a capsular rupture of the left breast implant and silicone granulomas in the axilla and around the implant (Fig. 3).

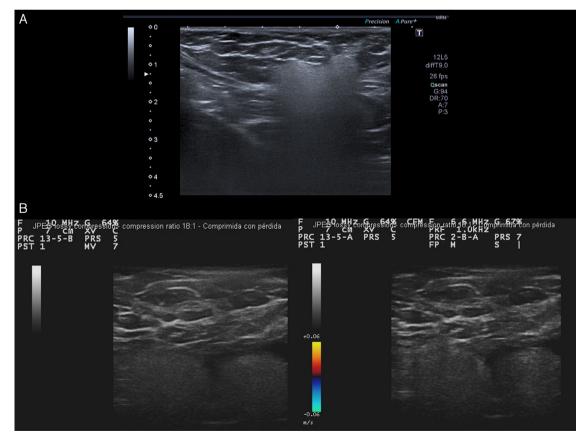


Figure 1 A, Kidney-shaped hyperechoic image in the subcutaneous cellular tissue with a homogeneous echostructure, a sharp upper border and sides, and a loss of the lower border due to the ''snowstorm'' artifact. B, Two adjacent hyperechoic images pseudoencapsulated in a ''snowstorm'' pattern in the subcutaneous tissue. Color Doppler imaging shows no vascularization.

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