Mammographic microcalcification in an autogenously reconstructed breast simulating recurrent carcinoma

Wayne Hsu¹, Shyr-Ming Sheen-Chen¹, Hock-Liew Eng², and Sheung-Fat Ko³

¹Department of Surgery, ²Department of Pathology, and ³Department of Diagnostic Radiology; Chang Gung Memorial Hospital, Kaohsiung Medical Center, College of Medicine, Chang Gung University, Kaohsiung Hsien, Taiwan

ABSTRACT

Breast cancer is a common cancer among women. The transverse rectus abdominis myocutaneous (TRAM) flap is a popular option because not only does it provide a breast with satisfactory bulk composed of autogenous tissue but it also provides an abdominal dermolipectomy to the patient. Fat necrosis remains a common problem following TRAM flap reconstruction, occurring in 10% to 36% of patients undergoing the procedure. A 44-year-old woman underwent a modified radical mastectomy followed by pedicled TRAM flap reconstruction after 5 months. Follow-up mammography 27 months after TRAM flap reconstruction showed a cluster of microcalcifications in the deep retroareolar area and recurrent breast carcinoma was highly suspected. Physical examination did not detect any abnormality of the reconstructed breast. Stereotactic hook localization was performed and an excisional biopsy was successfully done. The histological features of the resected specimens corresponded to fat necrosis change. Only with the awareness of the existence of such entity and careful follow-up can the occurrence of fat necrosis in TRAM flap reconstructed breasts be accurately detected and appropriately treated.

Key words: microcalcification, breast cancer, TRAM.