

Case Report

Late hematoma: a rare complication on breast implant

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ABSTRACT

Late hematoma is a rare complication on the use of breast implants but on recent year's case reports become more frequent, there's no data regarding the incidence, authors report multiple theory's about etiology. In this case report we report a patient who presented a spontaneous late hematoma, patient arrived at doctor's office complaining about gradual increase over the last 15 days of left breast, we treated the hematoma with guided-ultrasound drainage with total improvement of the symptoms, 1 week later the patient returns for the same symptoms that occurred the first time, an ultrasound-guided drainage is performed again and it is decided to schedule the surgical date in 1 week, as reported on previous cases we tried non-invasive management with ultrasound guided drainage on 2 attempts but patient hematoma recurred and we decided to perform drainage, capsulectomy and implant replacement, we follow the patient through the outpatient clinic 7 months later, and she has not presented a hematoma recurrence.

Keywords: Breast implant, Late hematoma, Mammoplasty, Plastic surgery

INTRODUCTION

Hematoma as complication of breast implantation is the third most common complication after capsular contracture and rupture¹ the incidence is reported as common as 2-10.3% and usually occurs on the first 3 days. Late spontaneous hematoma after breast augmentation in absence of trauma or coagulopathy is rare, with only 10 cases reported until 2004.² Until January 2020 we found only 44 cases related with late spontaneous hematoma in U.S. National Library of Medicine, National institutes of health (www.ncbi.nlm.nih.gov/pubmed) 39 related with aesthetic breast augmentation and only 5 reconstructive surgery. Authors report a case of patient with spontaneous hematoma after augmentation mammoplasty in absence of trauma or anticoagulation, after an interval of 2 years.

CASE REPORT

Authors report a case of late hematoma presentation on a 50 years old patient who had previously undergone a

breast augmentation in 2017 with silicone 415 ml smooth breast implant, 2 years later the patient presented to hospital referring progressive increase of volume and pain of left breast over the last 15 days (Figure 1 and 2), she denied history of trauma or use of anticoagulants.



Figure 1: Late hematoma anterior view.

Patient was sent to breast ultrasonography (Figure 3) with report of a left breast implant with echogenic, mobile linear images inside, suggestive of intracapsular rupture, associated with a large volume subcapsular collection that covers the four quadrants, which is heterogeneous of hypoechoic predominance, without flow to color doppler exploration.



Figure 2: Late hematoma lateral view.



Figure 3: Breast ultrasound on first episode with apparent rupture of implant.



Figure 4: Left breast capsule obtain at breast implant replacement.

Patient was treated with ultrasound-guided percutaneous needle aspirations on two times, first attempt authors drained 500 ml, 1 week later in the second episode

authors drained 300 ml, in the second episode it was decided to surgical approach by patient for improvement on symptoms, we schedule surgical removal of implants, capsulectomy and implant replacement, in operation room under general anesthesia, we drain 50 ml of hematoma, authors perform capsulectomy and 415 ml smooth breast implant replacement submuscular plane of the two breast, we did not found any blood vessel with active bleeding in capsular tissue, the patient didn't show any complications at 6 months of follow up. The histopathological report of the left breast capsule (Figure 4) reported fibrous capsule with severe chronic inflammatory process (non-neoplastic lymphoid aggregates).

DISCUSSION

In 1979 first reported case of late hematoma were reported by Georgiade³ the etiology reported was related to the use of steroids on the implant, patient received inflatable silicone prostheses, each containing 40mg of triamcinolone acetonide, they belief that large dose of steroids was associated with late erosion of the medium-sized artery. Marques reported one case of late hematoma after 1 year and 9 months with inciting event of moderate physical activity, Marqués et al attributes the etiology to microfractures to the capsule.⁴ Six years later, on 1998 Wang reported 2 cases of spontaneous hematomas after 5 months and 3 years respectively they reported polyurethane coating trigger high vascular and inflammatory response that may cause the bleeding.⁵ Gorgü report a case of a patient presenting with a late breast hematoma after physical activity with a history of indirect trauma, they thought that sudden movement between prosthesis and capsule resulted in breakdown of pericapsular artery.⁶ Lowerd reported the second longest period of time between implant surgery and late hematoma, 12 years later, no etiological factor was identified.⁷ In 2005 Veiga reported successful ultrasound-guided drainage on a patient with recurrence on 3 times, in the third episode the surgical team was ready to intervene in the patient but the patient did not present recurrence.⁸ Rijssen reported 2 cases related with squeezing of breast during sexual activity, it was the first case report related with squeezing of breast on literature with this etiology, the latest case report it's from 2017 by Kim.^{9,10}

CONCLUSION

After review of the literature, authors concluded that late hematoma can result from multiples etiologies authors reported hematomas after physical activity, indirect trauma, spontaneous, squeezing in sexual activity, most cases reported capsular contracture on patients with late hematoma and this may be the cause, other causes may be physical activity or history of trauma. The majority of patients presented at doctor office complaining about pain and progressive increase in breast volume, although there is a reported case of a patient who presented only

due to an increase in volume, the size of the implant does not seem to be relevant for this complication, that occurred in a patients with implants from 165 to 465 cc, we believe that we should investigate more about conservative management in implants placed less than 10 years ago, to evaluate the effectiveness of conservative management in late hematomas in breast implants, but the treatment of choice and with better results seems to be drainage, capsulectomy and implant replacement.

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