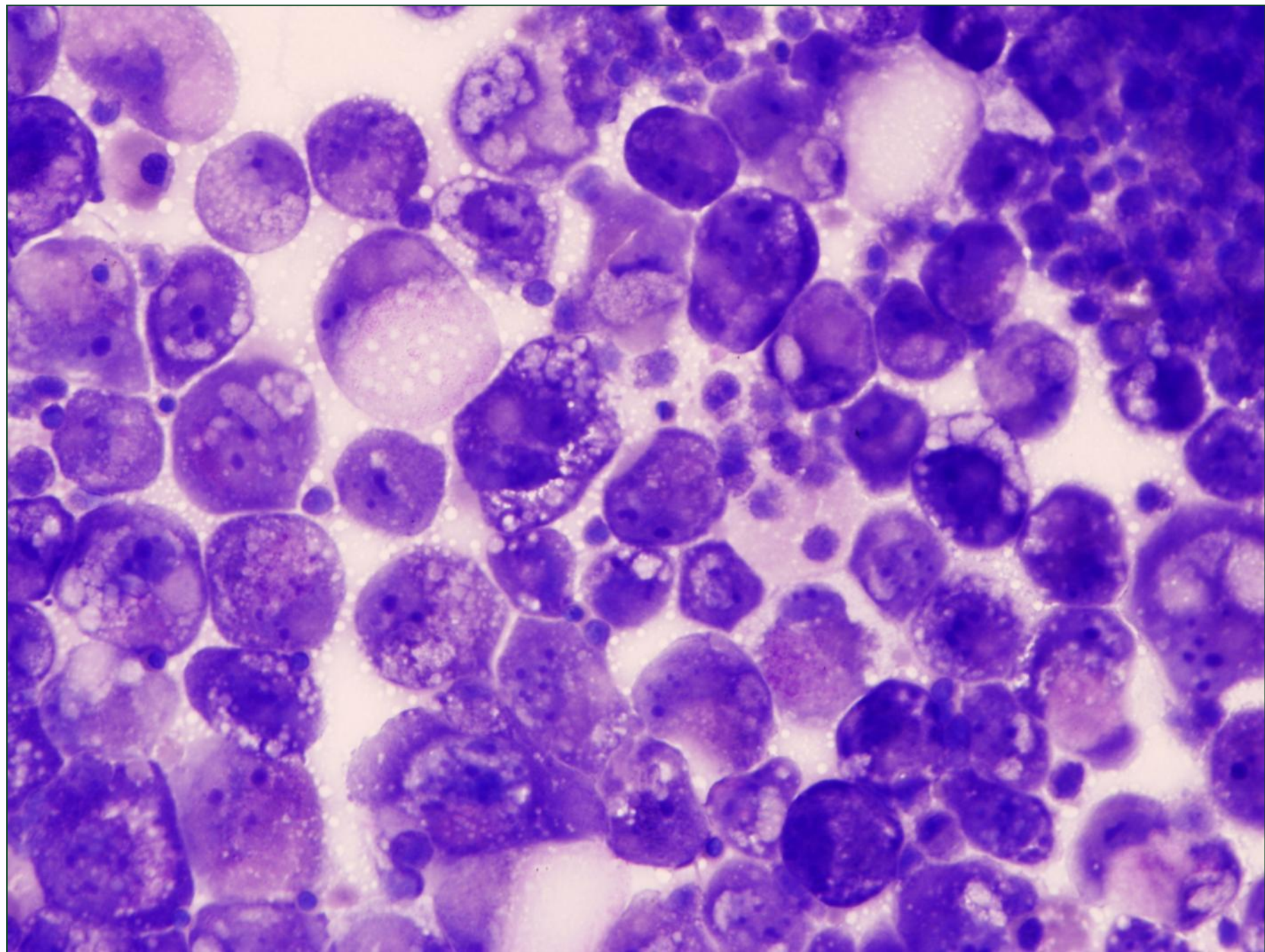
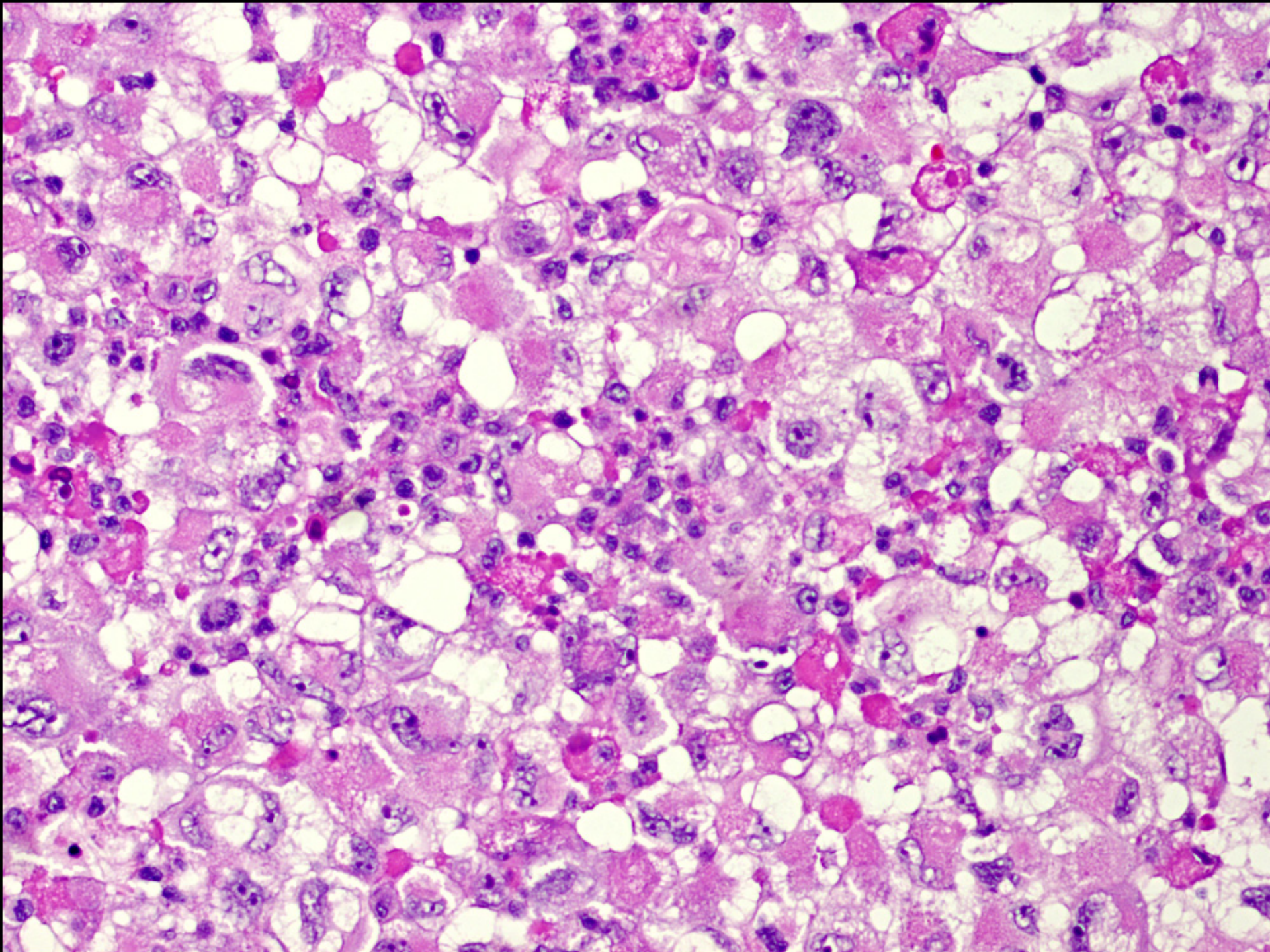
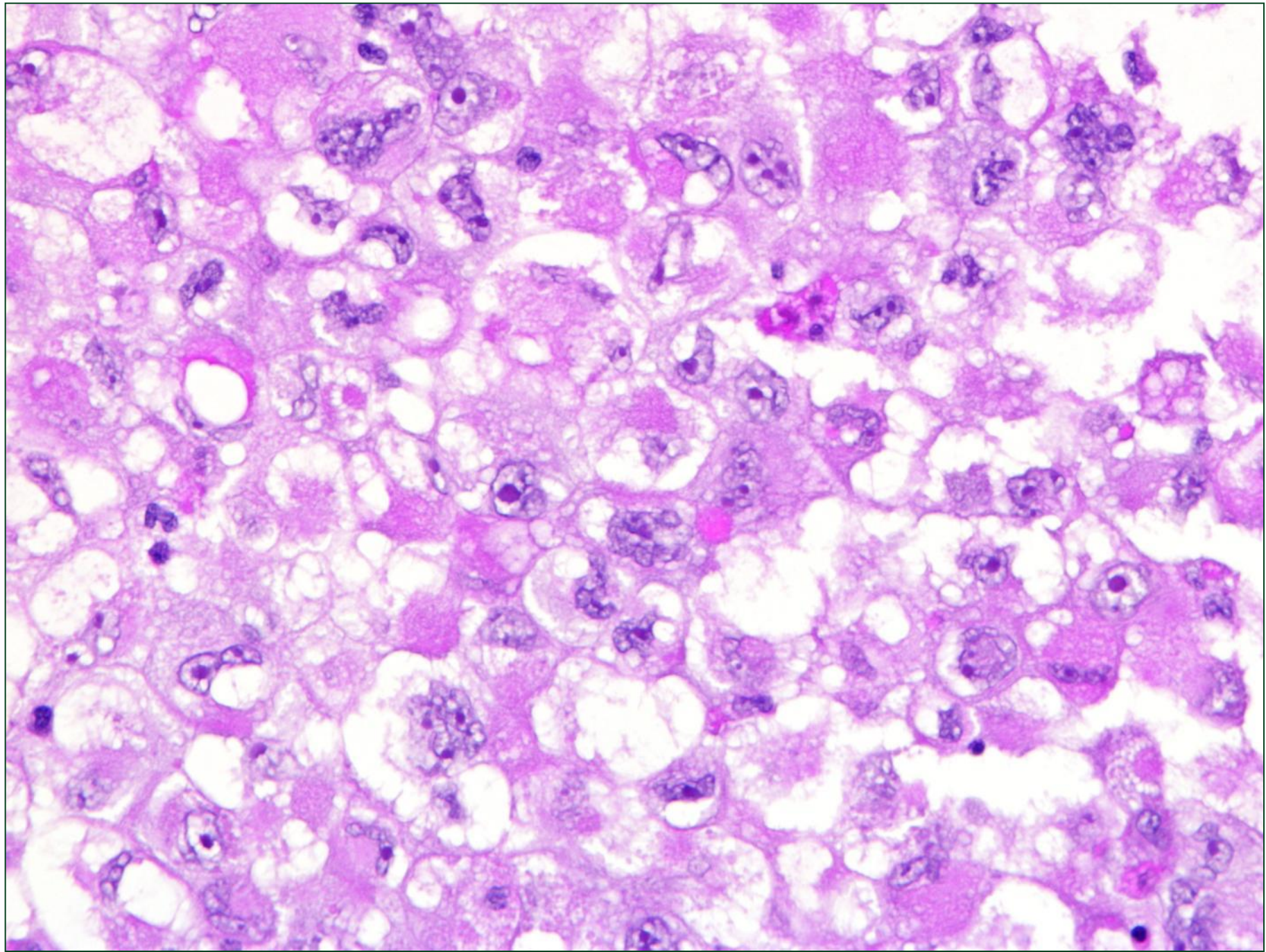


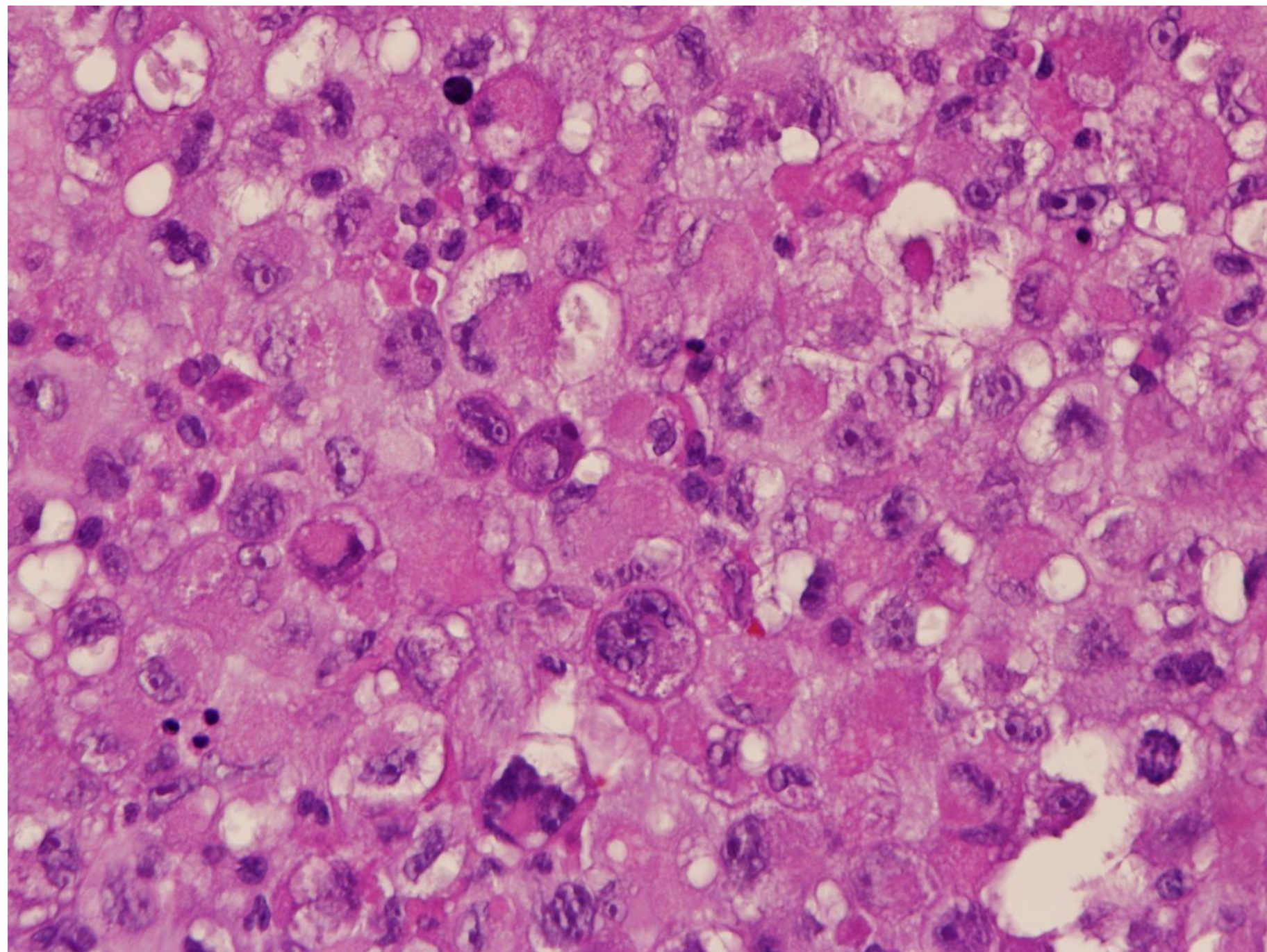
Case 16

- A 43 year old female had breast implants placed bilaterally more than 10 years earlier. She presented recently with swelling and redness of the left breast. The specimen is a cell block of a cytological aspirate of the seroma fluid surrounding the implant site. PCR studies showed a clonal T-cell gene rearrangement. Implant was removed but no further therapy was given.

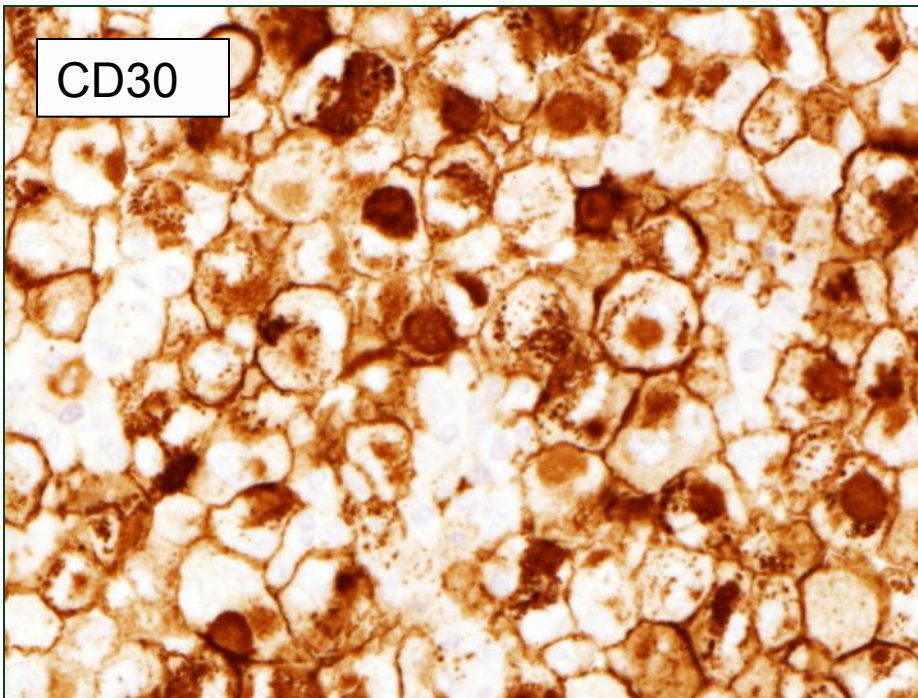




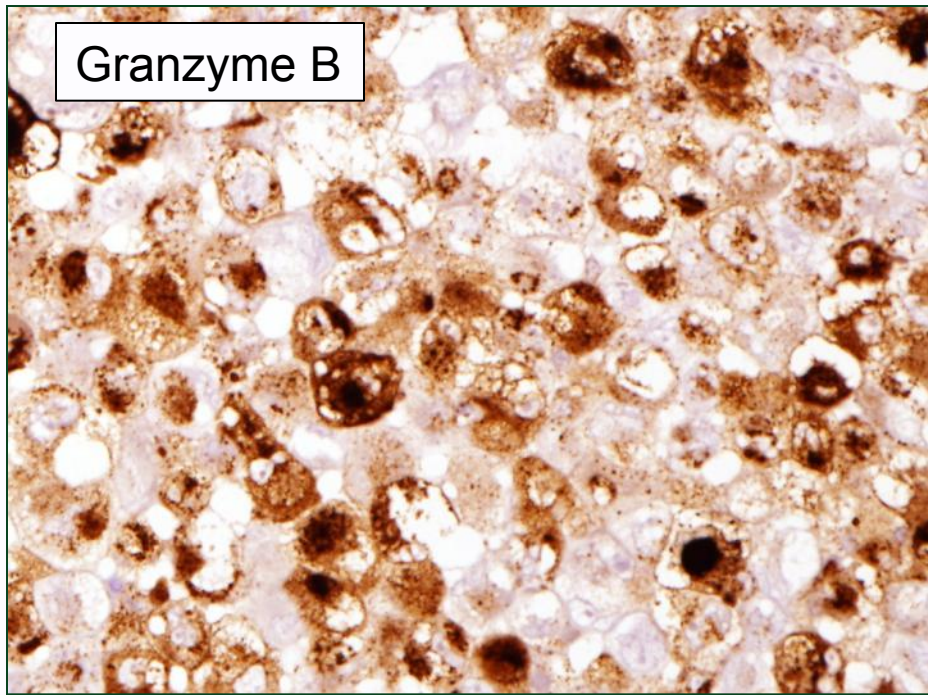




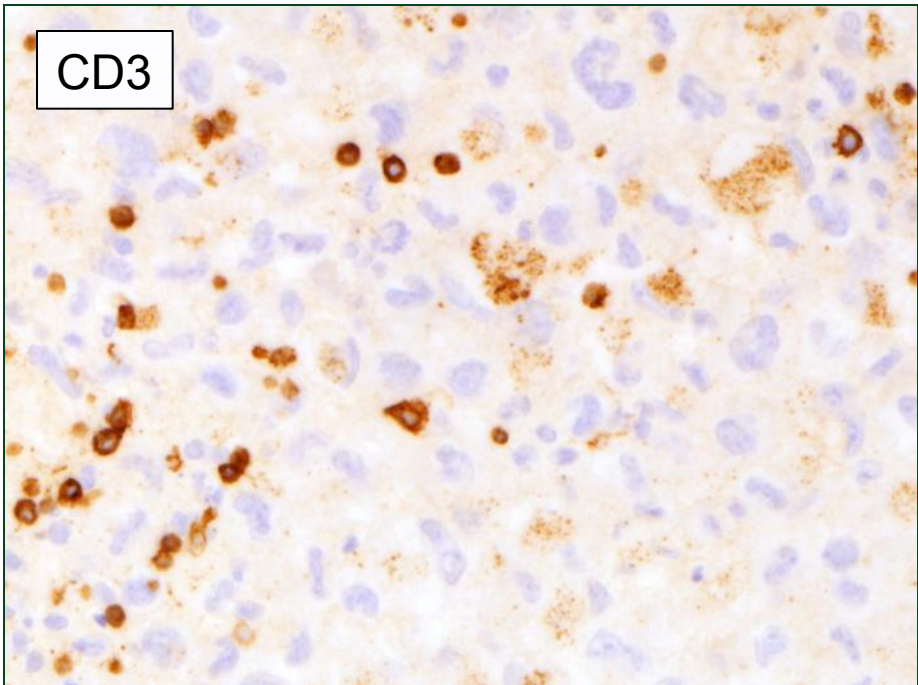
CD30



Granzyme B



CD3



Other markers:

EMA weak positive

CD4 weak positive

CD5, CD8 negative

CD20 negative

Clonal TCR by PCR

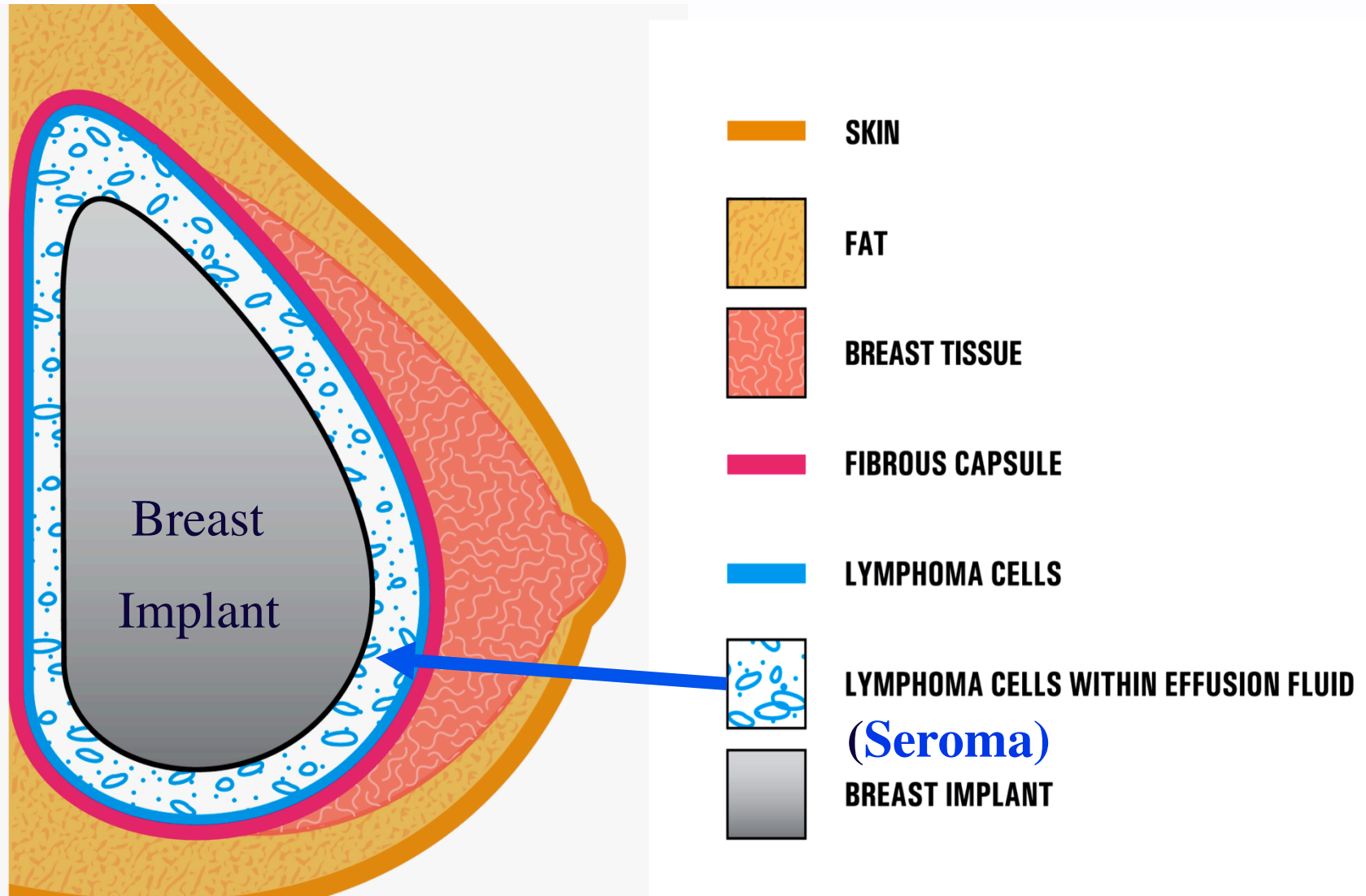
Case 16

- Diagnosis: Seroma-associated anaplastic large cell lymphoma.

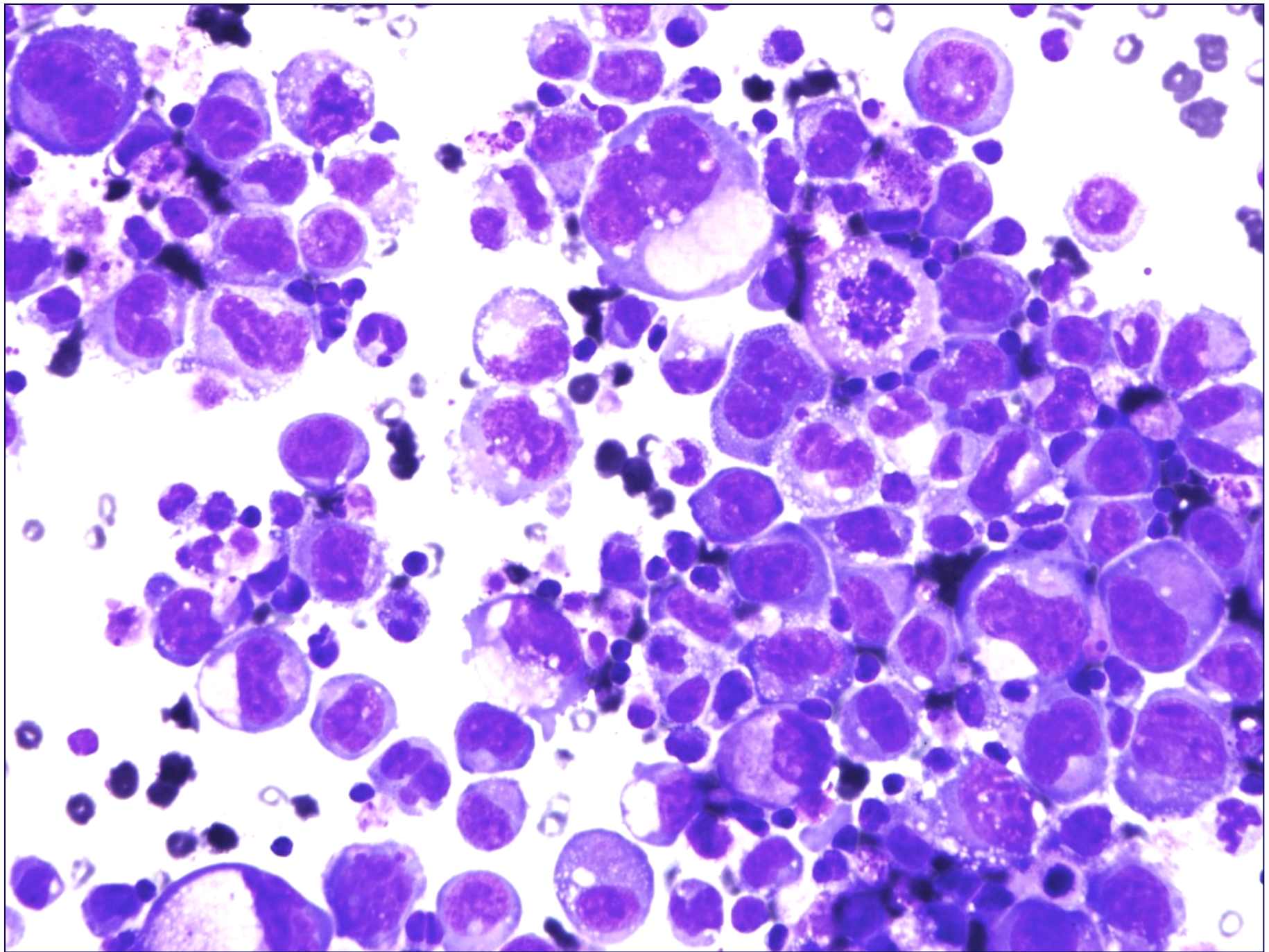
Seroma-associated anaplastic large cell lymphoma, ALK-negative

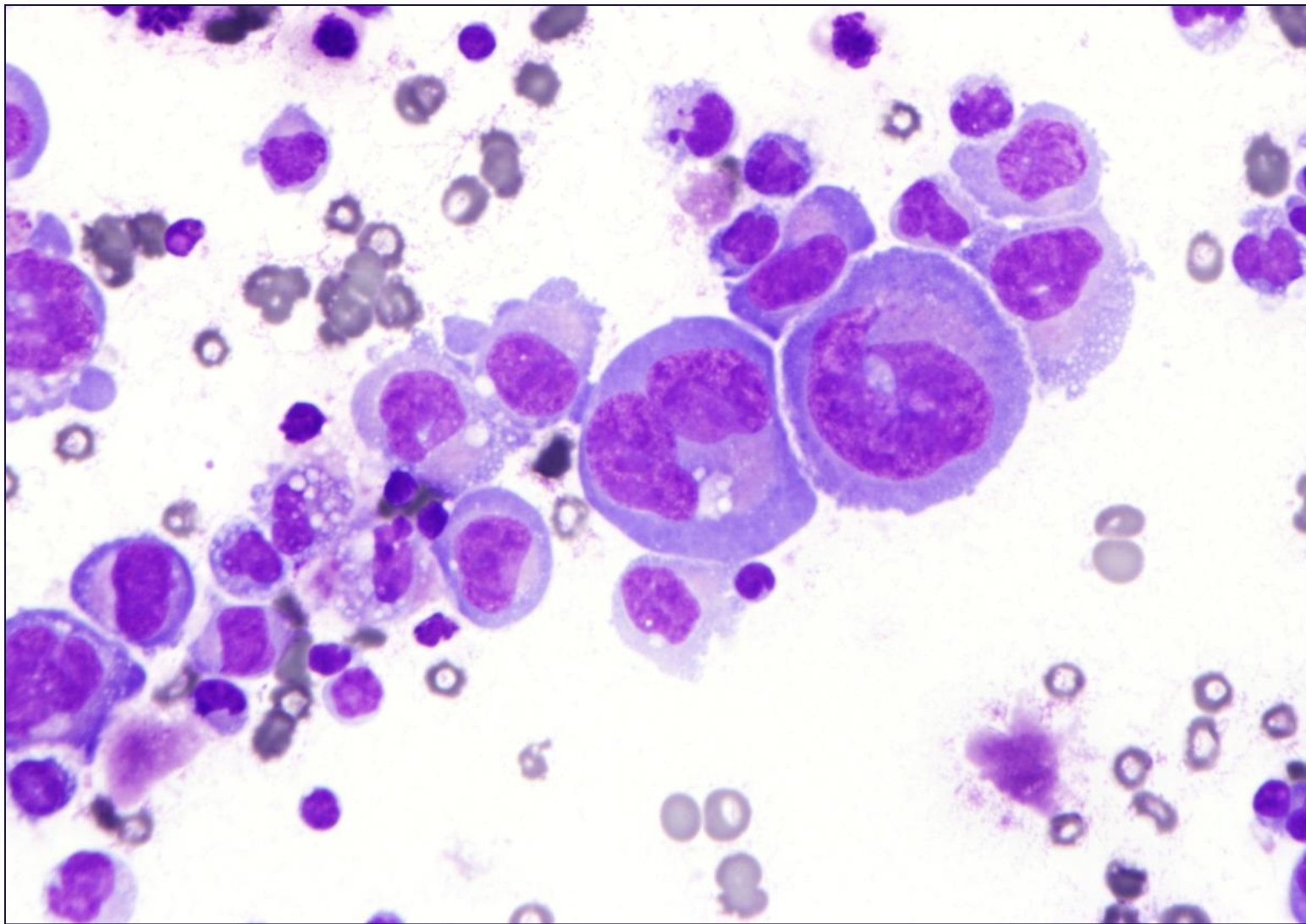
- Seen with a variety of breast implants, both saline and silicone
- Usually years after implant
- Symptoms related to accumulation of seroma fluid in cavity surrounding the implant
- Diagnosis best made by cytology
- Cells grow within cavity and on surface of cavity lining, usually without invasion

Location of ALCL Adjacent to Breast Implant

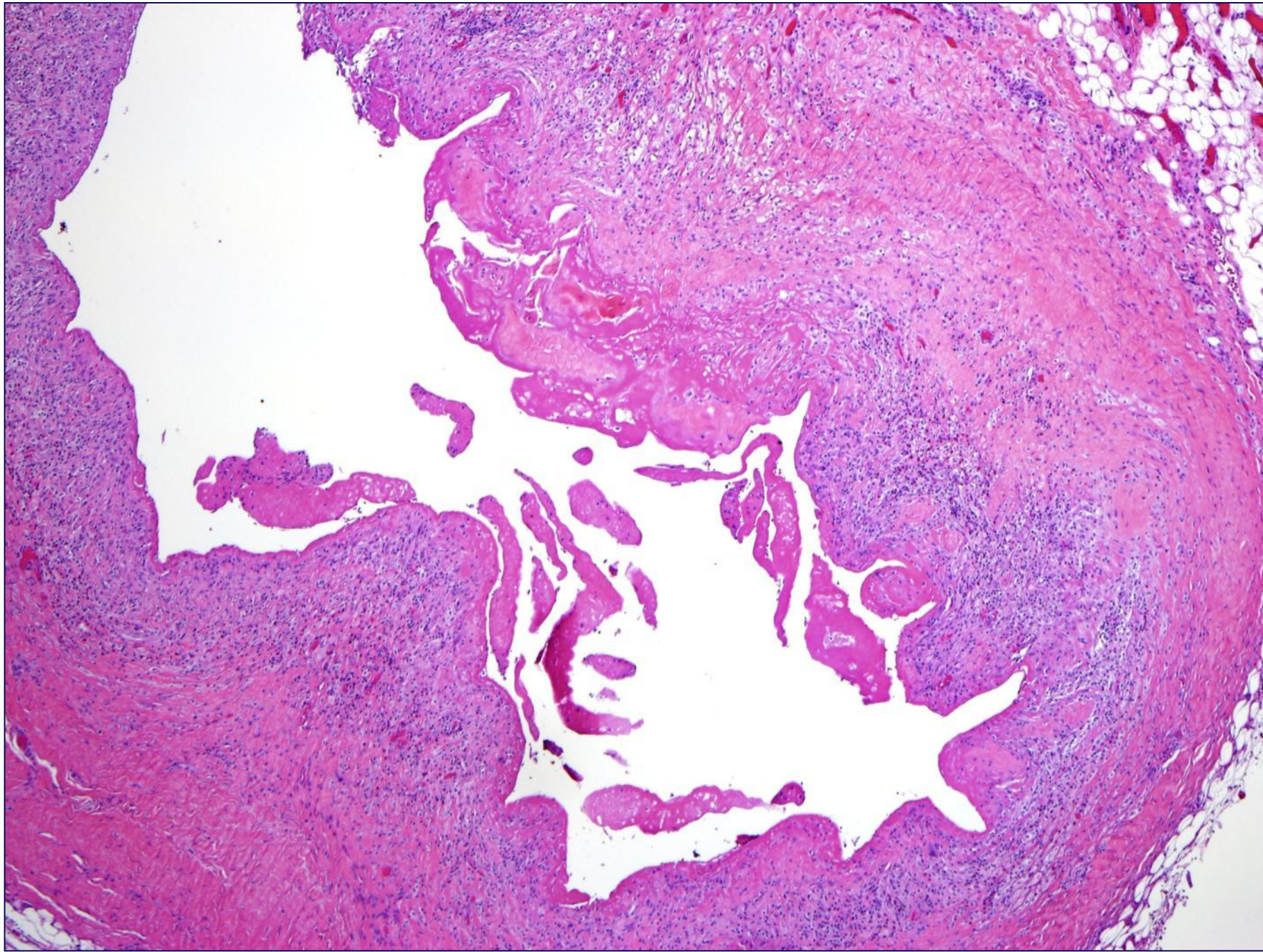


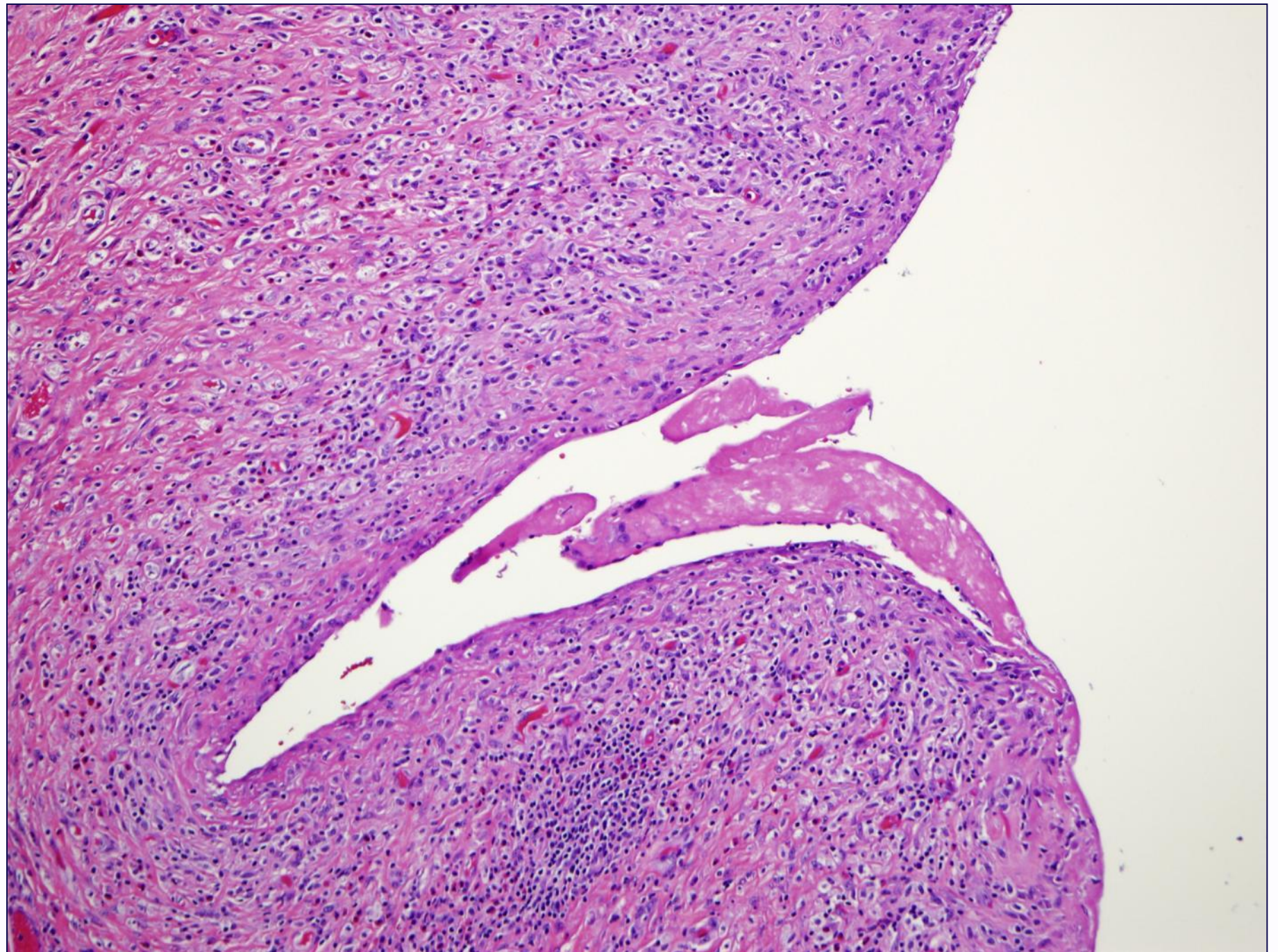
Modified from Thompson PA et al Haematologica 2010

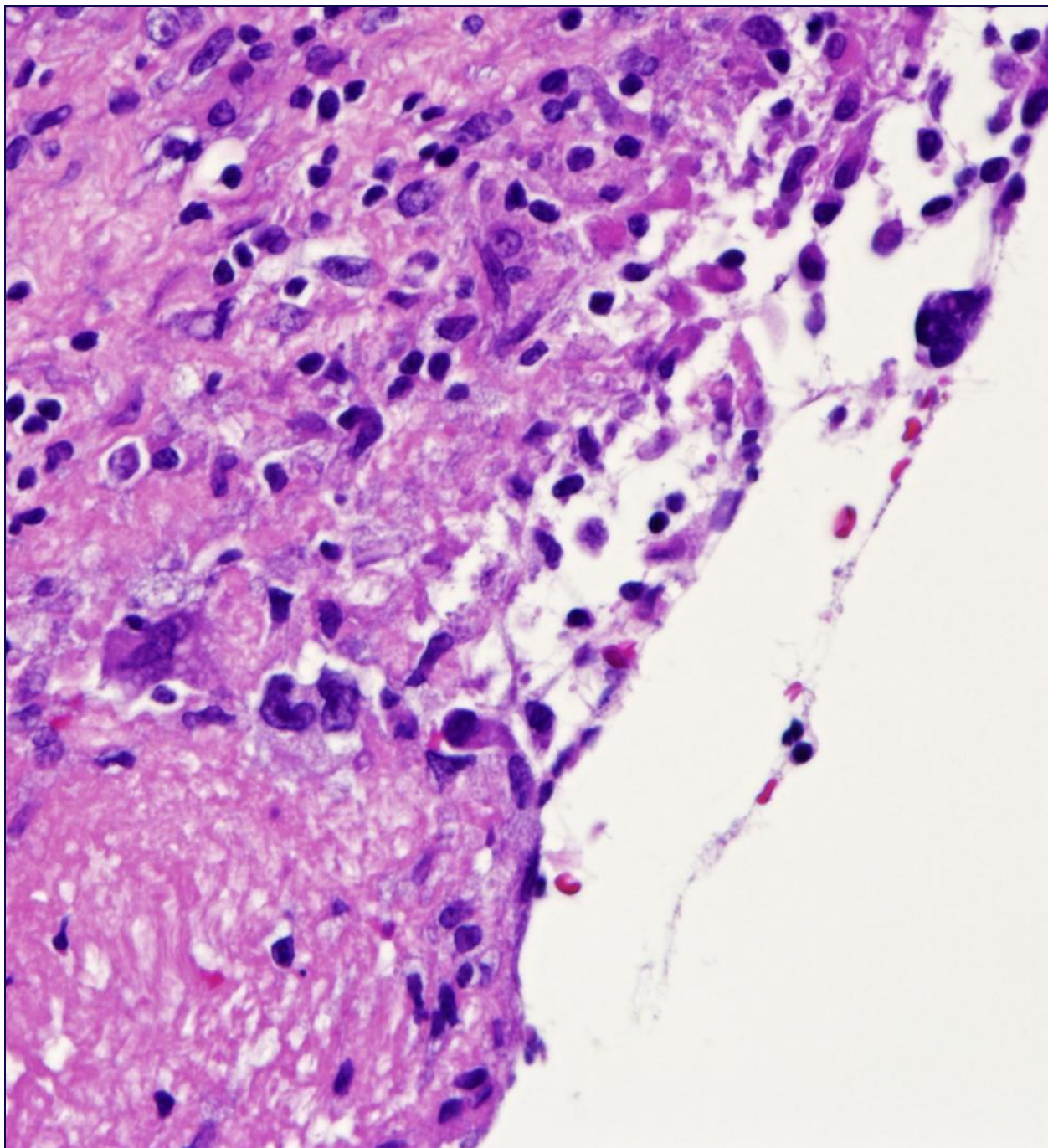




Flow cytometry: Positive for CD30, CD2, CD25, CD4, partial CD7
Negative for: CD3, CD5, and B-cell markers. TCR PCR negative







CD30

