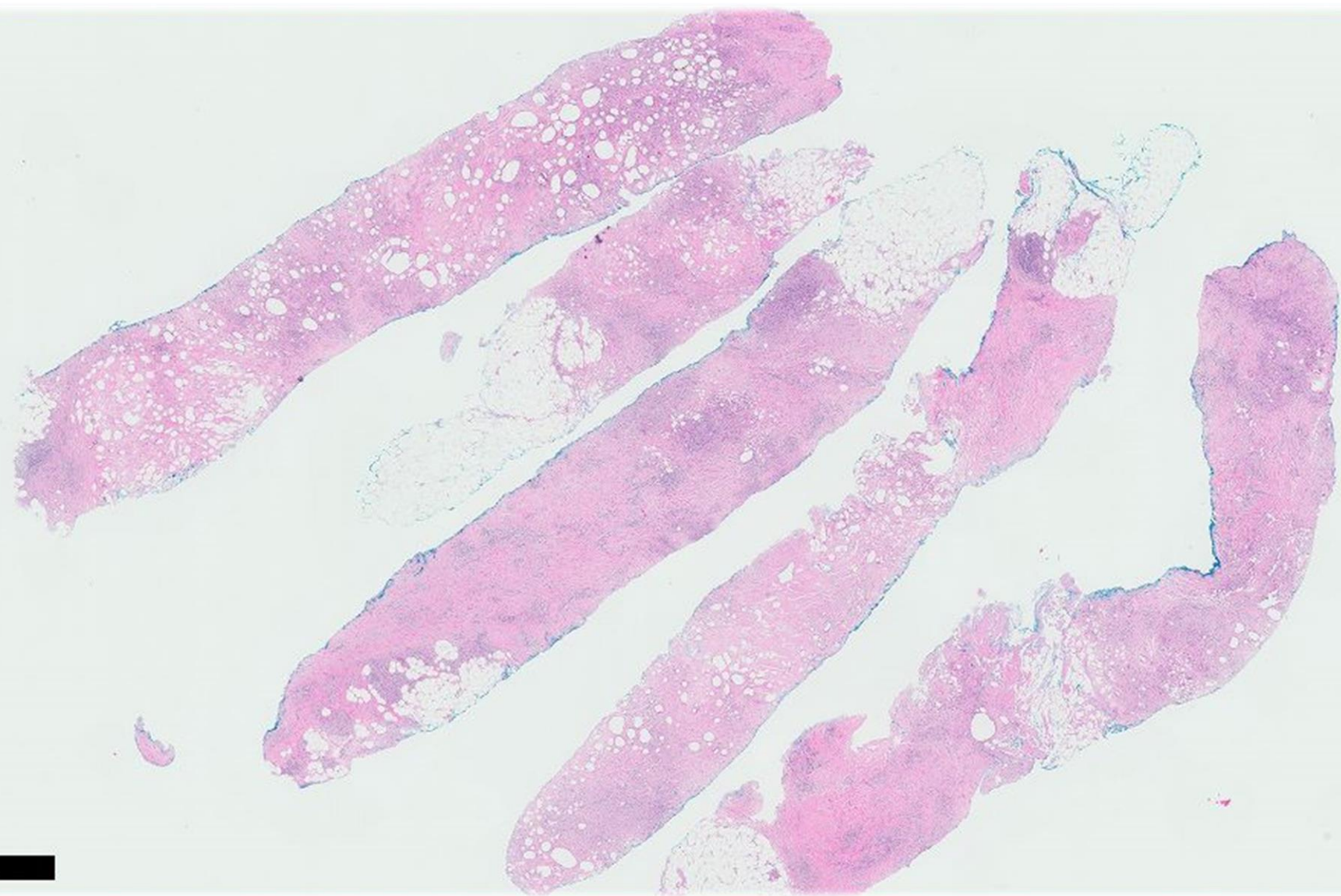


# Case 7

43 year old Chinese lady with previous excision for right breast carcinoma, presented with a radiologically detected right breast nodule at the 5 o'clock position.

Ultrasound guided core biopsy was performed.

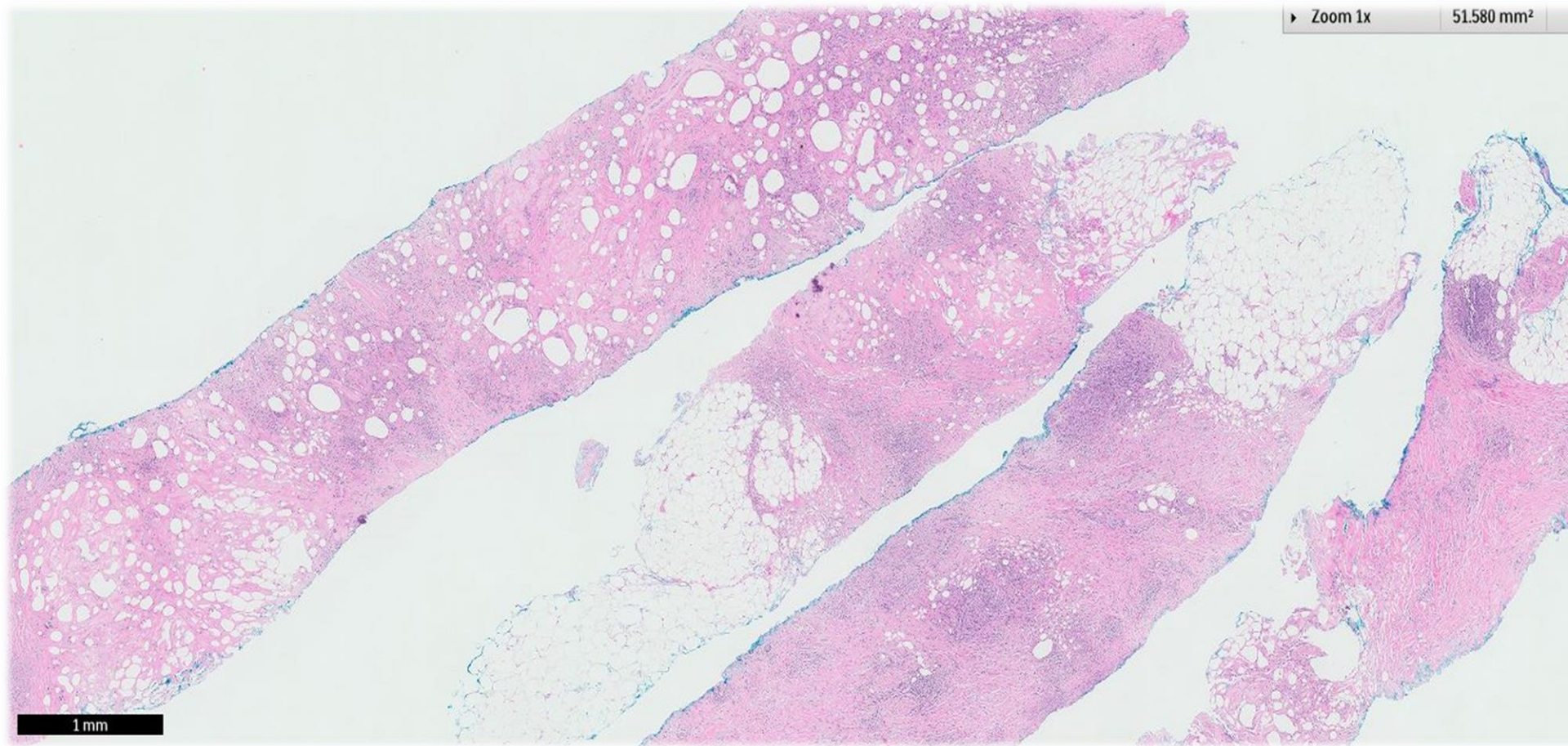






▶ Zoom 1x

51.580 mm<sup>2</sup>

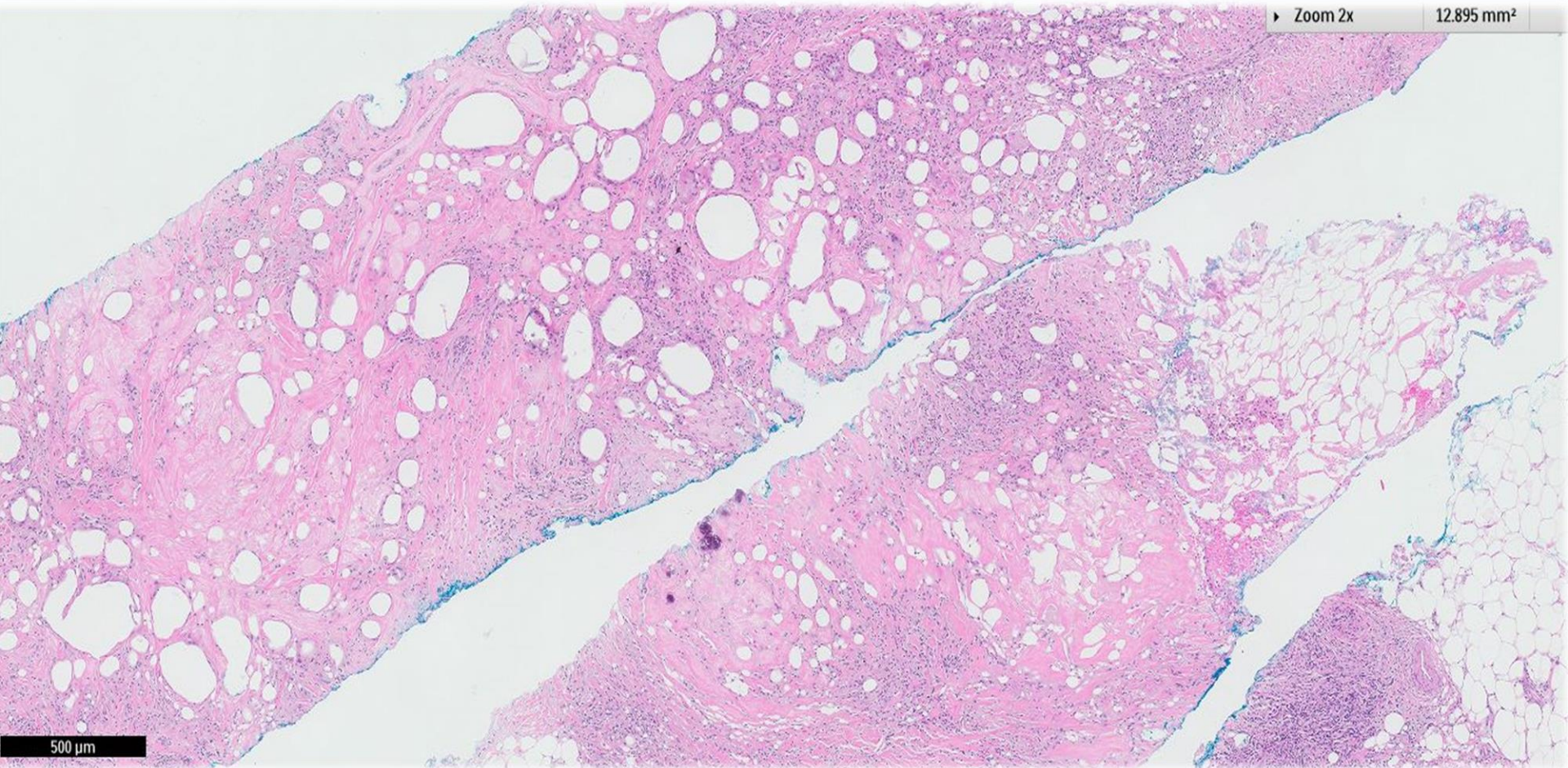


1 mm



Zoom 2x

12.895 mm<sup>2</sup>

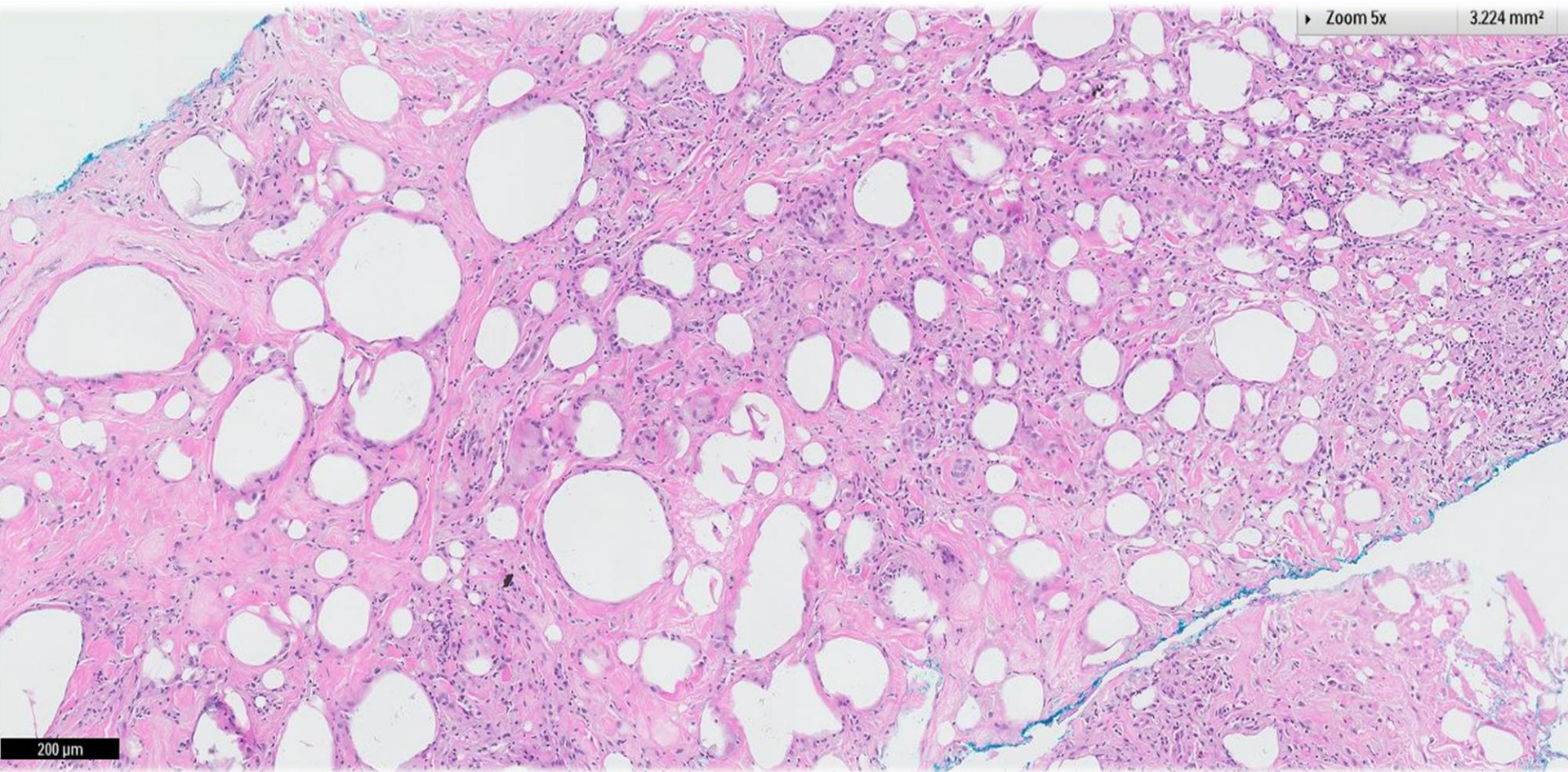


500  $\mu$ m



► Zoom 5x

3.224 mm<sup>2</sup>

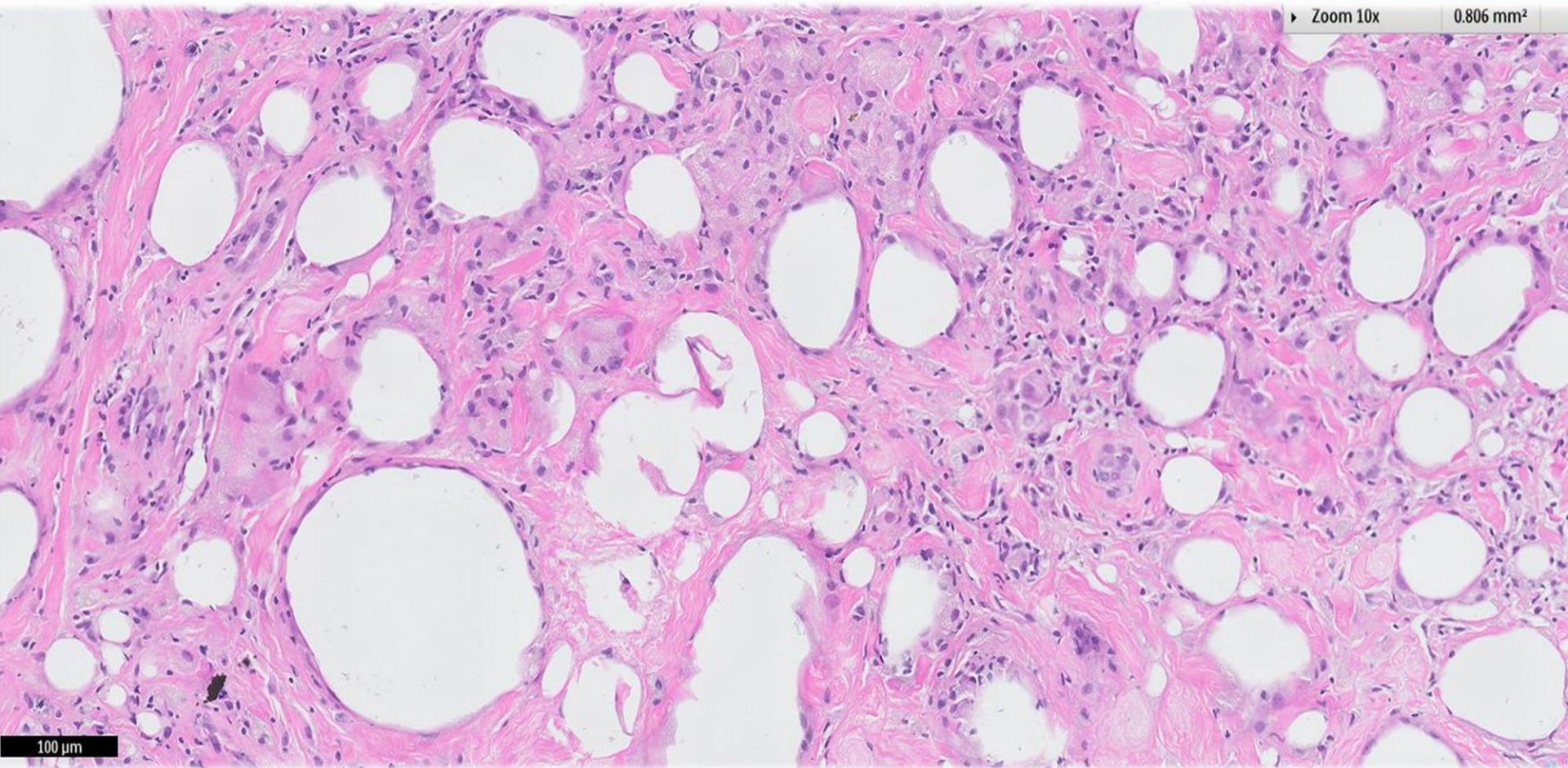


200  $\mu$ m



Zoom 10x

0.806 mm<sup>2</sup>

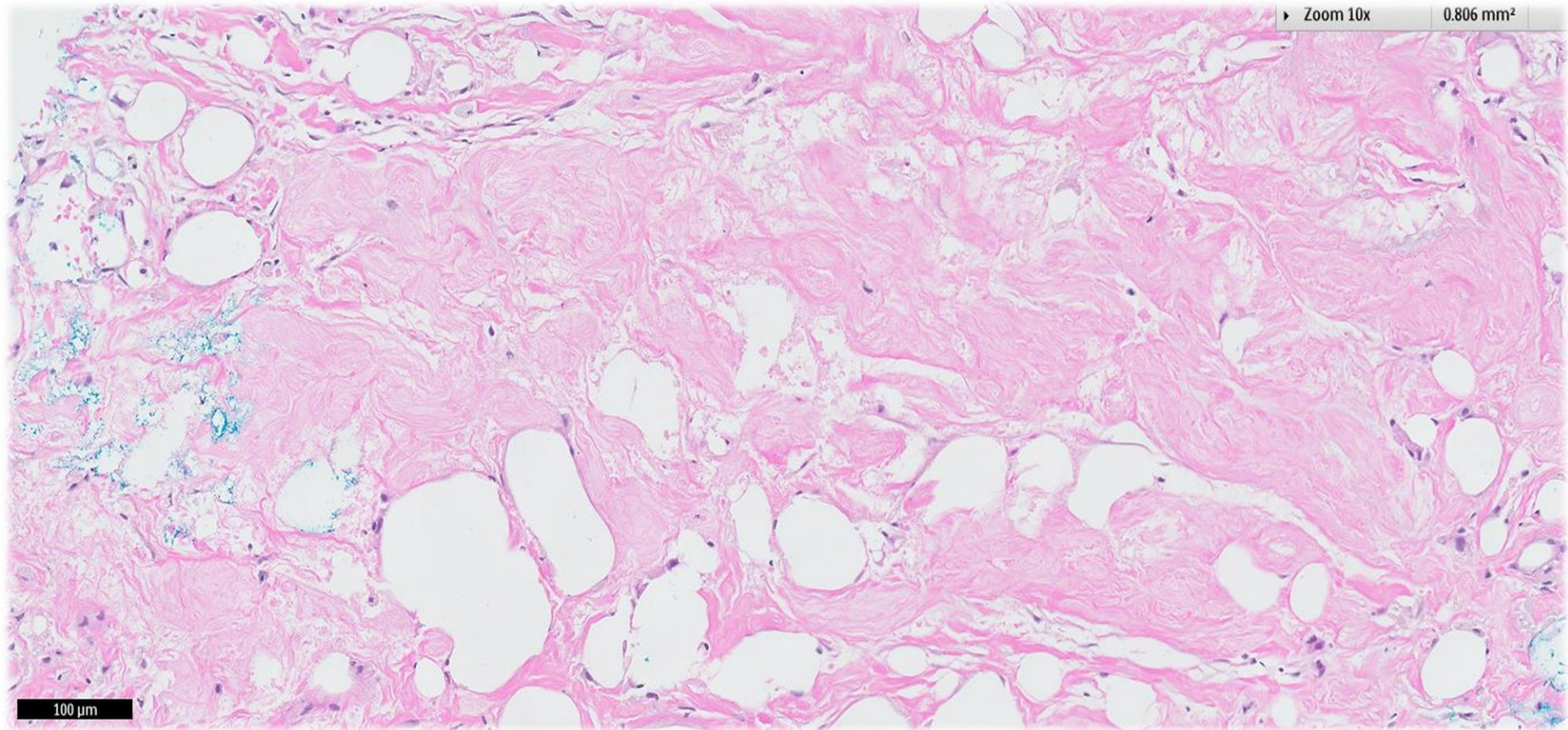


100 μm



▶ Zoom 10x

0.806 mm<sup>2</sup>



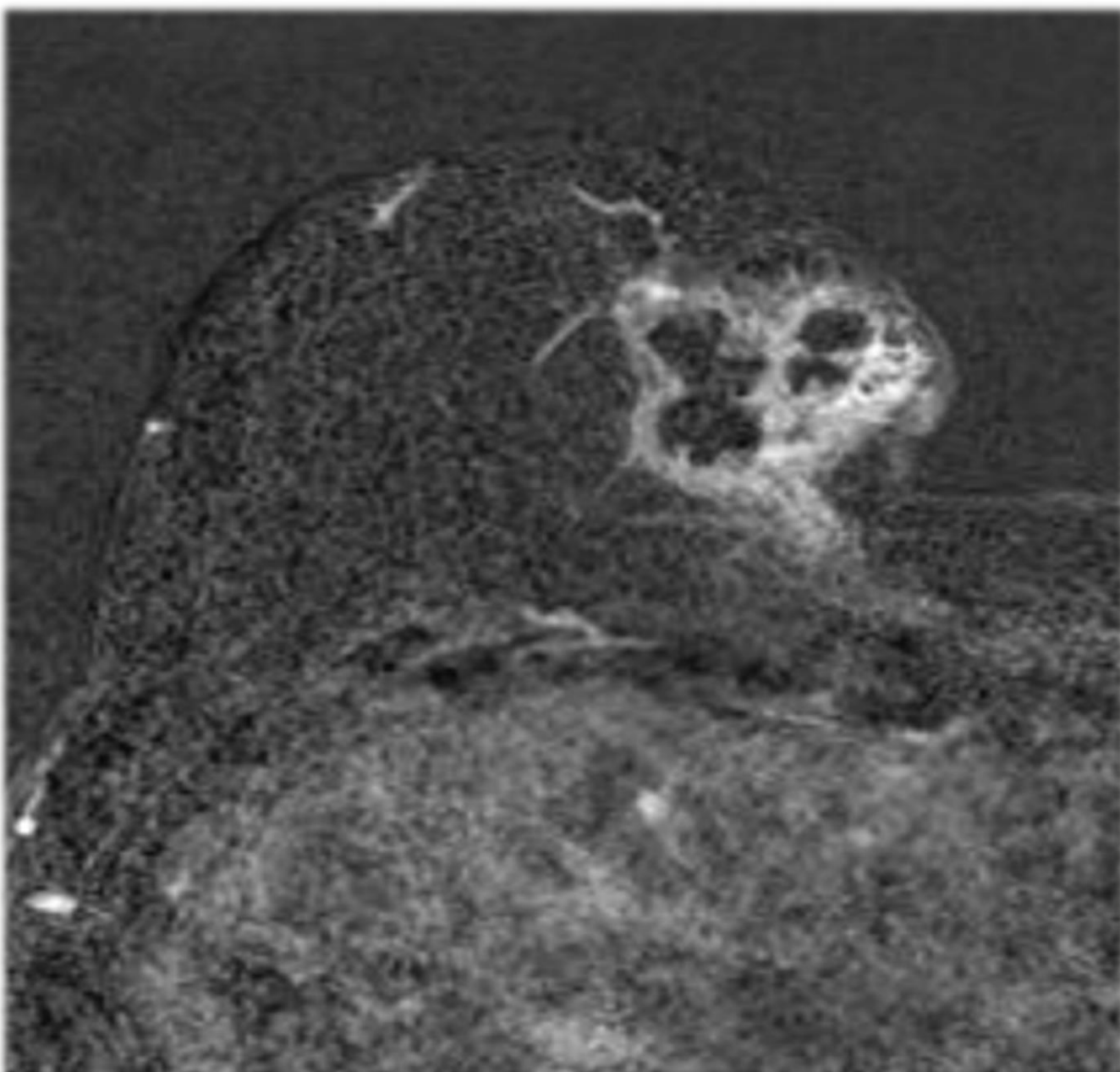
100 μm





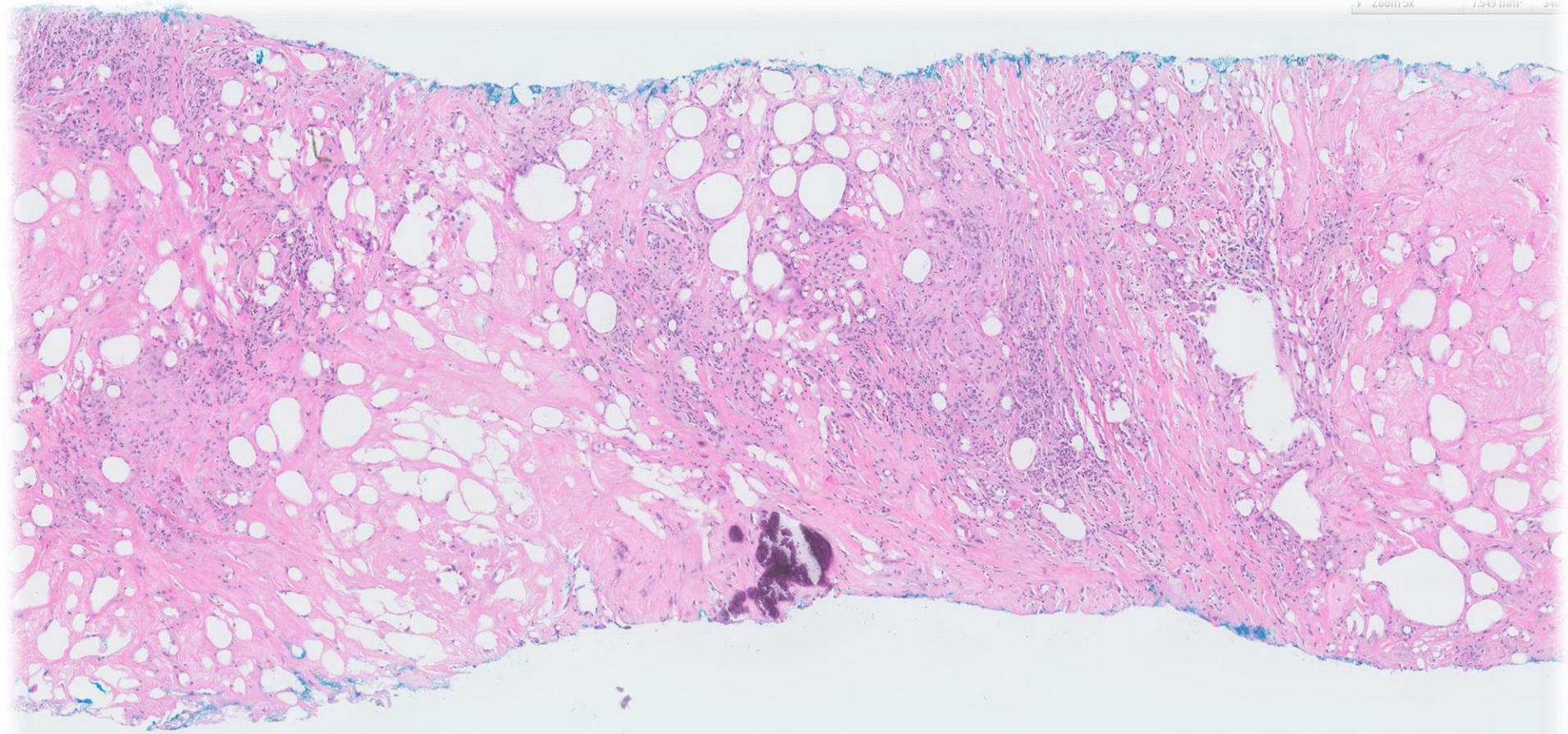
*Singapore Botanic Gardens  
UNESCO World Heritage Site*



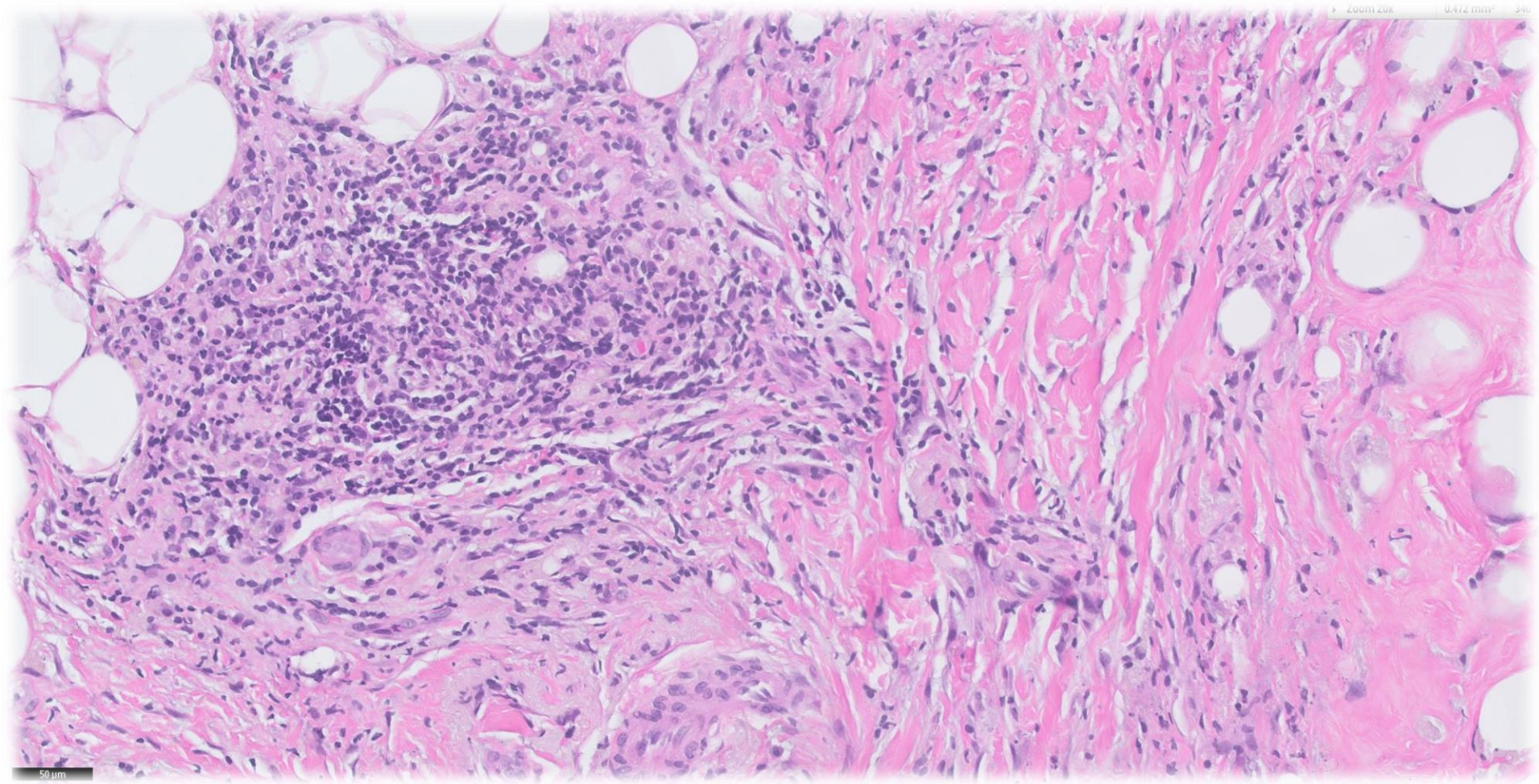


*MRI T1w post-contrast sequence shows a loculated mass with internal fat contents.  
Courtesy of Dr Lester Leong*

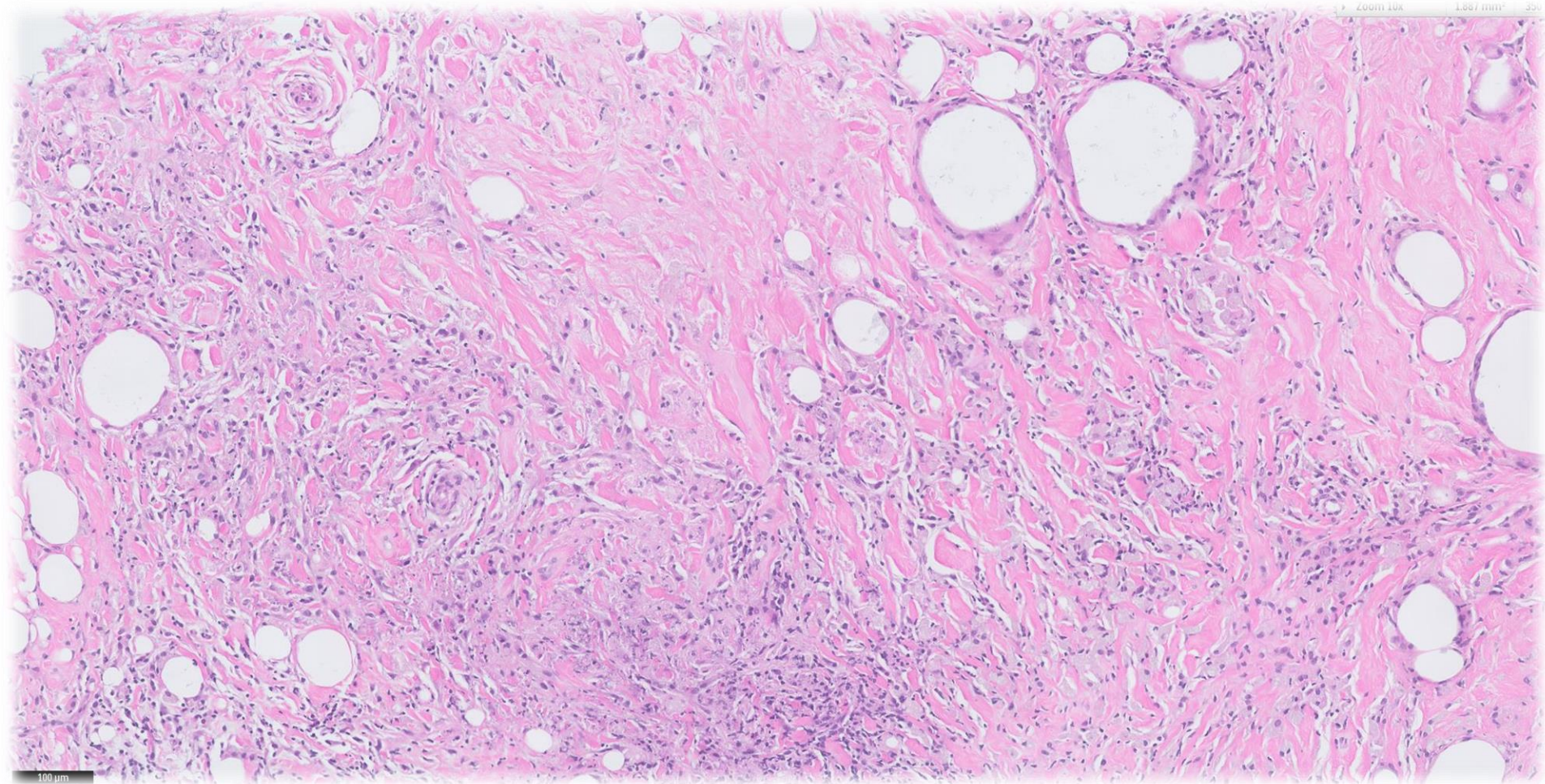




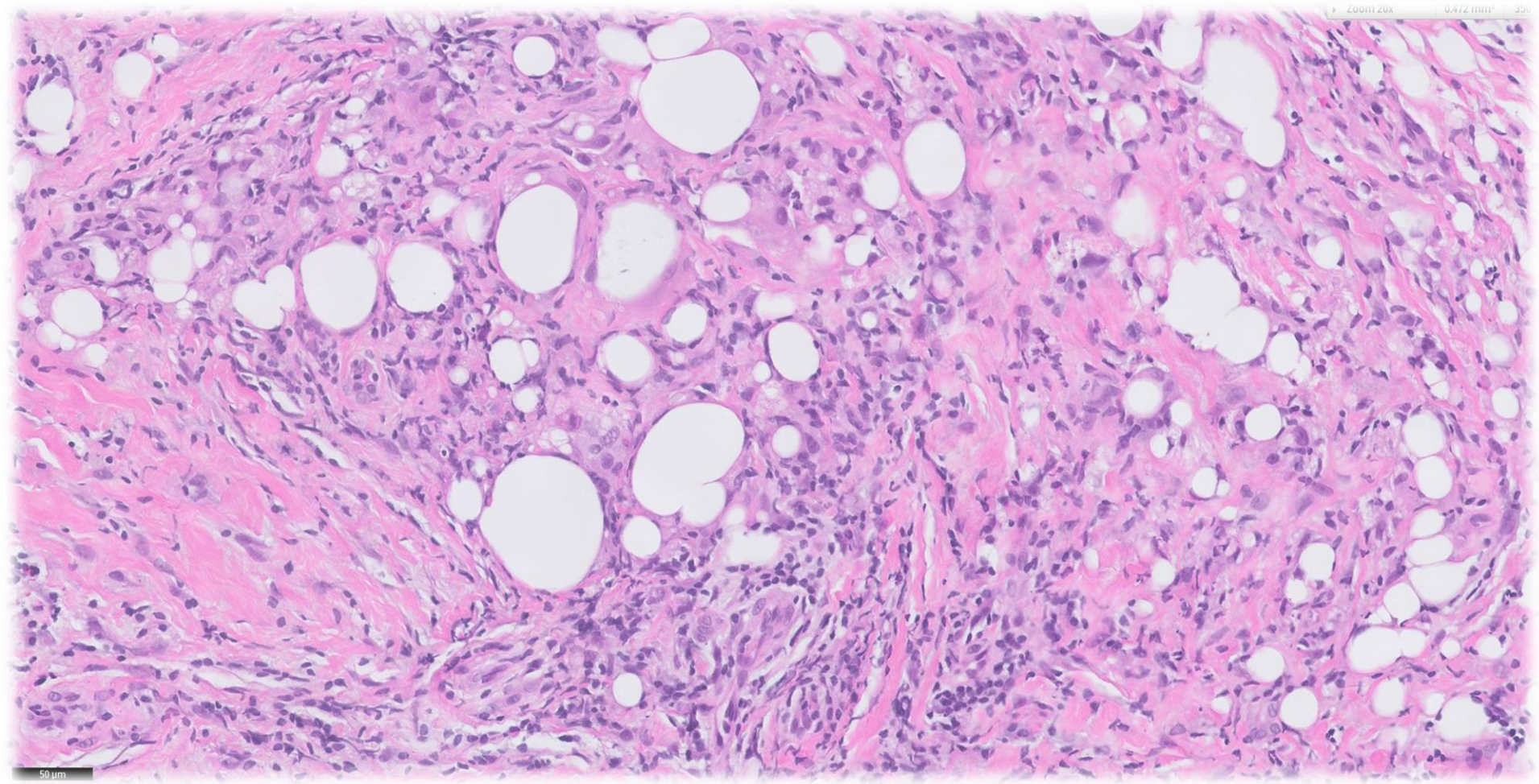








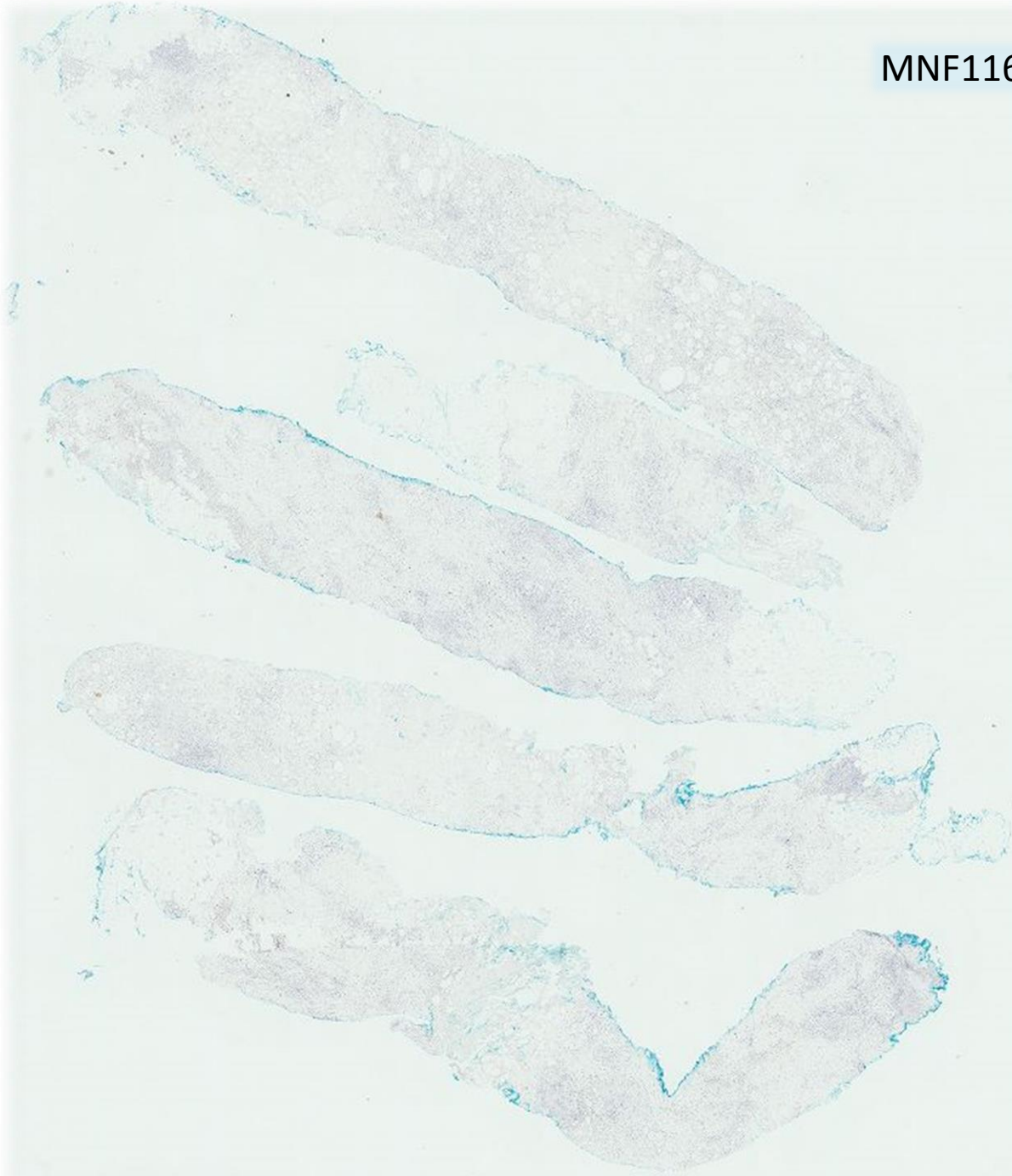




50  $\mu$ m

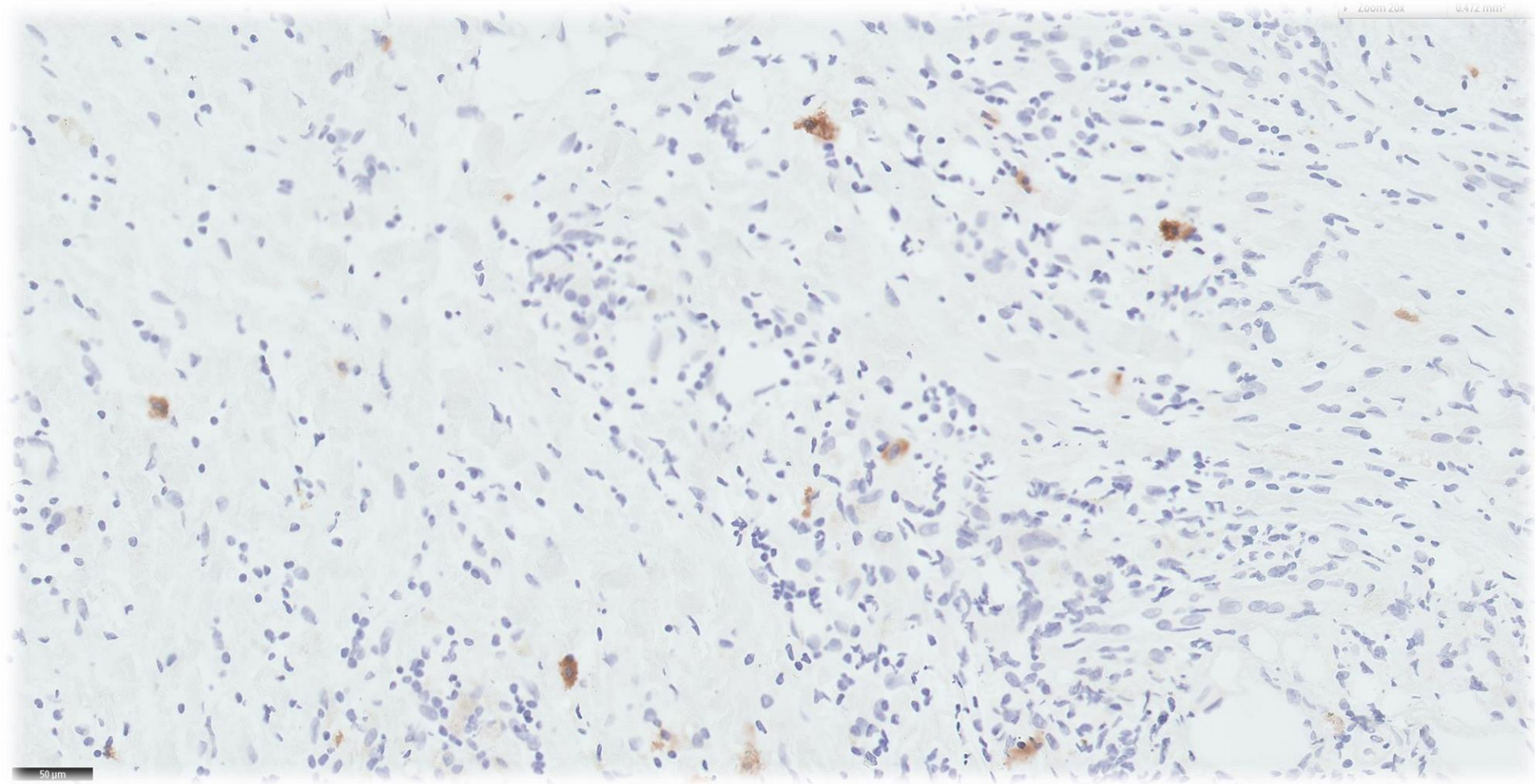


MNF116





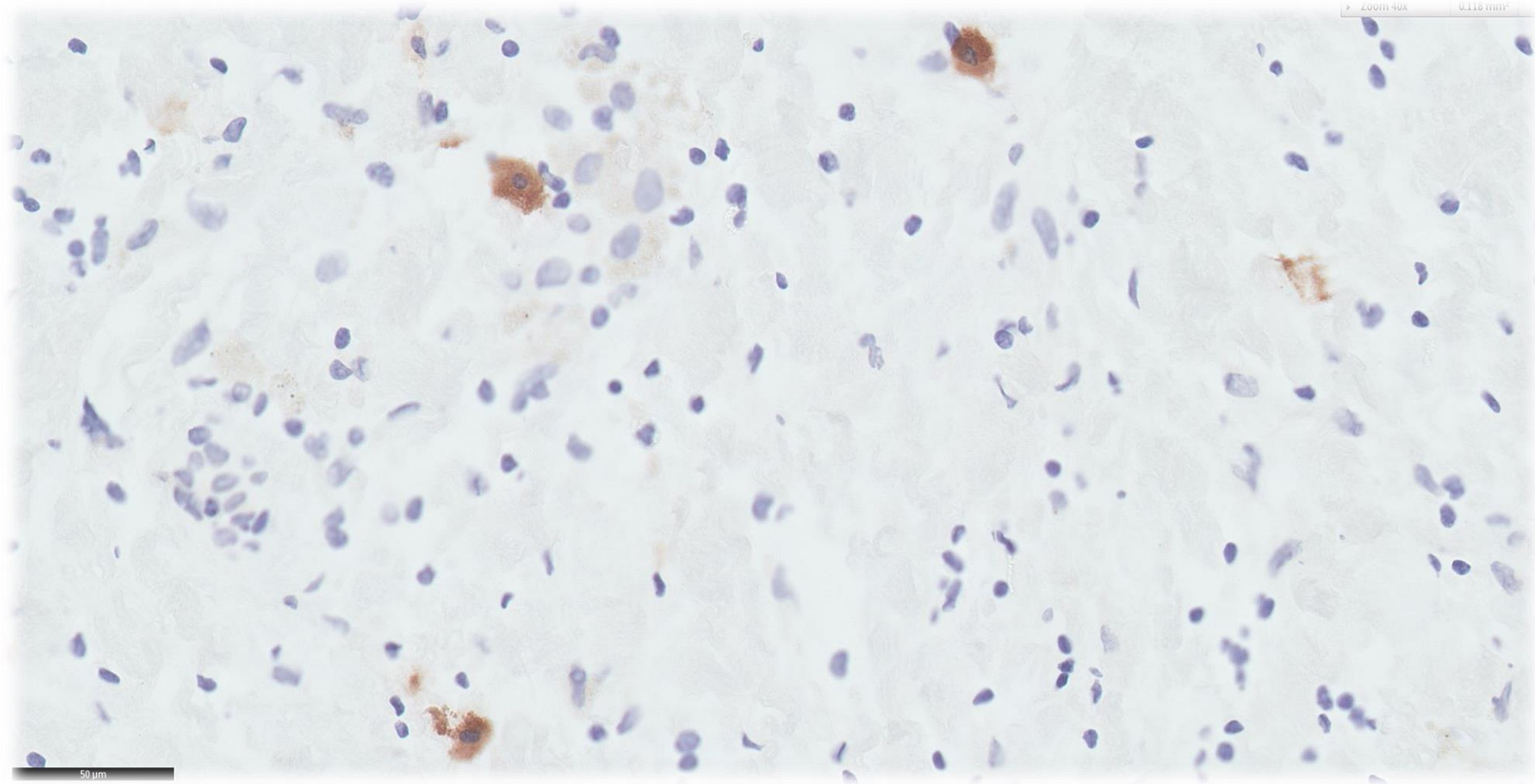
MNF116





MNF116

Zoom 40x 0.118 mm<sup>2</sup>



50  $\mu$ m

# Diagnosis

- Fat necrosis and granulation.
- No malignancy.





# Fat necrosis

- Injury to adipose tissue of the breast.
- Due to trauma, surgery, radiation, ischaemia, other insults.
- Tends to occur in pendulous breasts.
- History of trauma may not be available.
- Radiologically may mimic malignancy.
- Clinical presentation:
  - Painless breast lump.
  - Skin retraction, dimpling.



