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Breast implants-associated anaplastic large cell lymphoma (BIA-ALCL)

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Objective: The objective was to describe a case of breast implant-associated anaplastic large cell lymphoma (BIA-ALCL), a rare neoplasm whose low incidence limits the experience of mastology and plastic surgery services. Besides reporting the case, the purpose was to discuss treatment, prevention, and surveillance. **Methods:** A literature review was performed using the descriptors “anaplastic lymphoma” AND “breast implants” on the PubMed, LILACS, VHL, NICE, Cochrane Library, and SciELO databases. Among 336 publications, 66 articles from the last five years were selected. **Results:** The case refers to a 37-year-old woman, with a history of textured silicone implants five years ago and who began to present seroma in the right breast, increased volume, and ipsilateral mastalgia 6 months ago. After performing breast ultrasound, mammography, and breast magnetic resonance imaging, she underwent fine needle aspiration biopsy, and the fluid content was sent for oncotic cytology, fungal research, culture with antibiogram, bacterioscopy, and BAAR research, immunohistochemistry, and immunophenotyping, in which the results were negative. Cytology showed the presence of large and atypical lymphocytes. Immunohistochemistry revealed positivity for CD30 cells and negativity for CD246 (ALK-1), but immunophenotyping revealed 41% of anomalous lymphoid cells with co-expression of CD30, confirming the diagnosis of BIA-ALCL, in agreement with the presence of right anteropectoral seroma, and implant accommodation folds, without signs of contracture or capsular rupture. **Conclusion:** BIA-ALCL is a non-Hodgkin T-cell lymphoma, with an incidence of 1:30,000 women. The most accepted etiological hypothesis involves the formation of bacterial biofilm on the implant, generating chronic inflammation and malignant transformation of T cells. The patient underwent complete removal of the implant and fibrous capsule, and the seroma was sent for examination. Large and atypical cells were found in both. In general, treatment involves explantation, total capsulectomy and, in some cases, chemotherapy and/or radiotherapy. Regular clinical monitoring is essential for early diagnosis and improved prognosis.

Keywords: lymphoma; large-cell; anaplastic; breast implantation.