

Massive Right Breast Hematoma

Manish Amin, DO¹; Jason Jerome, MD²; Phillip Aguiniga-Navarrete³;
Laura Celene Castro³; Danny Delgadillo, MD²

Affiliations:

¹ Faculty

² PGY II

³ Head Research Assistant, Emergency Medicine Research Assistant Program (E.M.R.A.P), Kern Medical

Case Report

A 53-year-old restrained female driver with a history of hypertension, congestive heart failure, and anxiety disorder presents after a high-speed motor vehicle accident. Airbags deployed on impact. No loss of consciousness was reported. She self extricated and ambulated at the scene.

Upon presentation to the emergency department, she was complaining of severe right breast pain. She was tachycardic (BP: 128/60, HR: 110-120, RR: 18). Her primary survey was only significant for ecchymosis to her right breast. Her right breast was swollen, tense and exquisitely tender (**Image 1**). No further evidence of trauma was noted.



Image 1. Photograph of patient showing massive right breast hematoma.



Image 2. CT scan of the chest revealing large right breast hematoma.

After the primary survey, her blood pressure was noted to be persistently hypotensive but responsive to fluid boluses. A CT scan of the chest demonstrated a 10.5cm x 12.7cm x 18cm breast hematoma (**Image 2 and Image 3**). No other concomitant injuries were present. Due to her labile blood pressure, trauma surgery elected to manage the patient operatively. A 1500cc hematoma was evacuated, and three units of packed red blood cells were transfused. Origin of the bleeding was determined to be an arterial branch within the pectoralis major, which was ligated.

Discussion

Large breast hematomas are relatively uncommon in the setting of trauma. More than 93.5% are managed expectantly with only 6.5% requiring invasive procedures. To our knowledge, this is the only reported case of a massive breast hematoma resulting from blunt chest trauma demonstrating a state of class 3 shock.



Image 3. CT scan of the chest revealing large right breast hematoma.

Conclusions

Cases of isolated large breast hematomas causing class 3 shock have not been reported in the literature. We present such a case illustrating another compartment where bleeding can occur in the setting of trauma.

References

Sanders C, Cipolla J, Stehly C, Hoey B. "Blunt Breast Trauma: Is There a Standard of Care?" *The American Surgeon*. 2011;77(8): 1066-69.