Fat Necrosis

Injury or trauma to the breast

To reach a diagnosis you will likely need a physical breast examination, mammogram (breast x-ray), breast ultrasound, and fine needle aspiration or breast biopsy. Fine needle aspiration is done by inserting a needle in the abnormality and removing cells. A breast biopsy takes tissue samples of the abnormality rather than cells. This is done because it can be difficult to distinguish fat necrosis from breast cancer.

Once diagnosed, fat necrosis does not need any further treatment or follow up, and it sometimes disappears on its own. However, on occasion a short-term follow up mammogram, ultrasound or both is done in four or six months.

Having fat necrosis does not increase your risk of breast cancer, but it is still important to be aware of any breast changes and report those changes to your primary care physician. Remember, monthly breast self-examinations and yearly mammograms are our best defense against breast cancer.

Fat necrosis is common following injury or trauma to the breast. It often occurs with seat belt injuries, breast surgery or radiation therapy. After injury, as the tissue attempts to heal, it can be replaced with scar tissue. It commonly develops unnoticed by the patient and appears on a mammogram as a new change. However, on occasion, it can present as a palpable (something felt) lump. It is usually painless; and the skin around it may look red, bruised, dimpled or thickened.