A 66-year-old male with a history of cardiac arrhythmia who was being treated with oral anticoagulant therapy underwent surgery for a multifocal infiltrating ductal carcinoma of the left breast. Mastectomy was performed with selective biopsy of the sentinel lymph node of the internal mammary chain (pT2N1M0). The third week post-op, he presented with a parasternal mass compatible with post-surgical hematoma (Fig. 1A). Given the lack of improvement, a CT scan was ordered, which identified a seroma and pseudoaneurysm measuring 3 cm × 3 cm of the middle portion of the left internal mammary artery (Fig. 1B). After adjuvant chemotherapy, it was embolized with satisfactory results.

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