Diagnosis Sampling and Management of a Fibroadenoma

Clinical Situation

A 43-year old patient presented to our facility for removal of a palpable lump in her right breast at the 11 o'clock position. The patient had the nodule previously biopsied in 2001 by core needle at another facility. The pathology returned as a fibroadenoma. The patient felt the lump was enlarging. She desired removal of the fibroadenoma at this time. The mammogram showed an ovoid lesion in the 11 o'clock position in the right breast *(Figure 1).* Ultrasound images showed a mixed echogenic lesion with mildly lobulated borders measuring 21 x 10 x 12mm in size in the right breast at the 11 o'clock 2B position, 7 centimeters from the patient's nipple *(Figure 2).*

Procedure

After instilling a buffered general anesthetic to the lesion and surrounding tissue, a longer acting anesthetic was also administered to provide additional pain relief. A 20G spinal needle was used for anesthesia administration to help provide a path for the Mammotome® probe. This ensures easy insertion of the probe, while the technologist is applying backpressure to the patient's breast *(Figure 3).* Samples were taken of the lesion until it was no longer visible by ultrasound imaging *(Figure 4).* The patient experienced no bleeding during the biopsy procedure. A MammoMARK™ clip was placed at the biopsy site in the event the biopsy showed a phyllodes tumor *(Figure 5).* A post biopsy mammogram shows the clip to be at the site of the previously seen nodule. A small hematoma developed as we performed the post biopsy mammogram *(Figure 6).* A post biopsy specimen x-ray was obtained to show the lesion in present in the samples that were obtained *(Figure 7).*

Discussion

A request for removal of a benign nodule which has been previously biopsied is an idea case for a procedure until removal of imaged evidence was achieved.

Summary

We prefer to use a Mammotome 8G probe when the patient requests removal of a palpable nodule. Multiple large samples are quickly retrieved. The patient does not have to be taken to the operating room, nor is she left with a large scar.

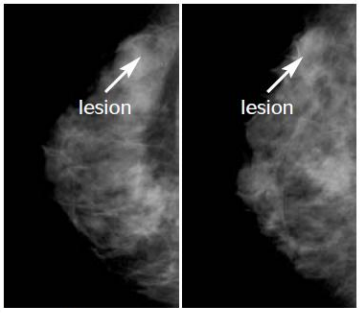

Figure 1 Lesion as seen on mammogram

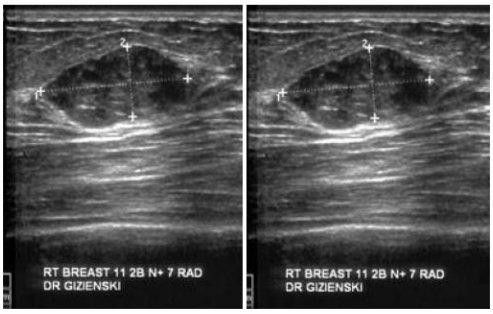

Figure 2 Lesion positioning from nipple

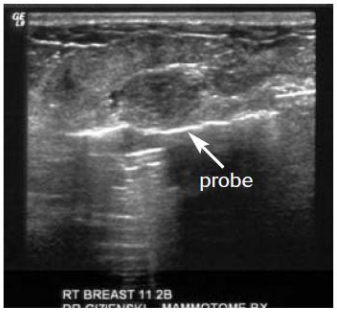

Figure 3 Probe insertion

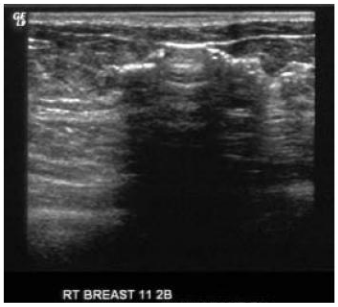

Figure 4 Lesion no longer visible

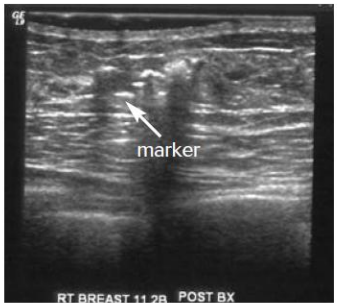

Figure 5 Marking the biopsy

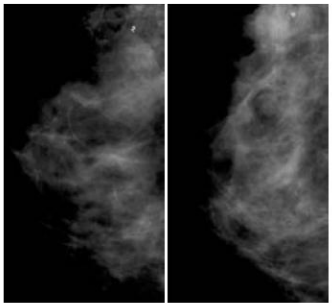

Figure 6
Post-biopsy mammogram with clip

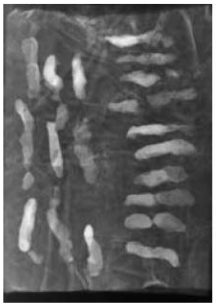

Figure 7
Biopsy samples

Courtesy

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