

Complex Cystic Mass

Clinical History:

50-year-old female with complicated cystic mass in the sub areolar/9:00 region of the left breast. This was originally visualized with mammography and ultrasound six months earlier, and had been brought back for a six-month, follow-up ultrasound.

Findings:

At this point, the cyst measured 0.8cm x 0.5cm and had a solid component (FIG. 1). The lesion was classified as a complex cystic mass. A biopsy was recommended.

Procedure:

Utilizing sterile technique, anesthesia was placed. Under ultrasound guidance, the Mammotome® Elite system was advanced to the posterior surface of the mass (FIG. 2). Several samples were obtained and the cyst collapsed during the procedure (FIG. 3). A CorMARK® biopsy site identifier was placed utilizing the integrated coaxial cannula on the Mammotome® Elite system (FIG. 4).

Pathology:

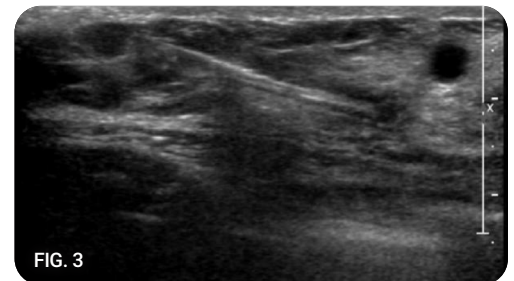
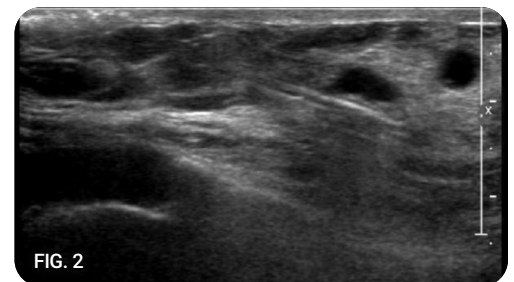
The pathology results revealed fibrocystic and columnar cell changes (fibrosis, cysts, and apocrine metaplasia). A recommendation was made for the patient to return for a screening mammogram in one year.

Discussion:

Multiple samples of complex cystic masses are often difficult to obtain using a spring-loaded device. If the mass deflates after the initial sample, visualization of the remaining mass becomes difficult, reducing the confidence of sample accuracy.

The Mammotome® Elite system allowed multiple samples of the complex cystic mass to be obtained with a single insertion into the patient. This increased the confidence in the accuracy of the device even after the cystic component deflated. This is a distinct clinical benefit with this device.

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Clinician noted was in practice at the institution at the time of the study.

Product may not be approved or available in your region. Please check with your local Mammotome representative.