

Microcalcifications

Clinical Situation:

The patient was a 64-year-old female with a history of cancer in the right breast that led to a mastectomy. Patient has been seen annually for follow-up screening on the left breast.

Findings:

Mammography: An increase in microcalcifications was seen under screening mammogram (FIG. 1). The lesion was categorized as BI-RADS 4 based on this view.

Ultrasound: The lesion was visible under ultrasound, even without an associated compacted mass. Therefore, an ultrasound-guided biopsy is recommended (FIG. 2).

Procedure:

Utilizing sterile technique, anesthesia was placed. To ensure an adequate volume of tissue that will include the microcalcifications is obtained, the 13G Mammotome® Elite vacuum-assisted biopsy system was used. Multiple samples were obtained from a single insertion (FIG. 3) and a CorMARK® biopsy site identifier was placed at the end of the procedure to mark the biopsy site location.

A specimen radiograph of the samples was performed to ensure microcalcifications were obtained (FIG. 4), and a post-biopsy mammogram confirmed placement of the tissue marker showing a reduction in microcalcifications remaining in the patient (FIG. 5).

Pathology:

The breast pathology results revealed DCIS.

Discussion:

When microcalcifications were visible under ultrasound in the past, we were confronted with a difficult decision when wanting to perform an ultrasound-guided biopsy.

On one hand, a 14G spring-loaded core biopsy is easy to set up, but the volume of tissue acquired does not give confidence in an accurate diagnosis (in a lesion of this size). While on the other hand, a full vacuum-assisted biopsy system provides adequate tissue for a diagnosis, but the set up and assembly is difficult to perform with time to prepare.

In these cases, we now use the Mammotome® Elite biopsy system, with the 13G needle, because it provides us with the tissue volume of a vacuum-assisted device and the ease of set up we desire. We now can perform the ultrasound biopsy procedure immediately after scanning the patient in the office.

Courtesy of Dr. Christophe Tourasse, Jean Mermoz Hospital, Lyon, France

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

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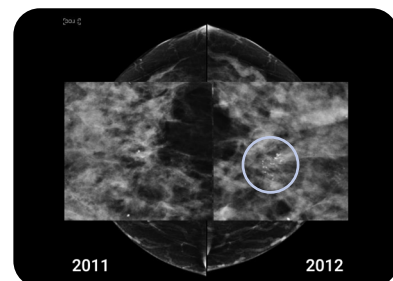


FIG. 1



FIG. 2

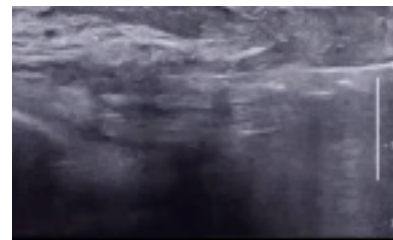


FIG. 3

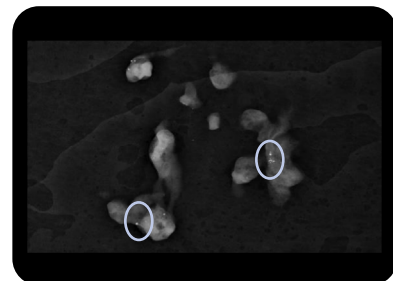


FIG. 4

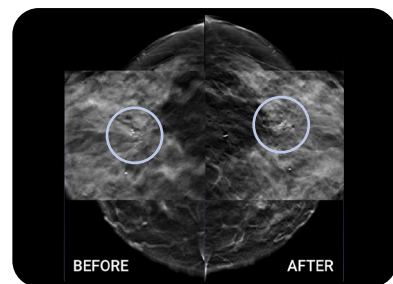


FIG. 5