

Posterior Lesion Near Chest Wall

Clinical History:

50-year-old female with a cluster of heterogeneous calcifications located posteriorly at 11:00 in the left breast. The calcifications were found on screening mammogram (FIG. 1).

Findings:

Stereotactic biopsy was attempted on the calcifications. The calcifications could not be biopsied stereotactically due to their posterior location. An ultrasound was performed, which revealed a microlobulated, heterogeneous, hypoechoic mass measuring 6 x 2mm at 11:00, 4cm from the nipple. This area was thought to correspond to the calcifications on the mammogram (FIG. 2).

Procedure:

Utilizing sterile technique, anesthesia was placed. Under ultrasound guidance, the Mammotome® Elite system was advanced to the posterior surface of the mass (FIG. 3). Several samples were obtained via a single insertion. A CorMARK® biopsy site identifier was placed utilizing the integrated coaxial cannula on the Mammotome® Elite system. The clip was in appropriate position on the post-biopsy mammogram, and many of the calcifications were no longer present (FIG. 4).

Pathology:

The pathology results revealed Atypical ductal hyperplasia and flat epithelial atypia with associated microcalcifications. Surgical excision was recommended.

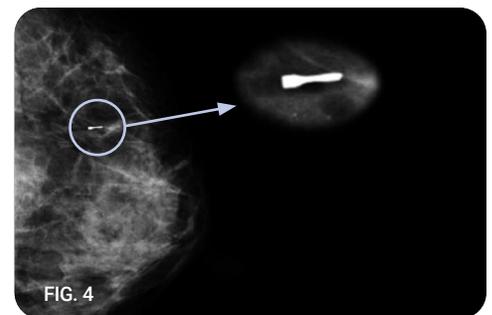
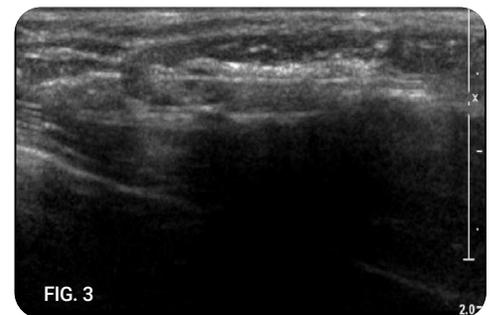
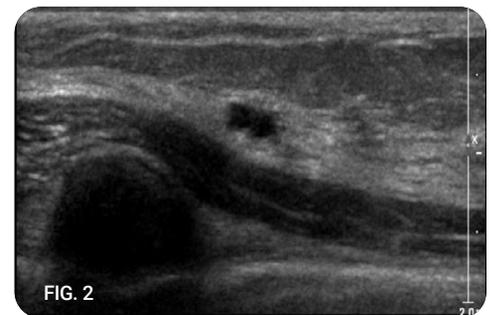
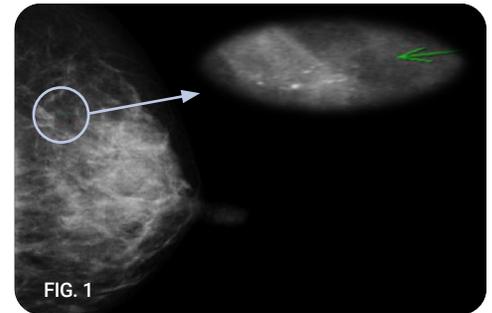
Discussion:

Posterior masses can be challenging for both ultrasound and stereotactic biopsy due to concerns about their location relative to the patient's chest wall. The Mammotome® Elite device provides many benefits in procedures involving lesions near the chest wall.

First, the non-firing bladed tip allows the physician to maintain control of the blade while placing it into or underneath the lesion. Second, the ability to easily visualize the needle tip under ultrasound guidance allows for confident placement in sensitive areas. And third, the tetherless design of the Mammotome® Elite system allows maximum flexibility when positioning the device near the lesion.

Overall, the Mammotome® Elite system is a valuable new tool for biopsying posterior lesions in the breast.

*Courtesy of Ginger P. Layne, MD
Medical Director, Betty Puskar Breast Care Center
Section Chief, Breast Imaging
West Virginia University, Morgantown, WV 26506*



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.