

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:

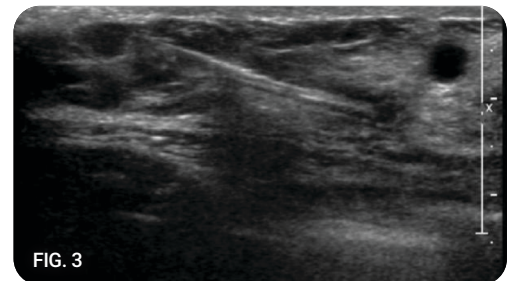
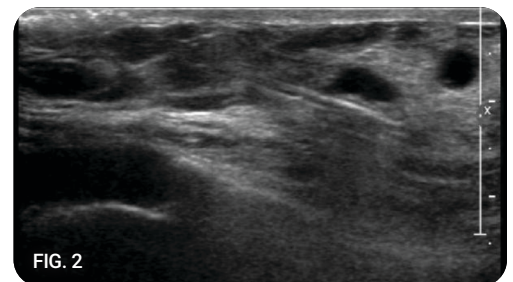
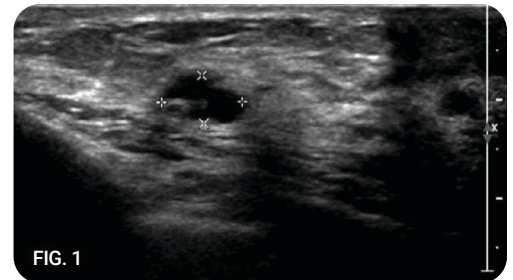
The pathology results revealed fibrocystic and columnar cell changes (fibrosis, cysts, and apocrine metaplasia). A recommendation was made for the patient to return for a screening mammogram in one year.

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.

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