

## Chest Wall Lesion

### 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 (*figure 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 (*figure 2*).

### Procedure

Utilizing sterile technique, anesthesia was placed. Under ultrasound guidance, the Mammotome® elite™ system was advanced to the posterior surface of the mass (*figure 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 (*figure 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

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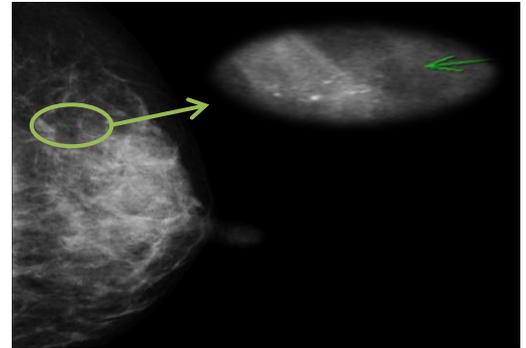


Figure 1

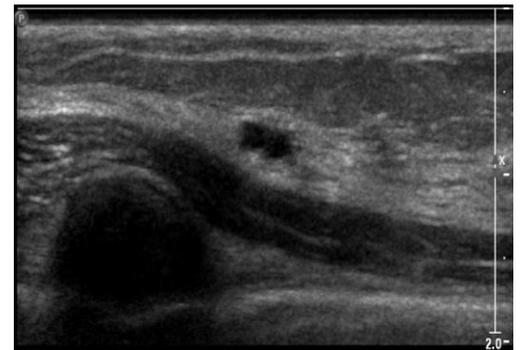


Figure 2

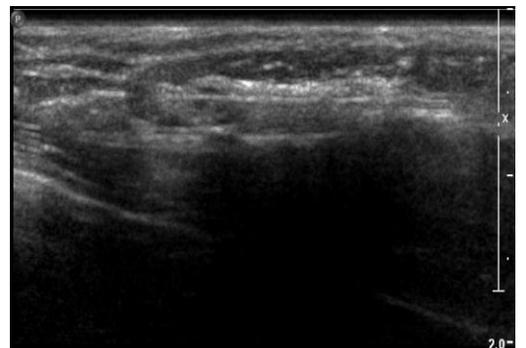


Figure 3

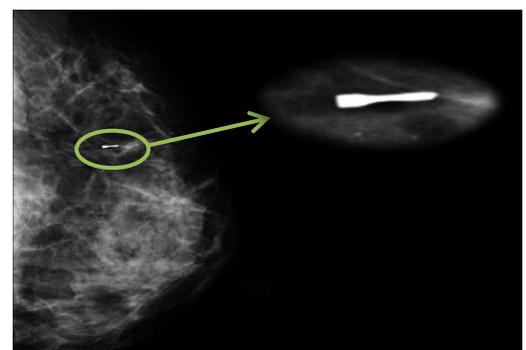


Figure 4

**Mammotome**

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