

## 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 (*figure 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 (*figure 2*). Several samples were obtained and the cyst collapsed during the procedure (*figure 3*). A CorMARK™ biopsy site identifier was placed utilizing the integrated coaxial cannula on the Mammotome® elite™ system (*figure 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.

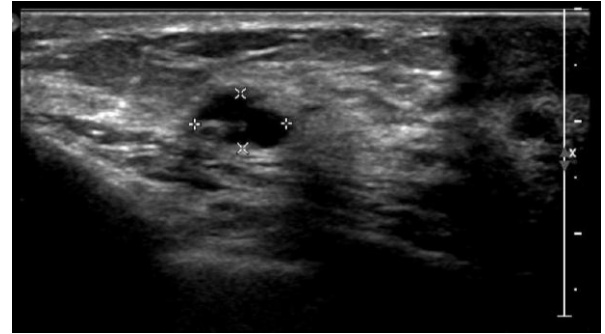
### Discussion

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.

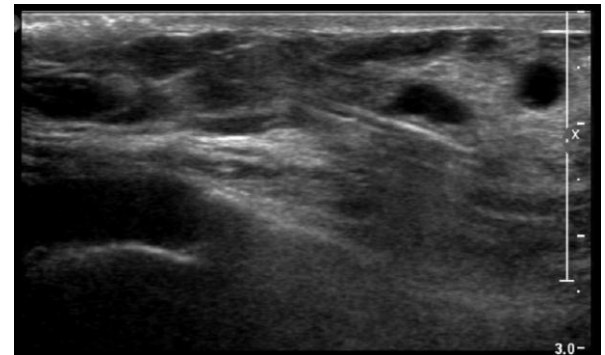
The Mammotome® elite™ system allowed multiple samples of the complex cystic mass to be obtained with a single insertion into the patient. This increased the confidence in the accuracy of the device even after the cystic component deflated. This is a distinct clinical benefit with this device.

### Courtesy

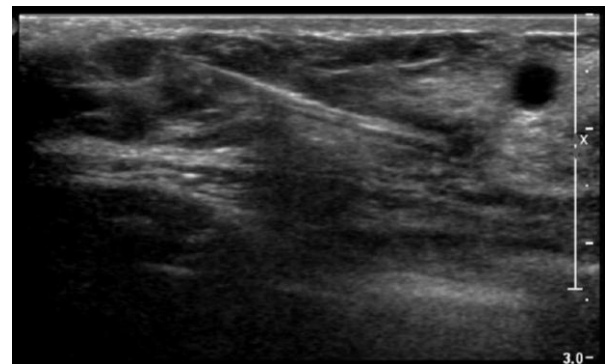
William Krantz, MD  
West Virginia University Department of Radiology  
One Medical Center Drive  
Morgantown, WV 26506



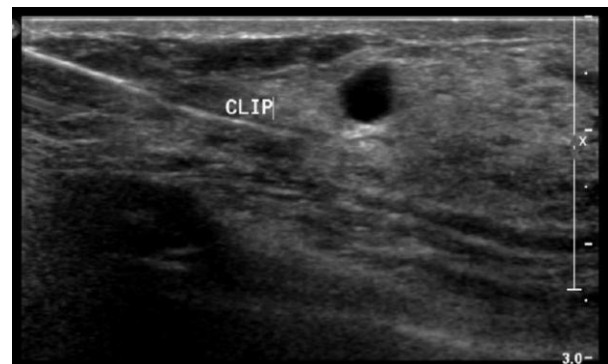
*Figure 1*



*Figure 2*



*Figure 3*



*Figure 4*