MammoStar™ Tissue Markers

Ultrasound-Guided Wire Localization

Clinical History

51 year-old female presented for diagnostic breast imaging to evaluate a 1 week palpable mass in the right breast.

Findings

Mammogram and breast ultrasound revealed a highly suspicious 1.9cm mass in the 10:00 7 CFN-B position of the right breast. Ultrasound-Guided core biopsy was recommended.

Procedure & Pathology

Ultrasound guided vacuum-assisted Mammotome® EX biopsy was performed. A MammoStar™ was deployed at the biopsy site adjacent to the residual mass (*figure 1*). Pathology results revealed an infiltrating ductal carcinoma, grade III.

MRI Imaging

A preoperative staging breast MRI was performed. The enhancing residual malignant mass is identified adjacent to an oval signal void, which corresponds to the MammoStar™ at 8 days after deployment (figure 2).

Ultrasound-Guided Wire Localization

Ultrasound-guided wire localization for definitive surgery and sentinel lymph node evaluation was performed. Images of MammoStar™ at 12 days (*figure 3*) reveal hyperechoic convex lines (beta-glucan) adjacent to the residual malignant mass. The post-procedure mammogram (*figure 4*) confirmed accuracy of the wire placement.

Courtesy

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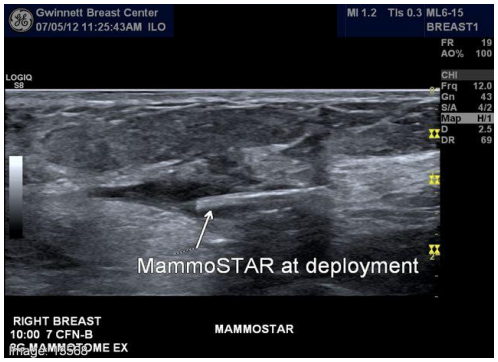
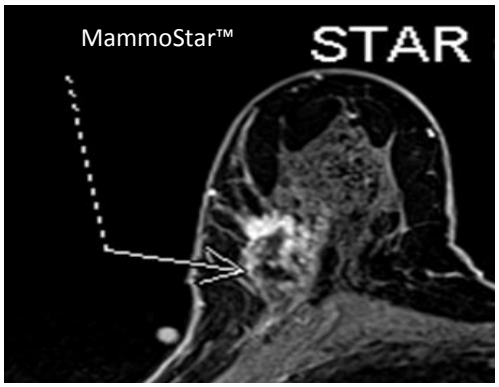
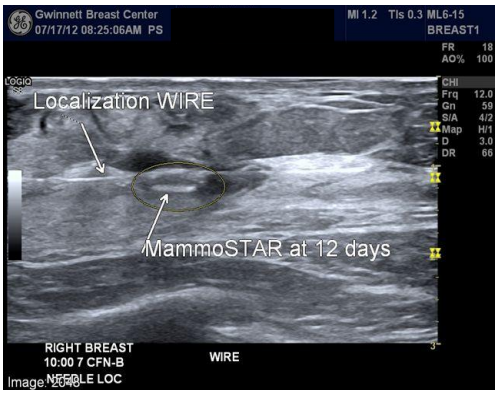


MammoStar™ at Deployment – Fig. 1



MammoStar™ at 8 Days – Fig. 2



MammoStar™ Wire Localization – Fig. 3

Wire Loc Confirmation – Fig. 4

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