

## Complex Cystic Mass

### Clinical Situation

This patient is a 57-year-old with a 2cm mass in her right breast (*Figure 1*). The mass has increased slightly in size compared with the prior outside films.

### Findings

An ultrasound was performed revealing a heterogeneous but predominately cystic lesion; best characterized as a complex cystic mass. It was considered complex due to internal echoes, but also because of vascular flow within the anterior aspect of the wall (*Figures 2 and 3*). Because of these features, a biopsy was recommended.

### Procedure

The Mammotome® EX 11-gauge probe was selected to biopsy the lesion because it was desirable to remove the entire complex cyst. After the second specimen was obtained, the cyst collapsed (*Figure 4*). Because the Mammotome® is positioned directly under the lesion, we were able to continue to remove the anterior wall where the flow had been seen. A MammoMARK™ tissue marker was placed to identify where the lesion had been located (*Figure 5*). There were no complications.

### Pathology

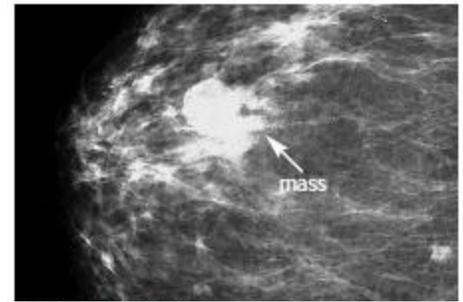
Pathology revealed an intraductal papilloma with fibrocystic changes and no atypia. The patient was advised to undergo yearly mammograms.

### Discussion

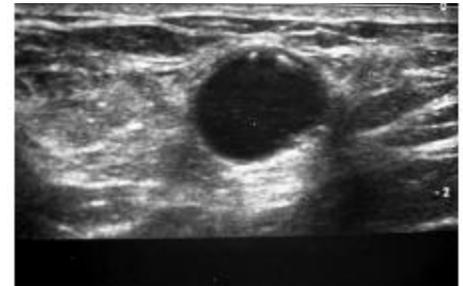
It was particularly important in this case to attempt removal of the entire abnormality because of the strong possibility that it represented a papillary lesion based on its sonographic appearance. Partial removal of the papilloma could lead to recurrence of these lesions, forcing another percutaneous or surgical biopsy. Placement of a tissue marker provides a landmark of the biopsy site for future screening mammograms.

### Courtesy

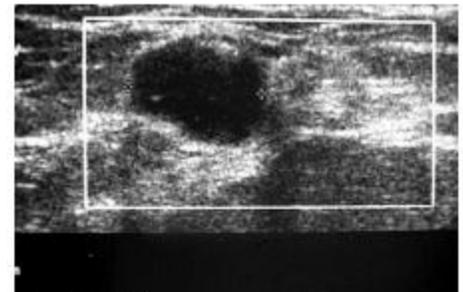
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*Figure 1* 2cm Mass



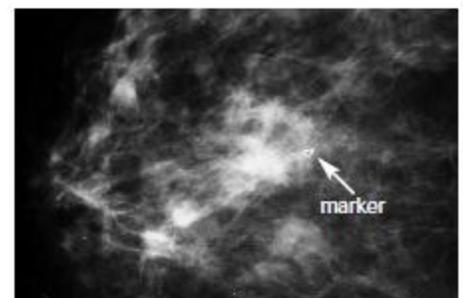
*Figure 2* Complex Cystic Mass



*Figure 3* Pre-Biopsy



*Figure 4* Biopsy probe directly under lesion.



*Figure 5* Biopsy site marker in place.