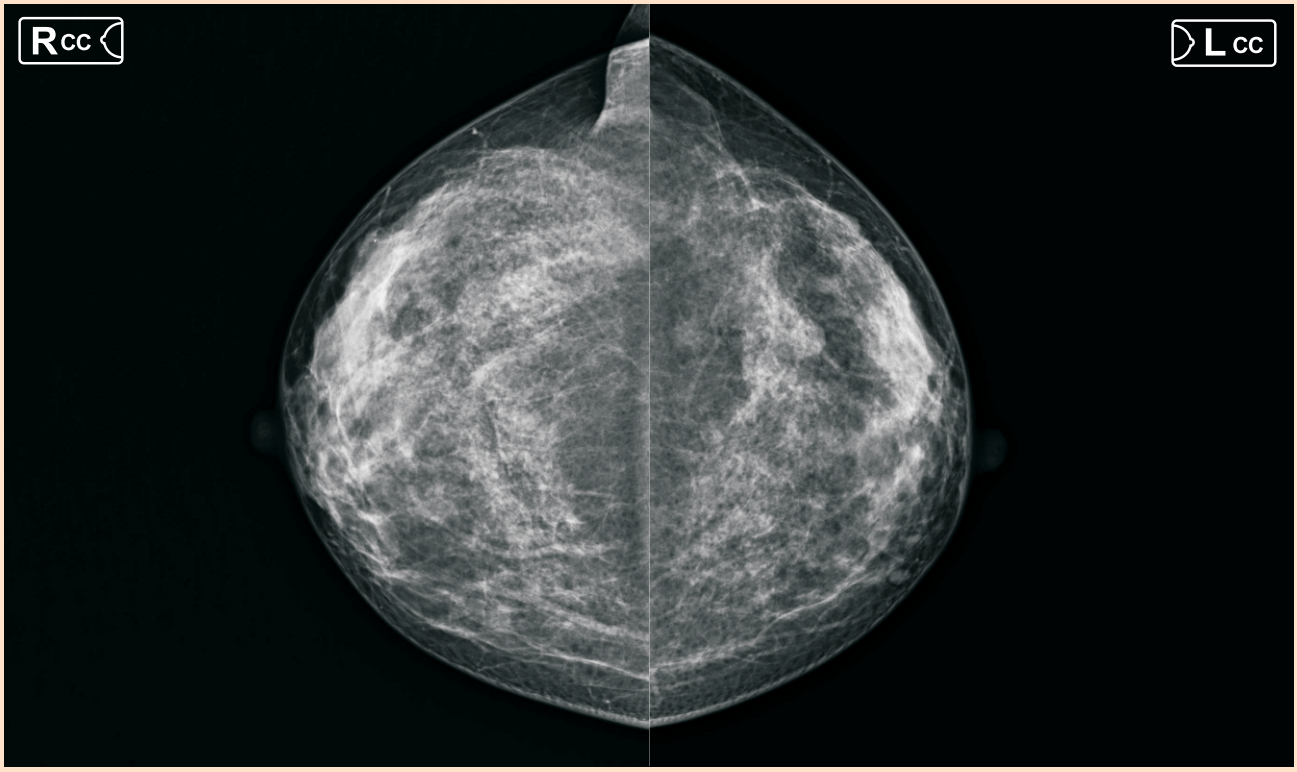
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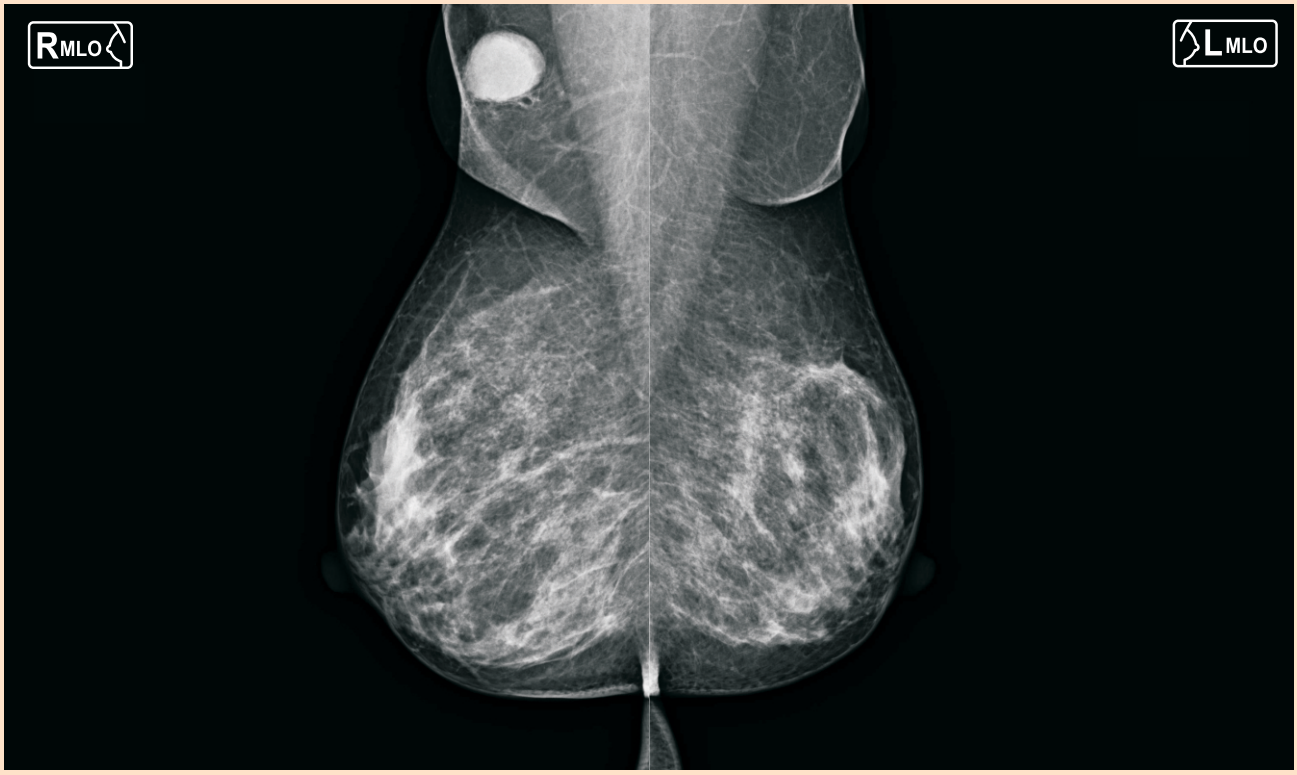
RMLO
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CASE STUDY

29

41-year-old lady presenting with right breast lump

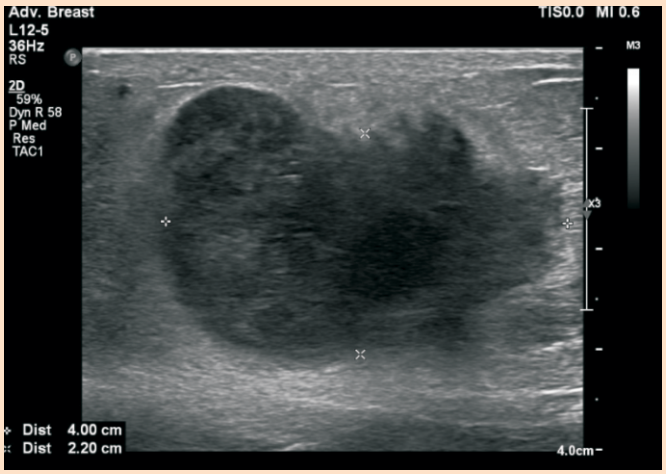
Mammography

ACR type A density.

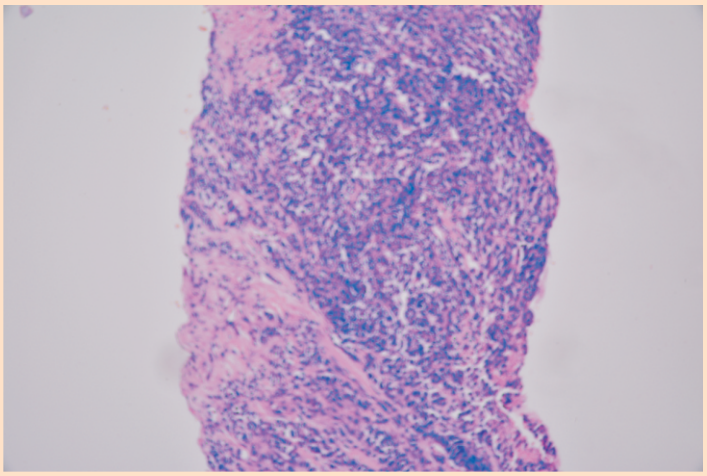
Oval soft tissue lesion of size 4.7 x 3 cm in upper-outer quartant of right breast. The lesion shows irregularity of outline in greater then one-third of its circumference with smooth rest of margins. No significant architectural distorion microcalcifications.

BIRADS V. Suggested USG-guided biopsy.

USG showed findings similar to mammography with USG-guided biopsy showing intraductal invasive carcinoma.



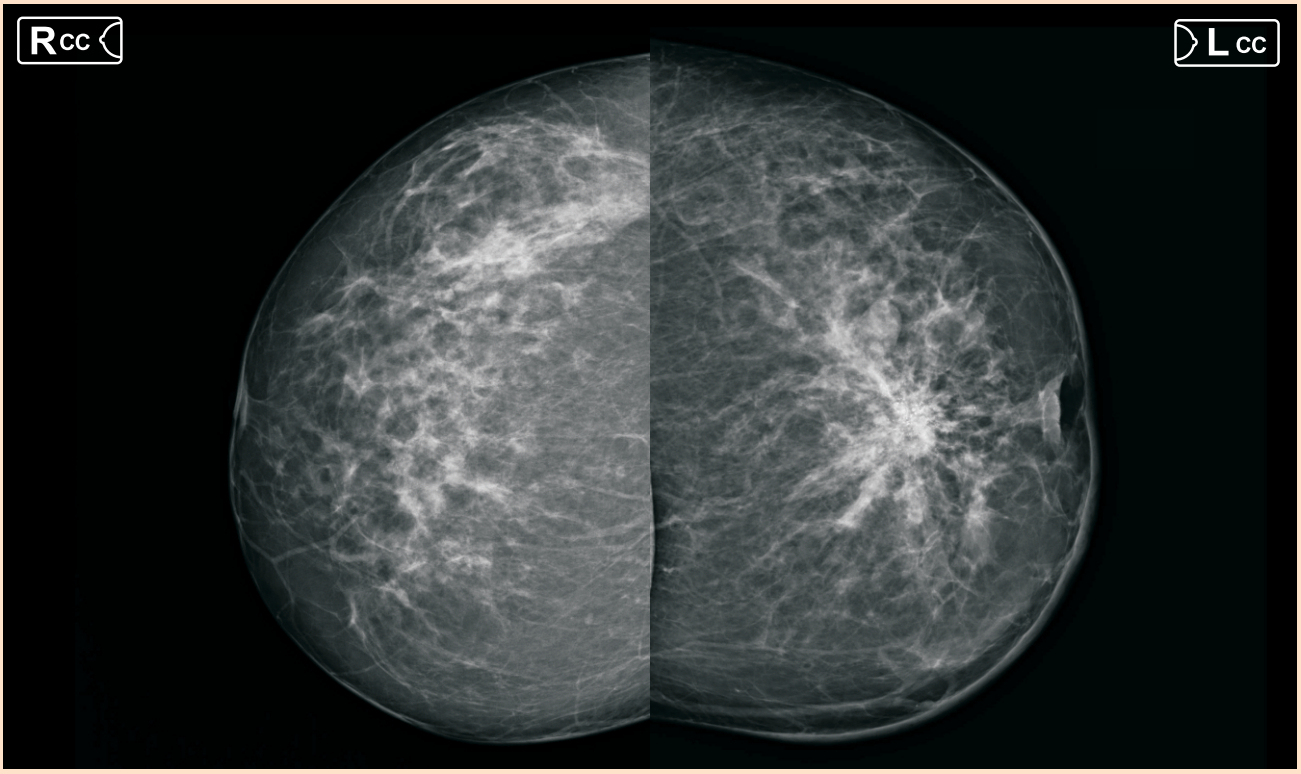
USG of right breast lesion



HPE image

Key Points

Focal irregularity of outline in an otherwise smooth marginated lesion is highly suspicious of underlying malignancy. New appearance of focal irregularity of outline in follow-up of a smooth marginated benign lesion is also suspicious of malignant transformation.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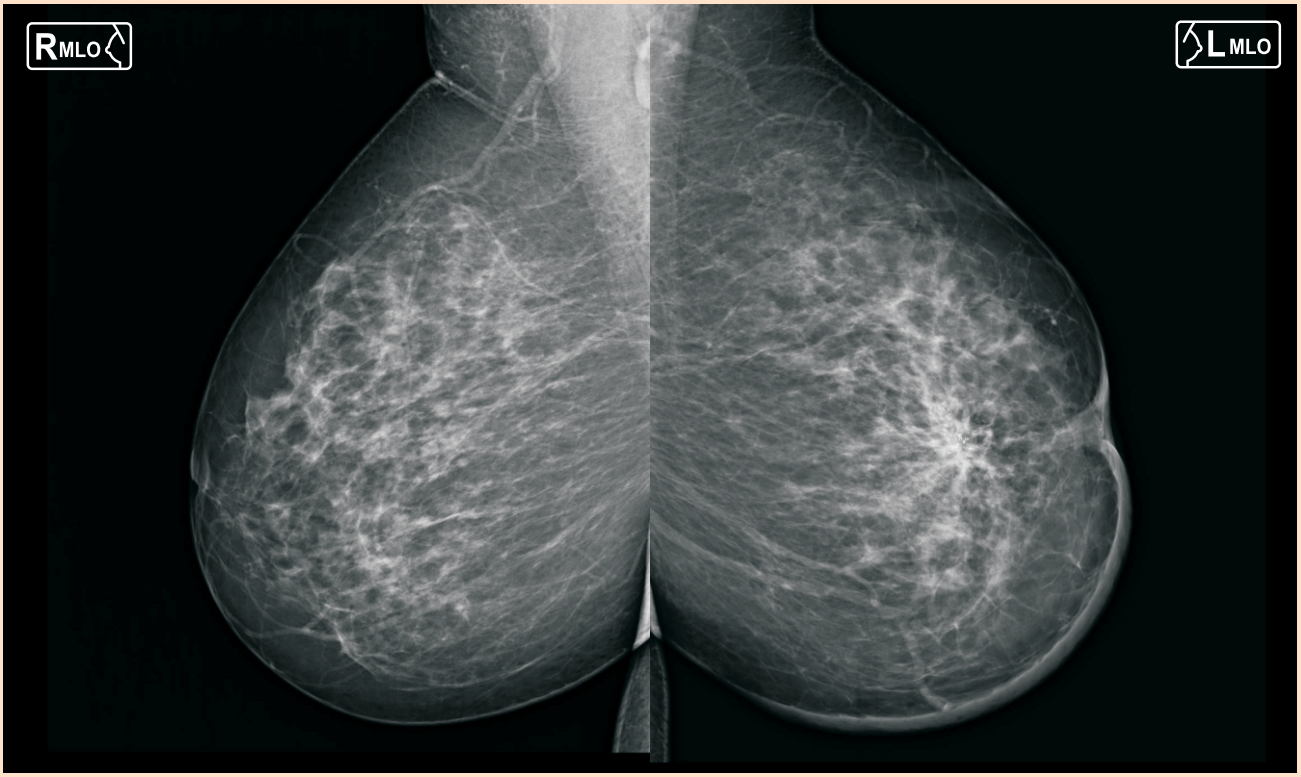
RMLO
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CASE STUDY

38 52-year-old lady for screening

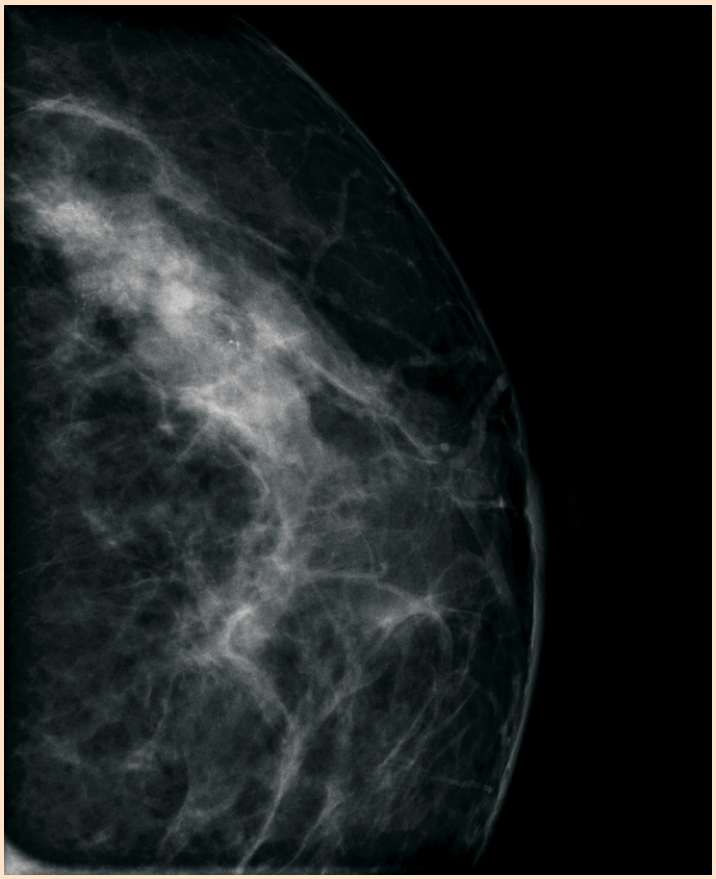
Mammography

ACR Type B density.

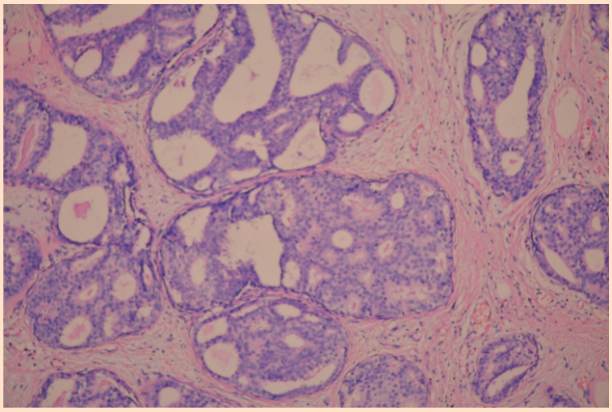
Clustered microcalcifications in the outer quadrant of left breast, apparently in segmental/ductal distribution with no abnormality in right breast. Spot magnification view obtained for left breast. Suggested stereotactic biopsy.

Stereotactic biopsy of left breast lesion showed no evidence of DCIS/malignancy. Further discussions in oncoradiology meet suggested to offer lumpectomy on view of high suspicion of malignancy in mammography.

Lumpectomy HPE : DCIS of 4.5 x 3 x 2 cm size.



Spot magnification for outer quadrant left breast



HPE image

Key Points

Microcalcifications in ductal/segmental pattern raises high suspicion of malignancy. Trucut core biopsy may occasionally be negative. We should consider offering a repeat biopsy/lumpectomy after wire localization for complete work-up.