

Complete Percutaneous Excision of a Radial Scar Avoids Surgical Removal

Summary:

This patient's screening mammography showed a small irregularity strongly suggestive of a radial scar. The literature supports excision of suspected radial scars because 5% to 10% of them contain ductal carcinoma in-situ (DCIS).

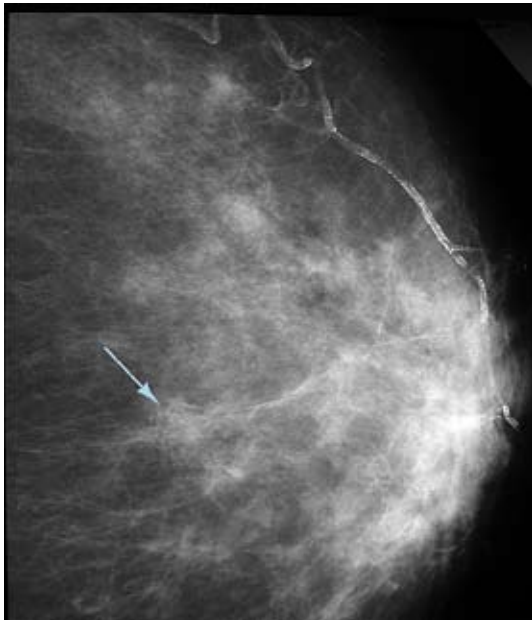
Until this case, our practice was to perform a needle core biopsy to establish the diagnosis, followed by a recommendation for a complete surgical excision to rule out DCIS within the lesion. Surgical excision was necessary because the fragmented nature of core specimens make it difficult to draw a correlation between the histological architecture and the defect displayed on the mammogram. One cannot be certain that all of the tissue has been removed, even if the lesion is small.

Instead, using the **Intact** BLES, we were able to capture the entire lesion, and determine that the entire lesion had been excised. Intact architecture provided correlation with the mammogram.

This is the first patient with a radial scar for whom we have not recommended open surgical removal, because we were able to remove the entire lesion with the **Intact** BLES.

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Mammogram showing radial scar

Patient:

- 72 year-old woman
- Presented for screening mammography

Indication

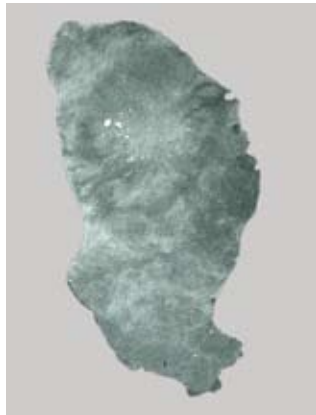
- Small (less than 5mm) irregularity, strongly suggestive of a radial scar

Method

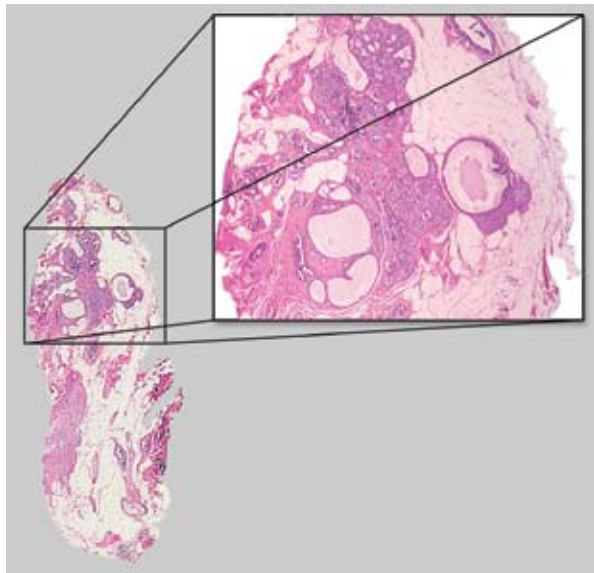
- Complete excision performed using **Intact** Breast Lesion Excision System (BLES). See reverse for complete procedure details.
- Procedure removed a single intact specimen
- Post-procedure radiographs showed the entire lesion had been removed

Diagnosis

- Fibrosis with gland entrapment, consistent with radial scar
- No evidence of DCIS
- Patient referred to follow-up
- No open surgical biopsy was necessary



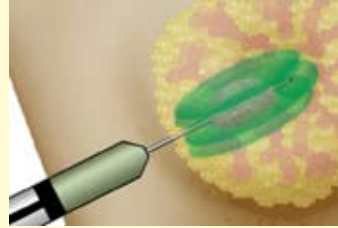
Radiograph of specimen



Intact architecture of the sample permitted a confident diagnosis of radial scar, without evidence of DCIS. We were able to spare the patient an open surgical biopsy to confirm a benign diagnosis.

The **Intact**[™] BLES Procedure

Anesthesia:



- 3cc of Lidocaine[®] was applied in a skin wheal to anesthetize the area
- Another 20cc of Liocaine was injected to blanket the lesion, including the area behind the lesion and along the track to the lesion.
- The Lidocaine was given 5 minutes to diffuse and take effect

Procedure



- A 7mm incision was made in the surface of the skin
- Using introducers, the 10mm **Intact** wand was placed just under the skin surface
- The **Intact** wand was advanced in 3 – 5mm steps. RF energy enables it to glide through the tissue with minimal pressure.
- The specimen was captured and removed, intact, in a single pass
- The incision was closed with Liquid Band-Aid[®] and a Steri-Strip[™]