Distinguishing Intraductal Papilloma from DCIS Spares Patient Surgical Biopsy

Summary:

The annual mammogram for this 43 year-old woman revealed a 5mm focus of pleomorphic calcifications within the subareola region of the right breast. The lesion was characterized as BIRADS IV and referred for biopsy.

Using the ***Intact*** Breast Lesion Excision System (BLES), a large, intact sample was removed and a diagnosis of intraductal papilloma made.

Intraductal papillomas have some characteristics which can make them hard to distinguish from ductal carcinoma in situ (DCIS), especially when the sample is fragmented, as it is with core biopsy. Histopathological analysis of such samples may be discordant or inconclusive and require a second procedure to confirm that the lesion is in fact benign.

In this case, thanks to the large, intact sample removed with the ***Intact*** BLES, this patient's diagnosis was confident and clear. She was able to avoid additional surgery.

In our practice, we have seen an increase in papilloma diagnoses, while ambivalent phrases like "resembling an intraductal papilloma" have been replaced with definitive and confident diagnoses. This increased confidence has allowed our practice to spare many women open surgical biopsy.

Contributors:

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Pathologist:
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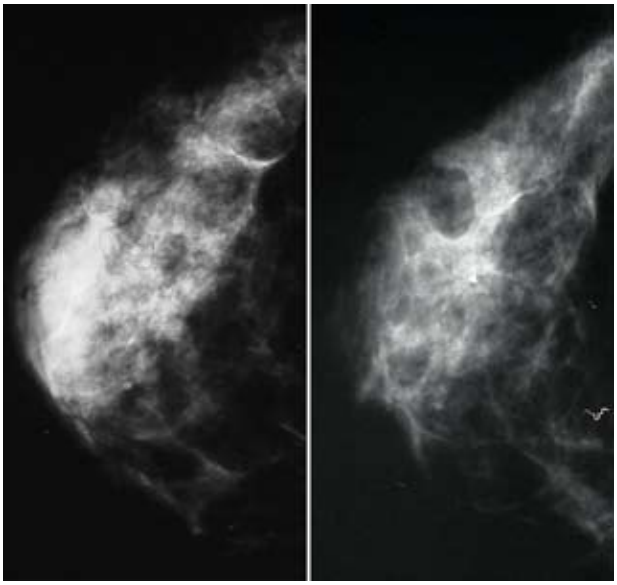


RCC views before and after ***Intact*** BLES procedure

Patient:

- 43 year-old woman

Indication

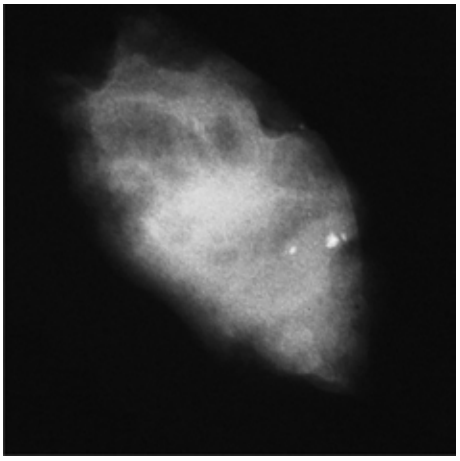
- Annual mammogram revealed a 5mm focus of pleomorphic calcifications within the subareaolar region of the right breast
- The lesion was characterized as BIRADS IV and referred to biopsy

Method

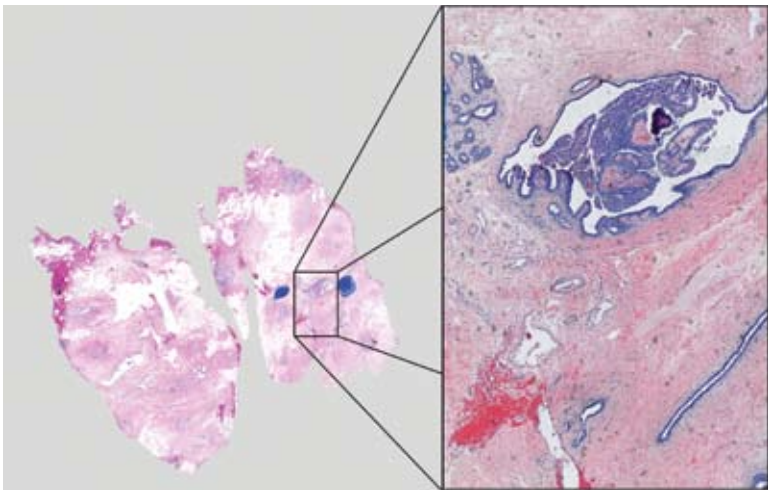
- Excision performed using ***Intact*** Breast Lesion Excision System (BLES). See reverse for complete procedure details
- The 15mm diameter specimen was removed in a single pass
- Post-procedure mammogram and specimen radiograph revealed the lesion was removed

Diagnosis

- Intraductal papilloma, focally sclerotic and hyalinized
- The papilloma appears in the center of the specimen and appears to have been completely excised
- Calcifications were identified by H&E and Alizarin S red stains
- Fibrocystic change with focal mild epithelial hyperplasia without atypia was present
- Apocrine metaplasia, dense stromal fibrosis, and blunt duct adenosis also present
- Negative for malignancy or atypia



Specimen radiograph



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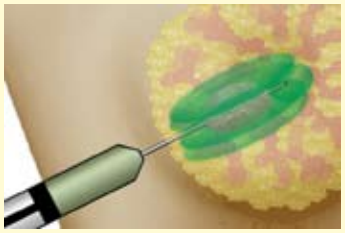
The *Intact*™ BLES Procedure

Anesthesia:



- Lidocaine® 1% was applied in a skin wheal to anesthetize the area
- Additional Lidocaine 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 small incision was made in the surface of the skin
- Using introducers, the 15mm ***Intact*** wand was placed just under the skin surface
- The ***Intact*** wand was advanced in through the tissue. RF energy enables the wand to glide through the tissue with minimal pressure.
- A 15mm (diameter) specimen was captured and removed, intact, in a single pass