

Differentiation of Sclerosing Adenosis from LCIS Spare Patient a Surgical Biopsy

Summary:

The mammogram for this 54 year-old woman revealed extremely dense breasts with multiple punctate calcifications bilaterally, characteristic of sclerosing adenosis. There was a 1.0cm focus of pleomorphic calcifications in the left breast, which was confirmed on focal spot magnification.

Diagnosing this type of lesion is a challenge using core biopsy devices, which remove the specimen in fragments. It can be difficult to draw a correlation between the histological architecture and the defect displayed on the mammogram. In addition, if findings suspicious for LCIS are found, it's important to be able to establish how large the focus is and how many contiguous lobules are in the specimen, information typically lost in the fragmentation of the sample.

Using the **Intact** BLES in this case, we obtained a large intact specimen, and were able as a result to make a definitive diagnosis of LCIS. This spared the patient a surgical biopsy, and enabled us to effectively streamline her treatment path.

Contributors:

Radiologist:

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Focal spot magnification confirmed the suspicious pleomorphic calcifications in this patient's left breast

Patient:

- 54 year-old woman
- Extremely dense breasts

Indication

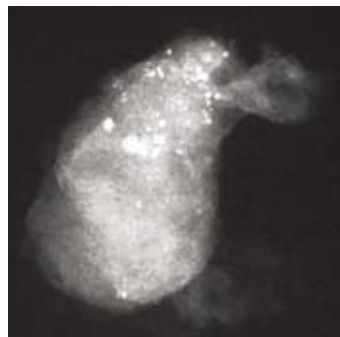
- Mammogram revealed multiple punctate calcifications bilaterally, characteristic of sclerosing adenosis
- Interval development of a 1.0cm focus of pleomorphic calcifications inferiorly in the left breast
- Focal spot magnification confirmed suspicious calcifications
- Biopsy recommended to differentiate sclerosing adenosis from ductal carcinoma *in situ* (DCIS)

Method

- Excision performed using **Intact** Breast Lesion Excision System (BLES). See reverse for complete procedure details
- Procedure removed a 10mm diameter specimen
- Post-procedure radiograph showed calcifications which indicated that the target tissue was obtained

Diagnosis

- Lobular Carcinoma *in situ* (LCIS) involving multiple terminal ductal lobular units
- Fibrocystic changes with microcalcifications adjacent to the LCIS



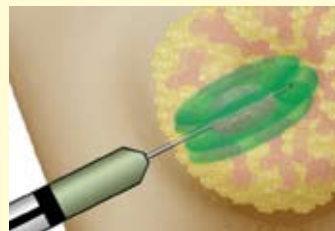
Calcifications in the specimen radiograph indicated that the target tissue was obtained. The **Intact** BLES sample correlated well with the mammographic images.



The large, intact specimen enabled a definitive diagnosis of LCIS, and spared this patient a surgical biopsy to confirm the diagnosis

The **Intact**™ BLES Procedure

Anesthesia:



- 5cc of Lidocaine® was applied in a skin wheal to anesthetize the area
- Another 5cc of Lidocaine was injected in each of four quadrants to blanket the lesion, as well as 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 6 to 8mm 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 through the tissue. The use of RF energy enabled the wand to glide through the tissue with minimal pressure.
- Capture of the 10mm diameter sample was completed in under 10 seconds
- The patient was dressed with Liquid Band-Aid® and a Steri-Strip™