

BSGI Detects Lobular Carcinoma in a Mammographically Occult Lesion

Eisenhower Medical Center, Rancho Mirage, CA

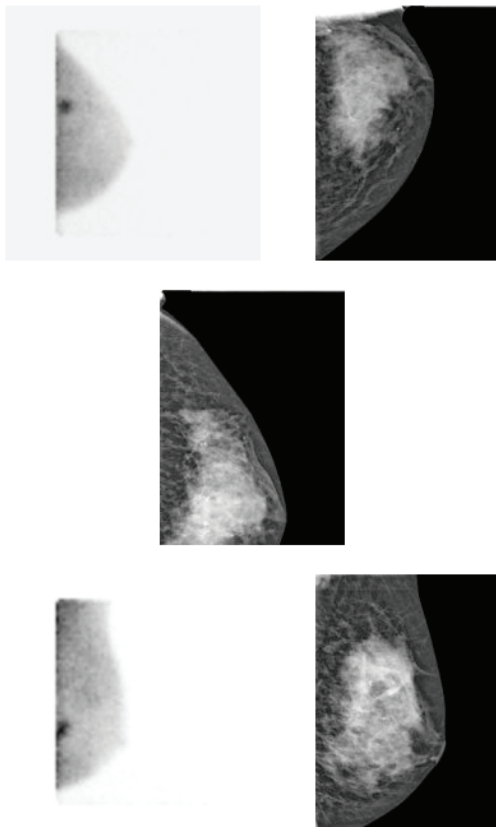
Breast-Specific Gamma Imaging with the Dilon 6800

Clinical History

67 year old with extremely dense breast tissue and a history of benign breast biopsy, 22 years prior, of the left breast at 1 o'clock. In for screening mammogram.

Mammogram

Films difficult to interpret due to density. Focal asymmetry in the right breast, inferior region at anterior depth noted in the MLO only. Left breast contains an architectural distortion in the 1 o'clock position middle depth. Left breast also contains a focal asymmetry in the 8 o'clock position middle depth. Bilateral, benign appearing microcalcifications; left slightly more than right. Due to density, diagnostic mammogram suggested for further evaluation.



Diagnostic Mammogram

Prior density in the right no longer apparent. Left breast 8 o'clock not noted. Left breast 1 o'clock consistent with previous surgery. Due to the prior surgery, breast density and previously noted bilateral densities, BSGI was recommended.

BSGI IMPACT AND PATIENT DIAGNOSIS

High focal intensity in the left breast in the lateral far posterior aspect corresponding to the region of previous benign biopsy and mammographic benign appearing architectural distortion. Highly suspicious for malignancy.

Second look ultrasound was utilized to localize and biopsy this area. Ultrasound indicated a 1.4cm lesion of mixed echogenicity, corresponding with the mammographic and BSGI abnormalities. Suggestive of malignancy. Ultrasound guided core biopsy revealed an infiltrating lobular carcinoma.

Patient case histories courtesy of Eisenhower Medical Center, Rancho Mirage, CA.

BSGI detected a lobular carcinoma in a region of previous benign biopsy in a patient with very dense breasts. Mammographic examination of this region was interpreted as benign scar tissue.

