

Complete removal of a sclerosing papillary neoplasm with a whole intact biopsy device: A case study.

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INTRODUCTION

The management of papillary neoplasms diagnosed on needle core biopsy is controversial. Most papillary neoplasms are benign but a definitive pathologic diagnosis requires complete examination of the lesion to exclude the presence of atypia or carcinoma within or adjacent to the neoplasm. With the advent of large core, vacuum assisted biopsy devices, complete removal of a papillary neoplasm may be possible; however, this determination is based on the complete disappearance of the radiographic abnormality on imaging studies which does not always correlate with complete removal of the lesion. The Rubicor Ovation biopsy device uses a radio frequency wire loop to remove abnormalities up to 2.5 cm in toto, while preserving specimen orientation and allowing for the assessment of size and margin status if the removed lesion is malignant.

METHODS

We describe a case of a 45 year old female who presented with mildly pleomorphic, clustered microcalcifications associated with a vague irregular density on mammography. No palpable mass or other presenting symptoms were noted. There were no skin or nipple changes or adenopathy. A stereotactic biopsy was performed with the Ovation biopsy device.

RESULTS

The removed specimen measured 2.5 x 1.4 x 0.7 cm and weighed 1.1gm. A specimen radiograph revealed complete removal of the microcalcifications and vague density. Pathologic examination revealed an intraductal sclerosing papilloma without evidence of atypia or associated lesions. The margins of the specimen showed no evidence of proliferative breast disease.

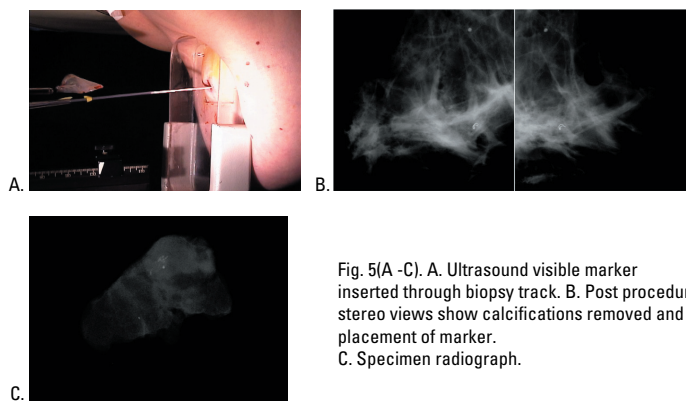


Fig. 5(A - C). A. Ultrasound visible marker inserted through biopsy track. B. Post procedure stereo views show calcifications removed and placement of marker. C. Specimen radiograph.

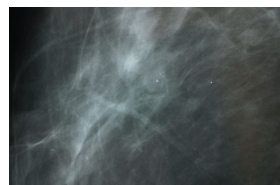


Fig. 1. Magnification mammogram view of pleomorphic, clustered, microcalcifications

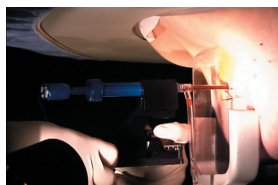


Fig. 2. Rubicor EnCapsule inserted to computerized calculated depth.

DISCUSSION

Currently most patients, who present with findings similar to the patient in our case, would have had a large core, vacuum assisted needle core biopsy with the intent of complete removal of the lesion which would have been confirmed with a specimen and post-procedure radiogram. With a pathologic diagnosis of a sclerosing papillary lesion, the recommendation would then be to do an excisional biopsy since without orientation it is difficult to be sure that the lesion has been completely removed and that there is no associated abnormality. The ability of the Ovation device to completely excise the lesion with orientation allowed the pathologist to confidently diagnose the lesion as benign, state that the margins were uninvolved and note that no associated abnormalities were present, obviating the need for excisional biopsy.

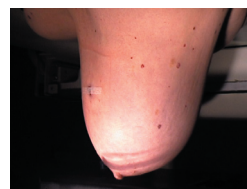


Fig. 6. 8 mm incision closed with Steri-strip and tegaderm.

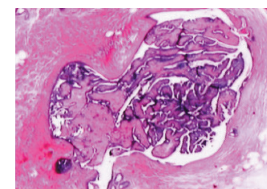


Fig. 7. Pathology slide showing intraductal sclerosing papilloma

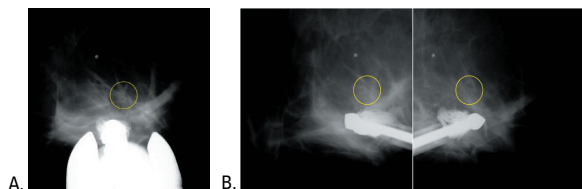


Fig. 3(A,B). A. Stereotactic scout view on the Fischer MammoTest table, with EnCapsule device at target. B. Stereo views, device set to target.

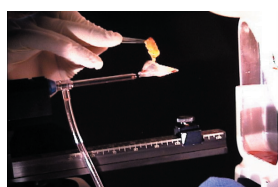


Fig. 4. Specimen being retrieved from encapsulation bag