RESULTS AND INDICATIONS OF BREAST MICRO-BIOPSY: A MONOCENTRIC STUDY

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Introduction:

Nowadays, percutaneous imaging-guided breast biopsy is a reliable alternative to surgical biopsy for a histological diagnosis.

Percutaneous biopsy is less invasive than surgery, can be performed quickly, does not deform the breast, causes minimal scarring, complications (haematoma and infection) are infrequently found (less than one case in 1,000), fewer surgeries are needed for patients who undergo percutaneous biopsies and therefore the cost of diagnosis is lower.

There are two main objectives of percutaneous biopsy techniques: first, achieving the maximum degree of accuracy and second, offering as much information as possible about the tumour (type, grade, invasion, hormonal receptors, HER-2 NEU, etc.).

Nowadays, ultrasound-guided core needle breast biopsy has become the first choice for performing a percutaneous biopsy for most lesions seen on ultrasound. Virtually any breast lesion that is clearly seen on ultrasound can be sampled under ultrasound guidance.

In addition, surgical specimens removed after a previously proven malignant result are usually more adequate for the tumour size. Consequently, the number of surgical procedures has also been reduced for malignant lesions.

Objectives:

The objective of this study was to correlate clinical, radiological and pathological data of mammary microbiopsies

Methods:

This is a 20-month retrospective study from January 1, 2016 to December 31, 2018 that included all patients who had a breast microbiopsies.

Results:

Out of 86 patients, one patient was excluded because the pathological examination was not contributory. The average age of the patients was 39 years (range, 20 to 71 years). We performed mammary microbiopsy for ACR 4 in 82% of the patients. Pathological examination concluded that there was benign mastopathy, mainly fibrocystic dystrophy in 76% patients (a radio-histological discordance) and infiltrating ductal carcinoma in two patients. One patient had a breast microbiopsy for ACR 3 with familial breast cancer ATCDs. The anatomopathology concluded to the benignity of the lesions. All ACR 5 patients, (n =12), had infiltrating ductal carcinoma.

Conclusions:

Ultrasound guided mammary microbiopsy is a reliable examination that allows in most cases to determine the histological type of the mammary lesion when it is accessible to the biopsy, thus reducing the overall impact of the management of mastopathies. The problem arises when there is a radio-histological discordance, mainly in front of ACR4.

Case of ACR 4 breast lesion:
Granulomatous mastitis (Lobulocentric giant cell granulomas with mixed inflammation and clear vacuoles) (arrow) (HE x 100)

fibrocystic mastopathy mimicking carcinoma clinically and radiologically (ACR4).
Numerous variably sized cysts (arrows) surrounded by foci of adenosis (HE x 40)