

سُورَةُ الْأَنْبِيَاءِ

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

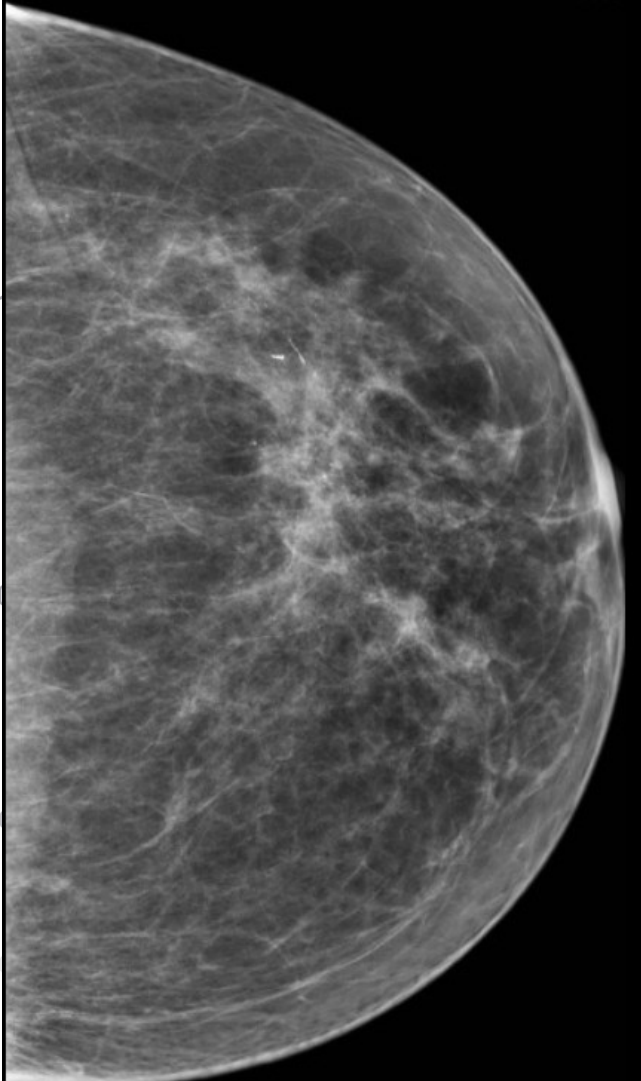
فَفَهَّمْنَهَا سُلَيْمَنُ وَكُلًّا ؕ آتَيْنَا حُكْمًا وَعِلْمًا وَسَخَّرْنَا
مَعَ دَاوُدَ الْجِبَالَ يُسَبِّحْنَ وَالطَّيْرَ وَكُنَّا فَاعِلِينَ ﴿٧٩﴾

Breast

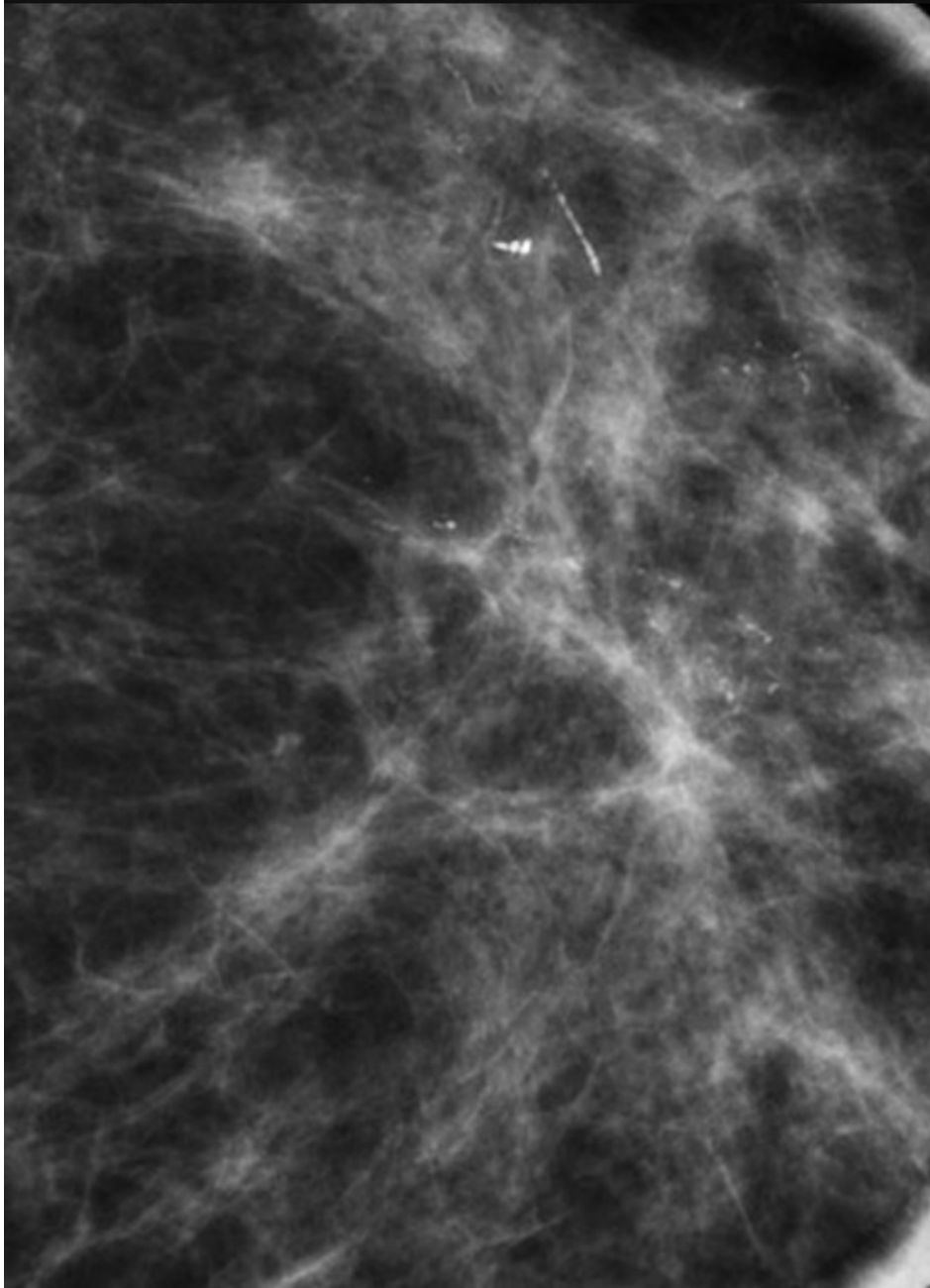
Case (1)

History: Routine screening

- Left CC view showing:
- ACR: B scattered fibrofatty parenchyma
- Parenchymal distortion is seen at retro-areolar regio extend to the outer quadrant



**Next step? Magnification
compression view**



- Magnification revealed scattered groups of suspicious amorphous microcalcifications
- BIRADS 4c

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Cluster of microcalcifications

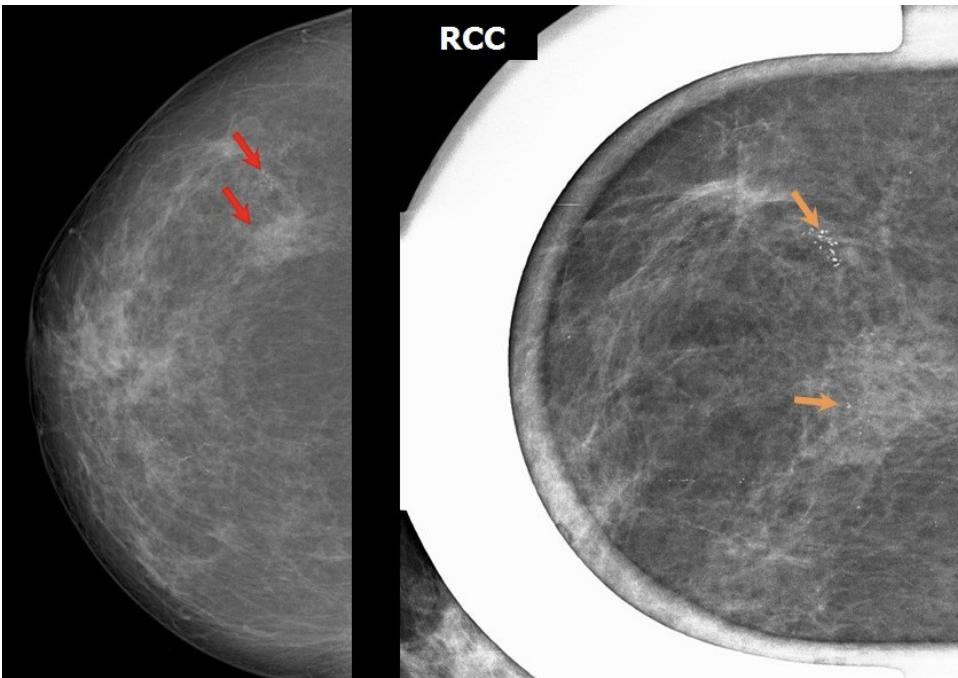
Suspicious microcalcifications

Morphology: Linear/segmental

Size: Small

Number: The greater the number of microcalcifications in a small area, the more suspicious for malignancy ($5 < 1cc$)

Stability: Calcifications stable for more than 2 years is against malignancy



Suspicious appearing calcifications:

Amorphous

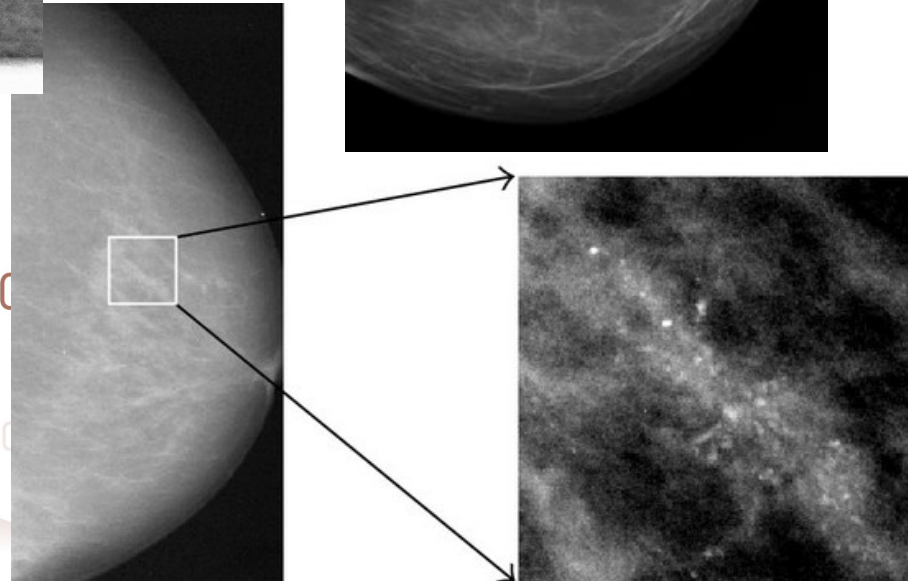
Coarse heterogeneous

High probability of cancer:

Fine Pleomorphic

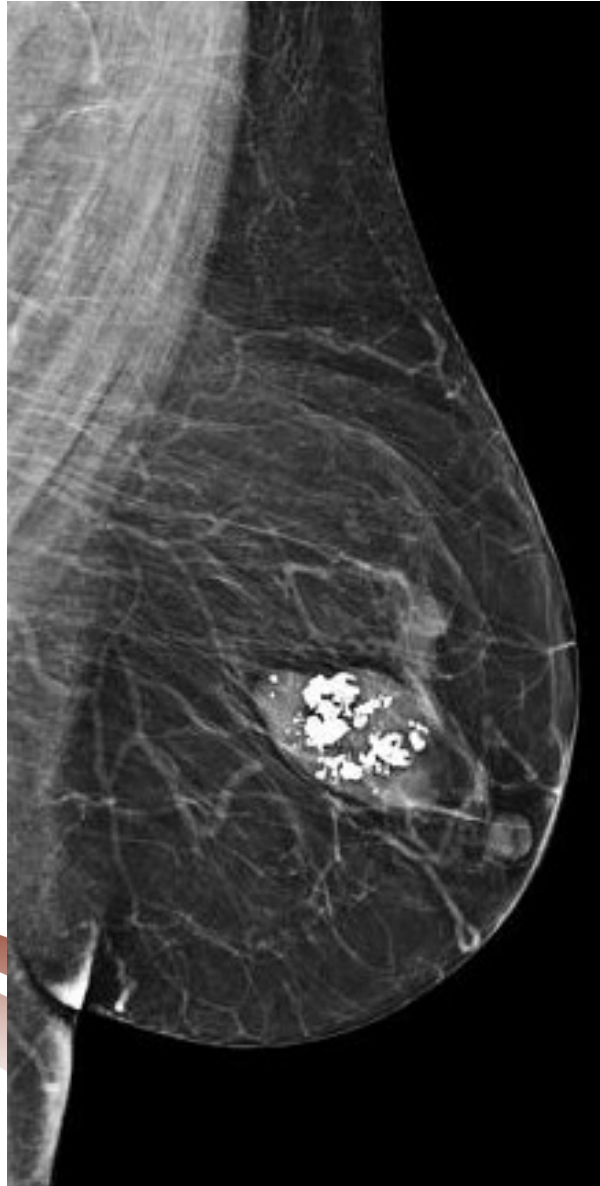
Fine Linear or fine Linear Branching

Suspect: DCIS/ invasive CA



Case (2)

History: Routine screening



- Left MLO view
- ACR : A , almost fatty parenchyma
- Retro-areolar circumscribed oval shaped isodense mass that harboring macrocalcifications (pop corn calcifications
- BIRADS 2

Involuting fibroadenoma (Pop corn calcification)

Benign calcifications:

Rim (eggshell)/ punctuate/ round

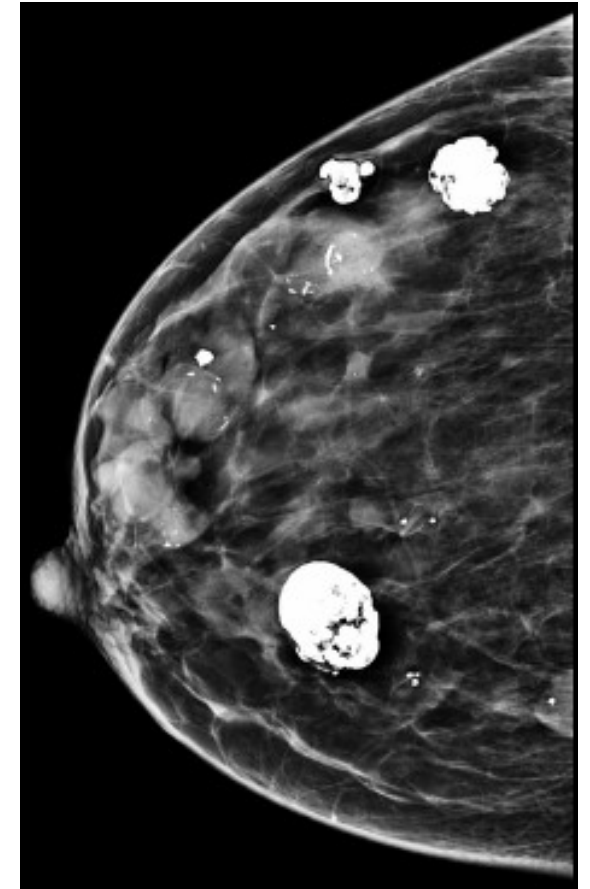
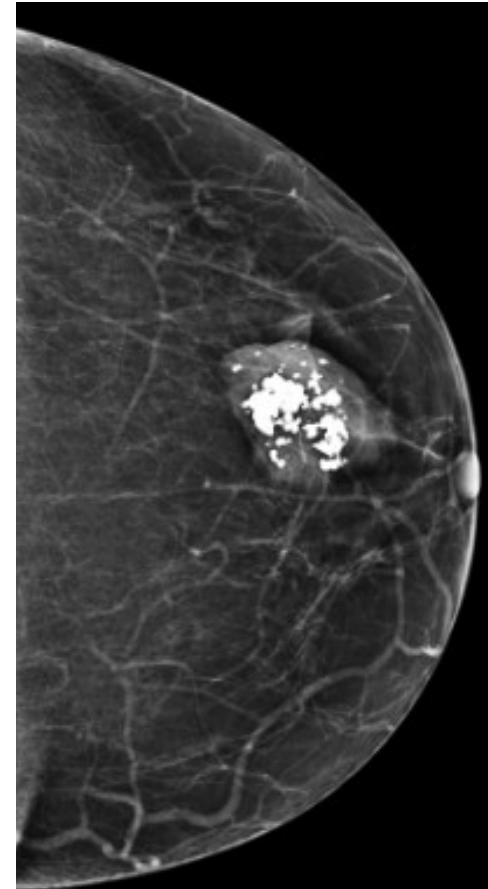
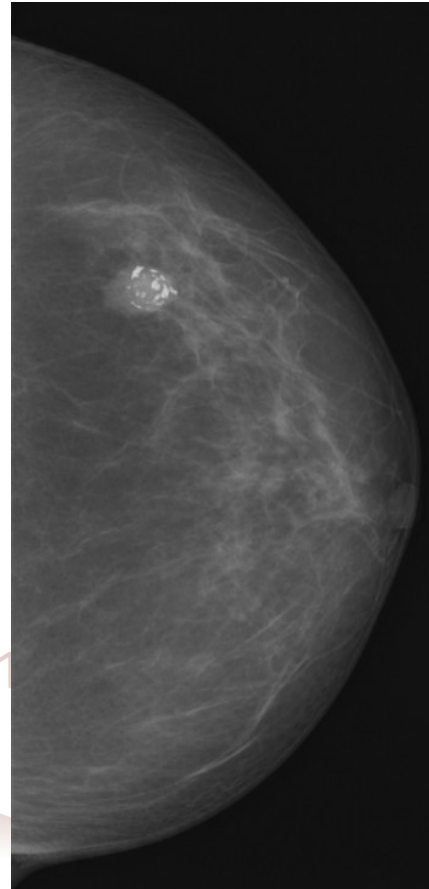
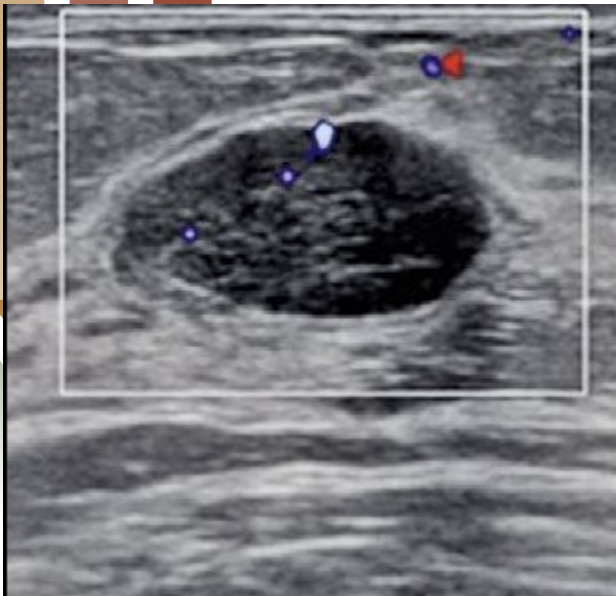
1- Calcified oil cyst (eggshell calcification)

2- Dystrophic calcification (fat necrosis)

3- Dermal calcifications

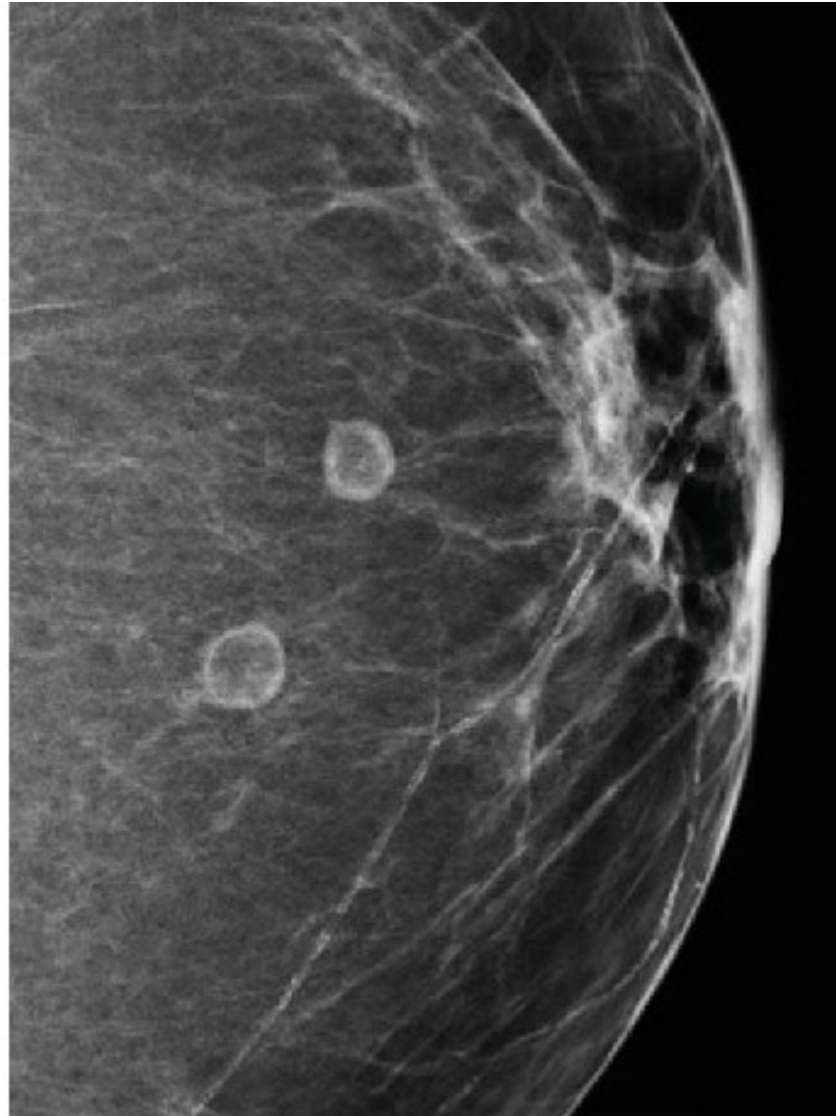
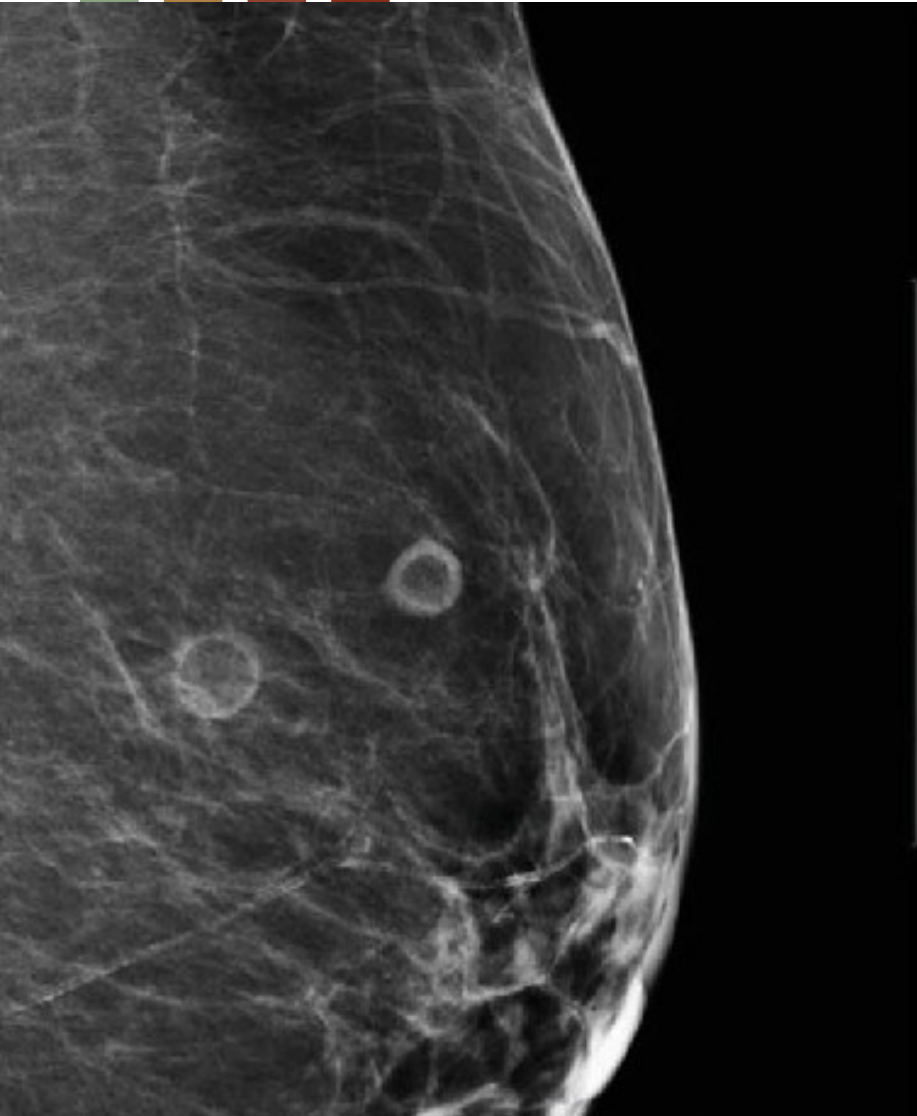
4- Popcorn (Involuting fibroadenoma)

5- Milk of calcium (tea cup calcification)



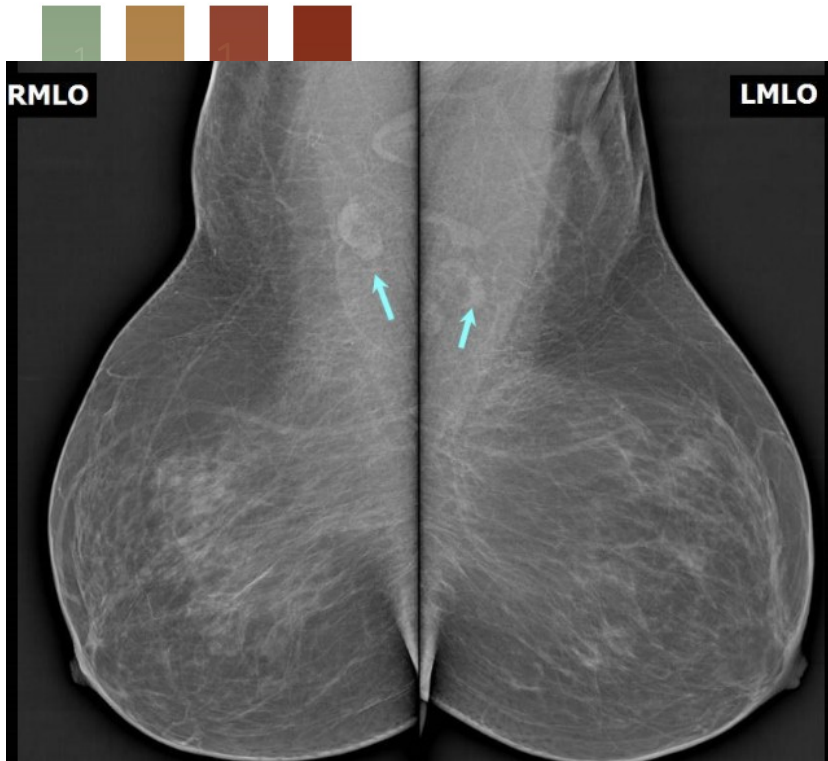
Case (3)

History: Routine screening

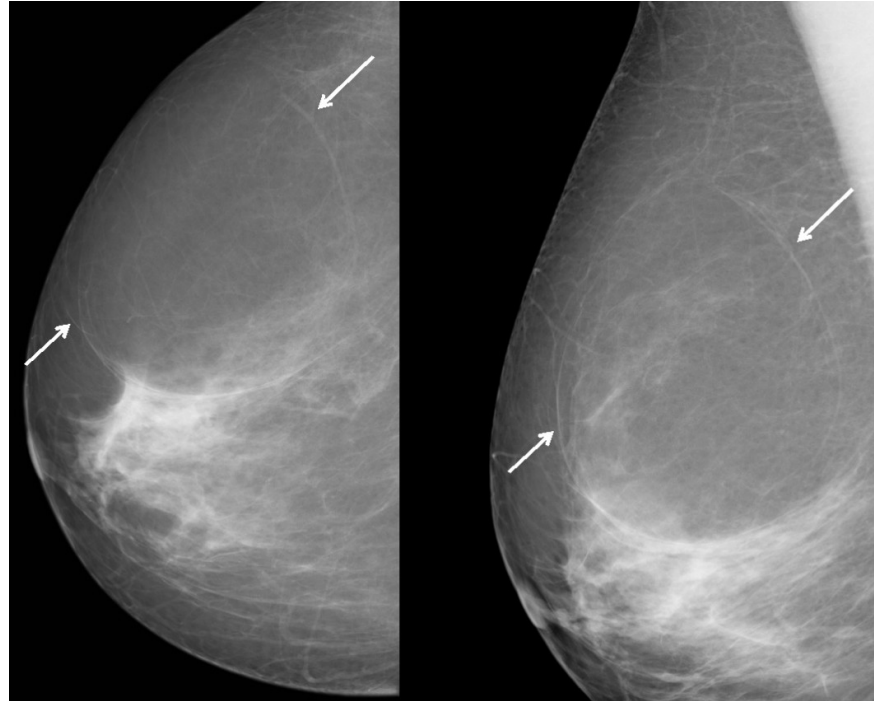


Left CC and MLO view revealed
:
2 UIQ circumscribed oval
rounded fat density lesion
surrounded by hyperdense rim
Picture suggestive of fat
necrosis
BIRADS 2

Fat necrosis / oil cyst



Lymph node



Lipoma

Causes of fat necrosis & oil cyst:
Surgery/Trauma/ Ischemia

DD Fat containing masses on mammogram (benign)

- 1-Lymph node (ovoid + fatty hilum)
- 2-Lipoma (radiolucent + thin capsule)
- 3-Fat necrosis (egg shell calcification + central fat density)
- 4-Galactoceles
- 5-Hamartoma

Case (4)

History: A 33-years-old woman with breast lump

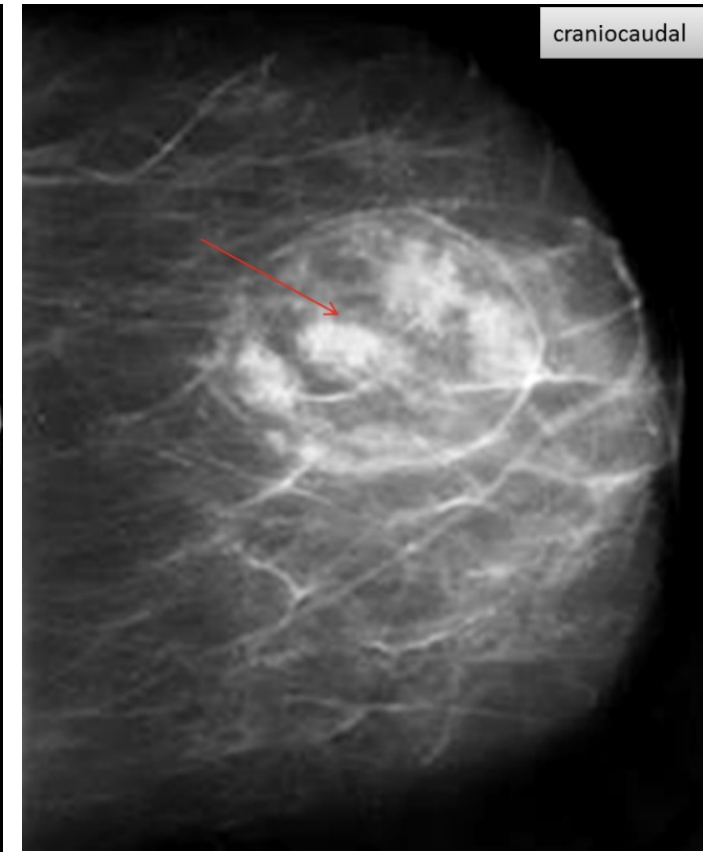
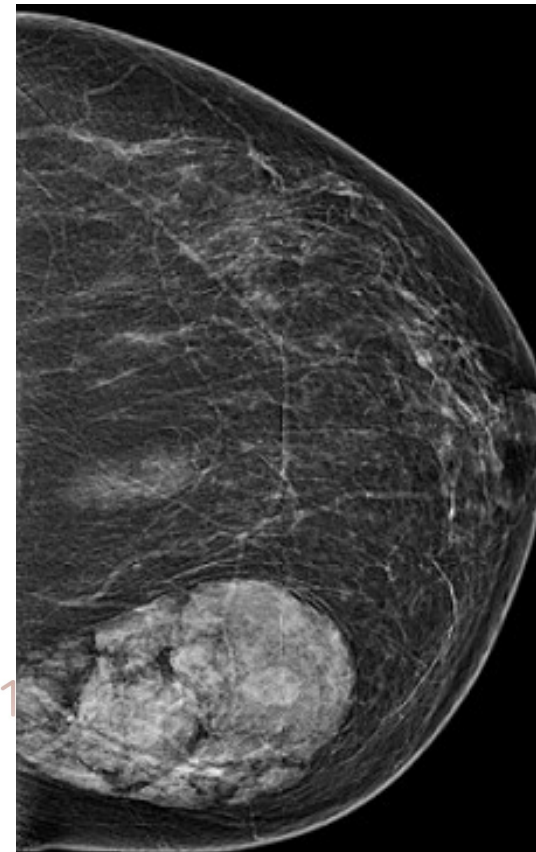
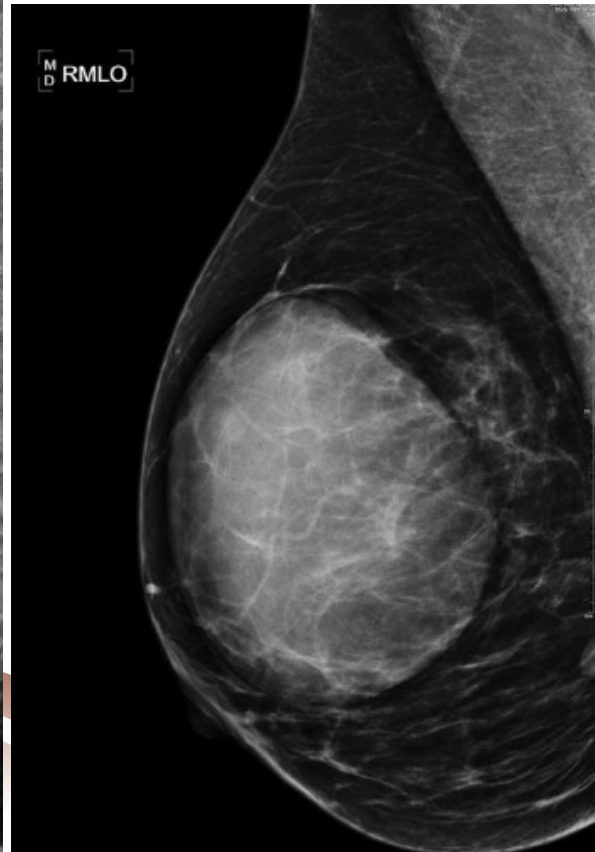
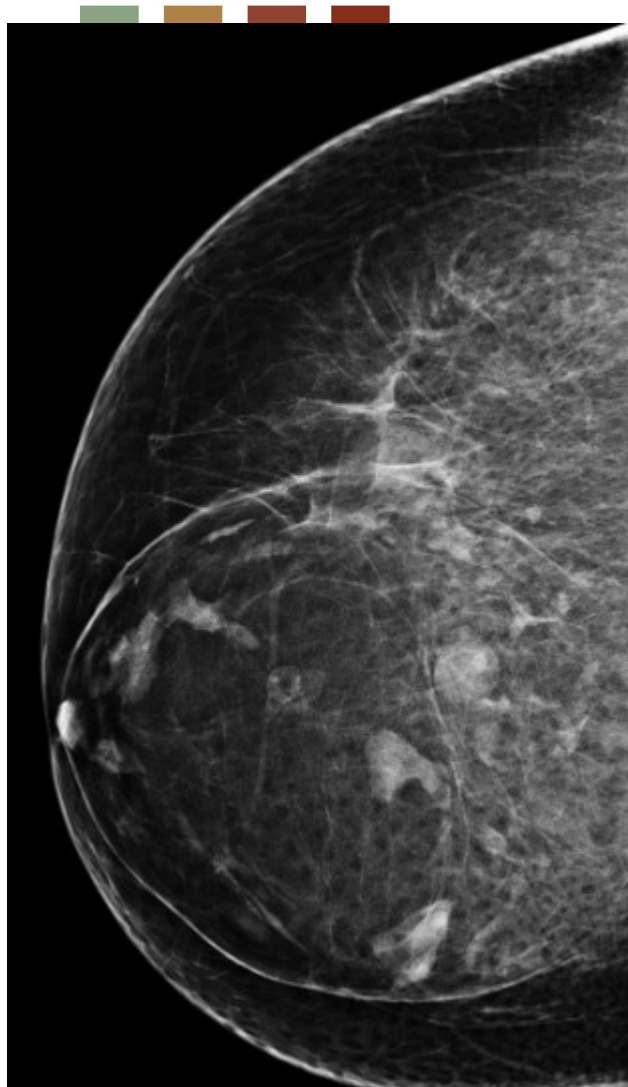


- Right MLO view :
- ACR: A almost fatty parenchyma
- Retro-areolar circumscribed encapsulated mixed density mass give the picture of breast within breast likely hamartoma
- BIRADS 2

Breast Hamartoma (breast within breast)

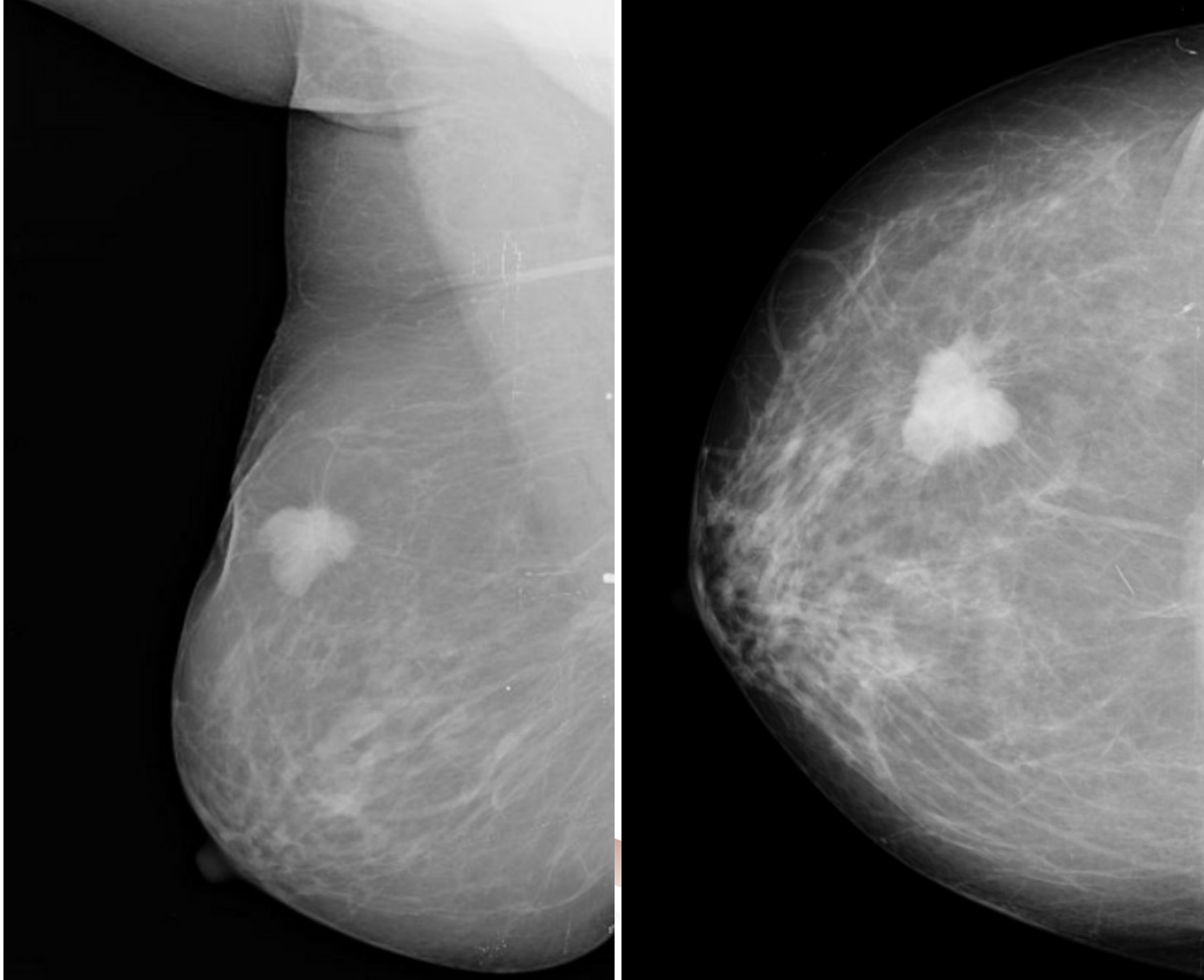
Benign lesion containing (fat + connective tissue + pseudocapsule) = fibroadenolipoma

DD: Fatty breast lesions (see before)



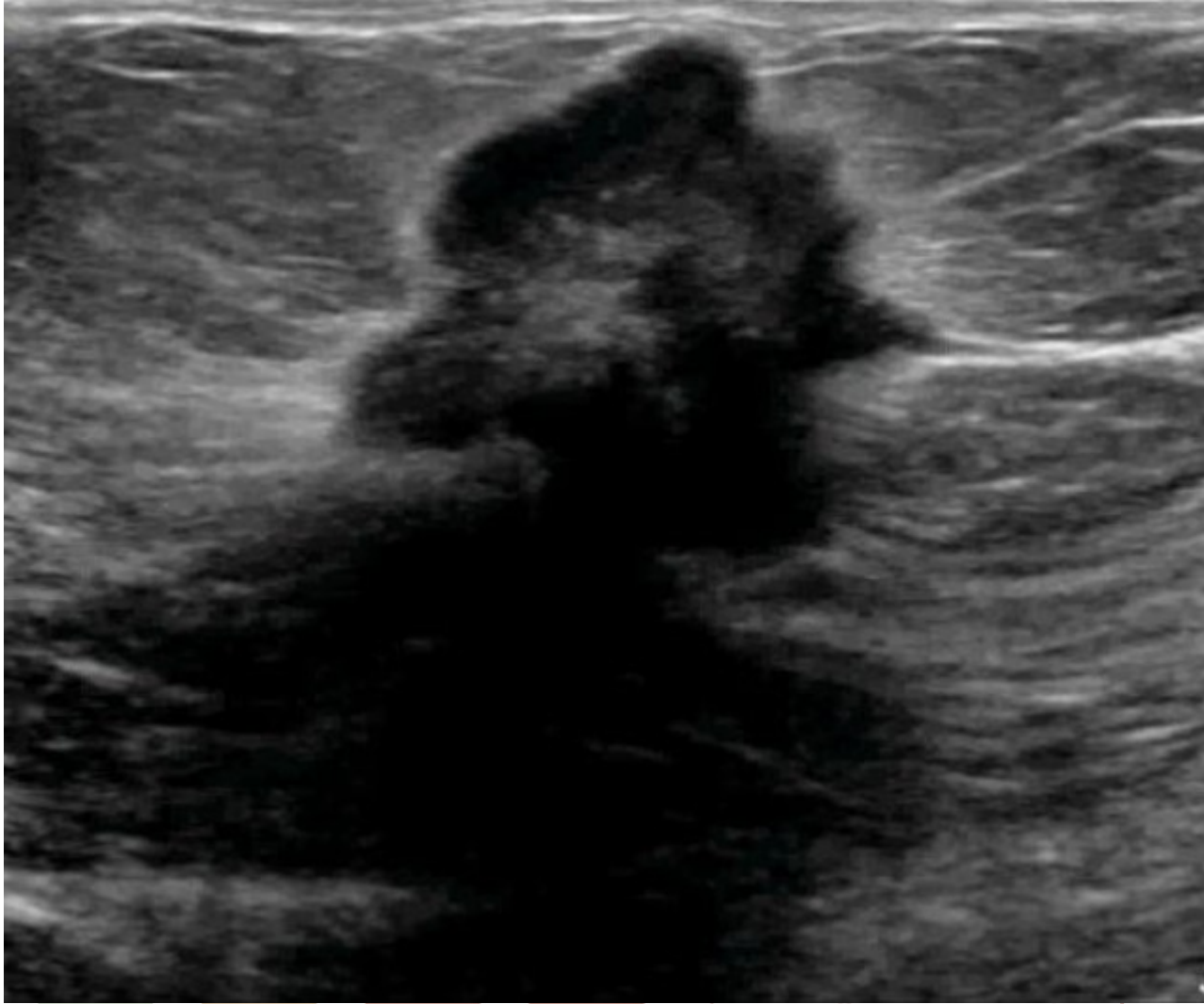
Case (5)

History: A 71-years-old woman with incidentally detected breast lump



- Right CC and MLO views
- ACR: B scattered fibrofatty parenchyma
- UOQ spiculated dense antiparallel mass
- No other suspicious microcalcifications
- BIRADS 4c for ultrasound

Next step?



- By ultrasound :
- Irregular spiculated hypoechoic solid mass with posterior accosting shadowing , surrounded by echogenic desmoplastic reaction
- BIRADS 5 for biopsy

Next step?

Breast cancer (BIRADS V)

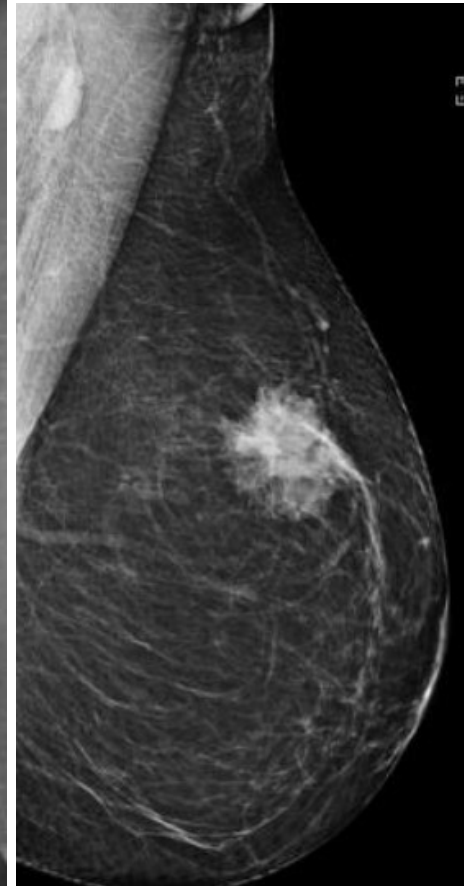
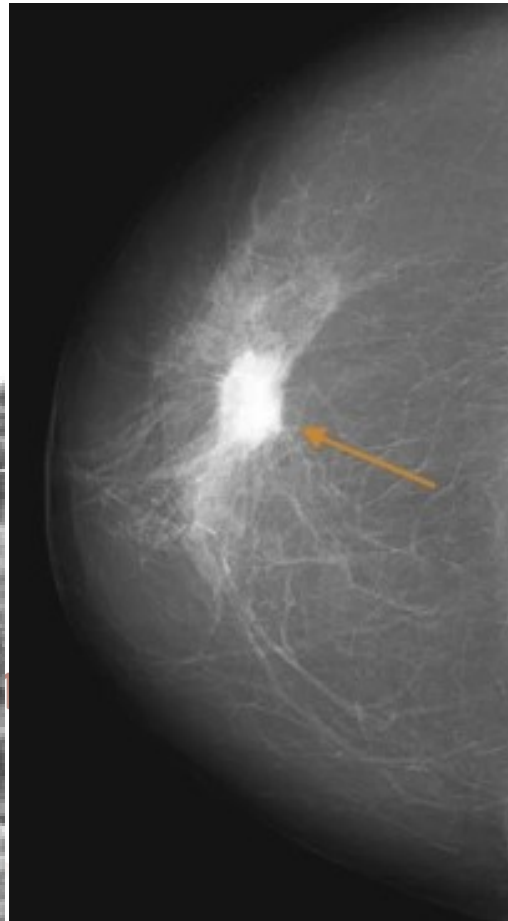
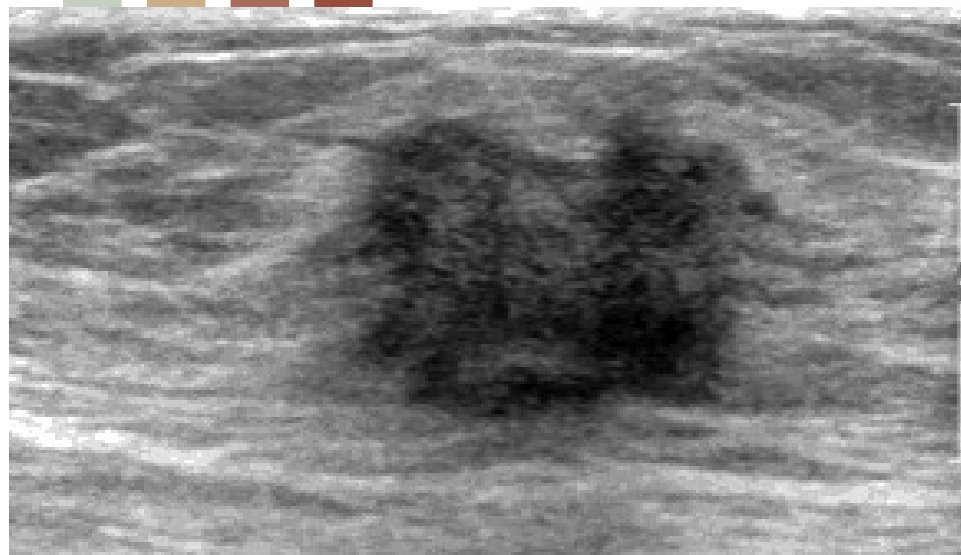
Next step is biopsy

U/S guided biopsy: Trucut biopsy needle 14x10G

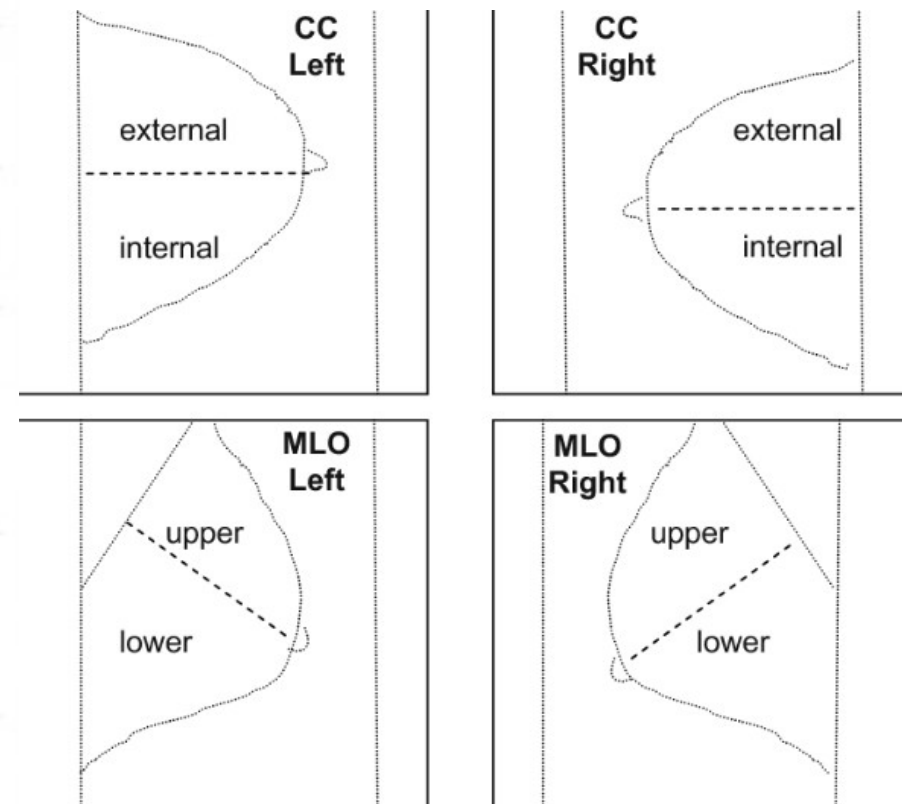
Stereotactic if only calcifications with no ultrasound findings: 14x10g

U/S Posterior acoustic features:

Enhancement = cyst
Shadowing = cancer
Combined =
fibroadenoma

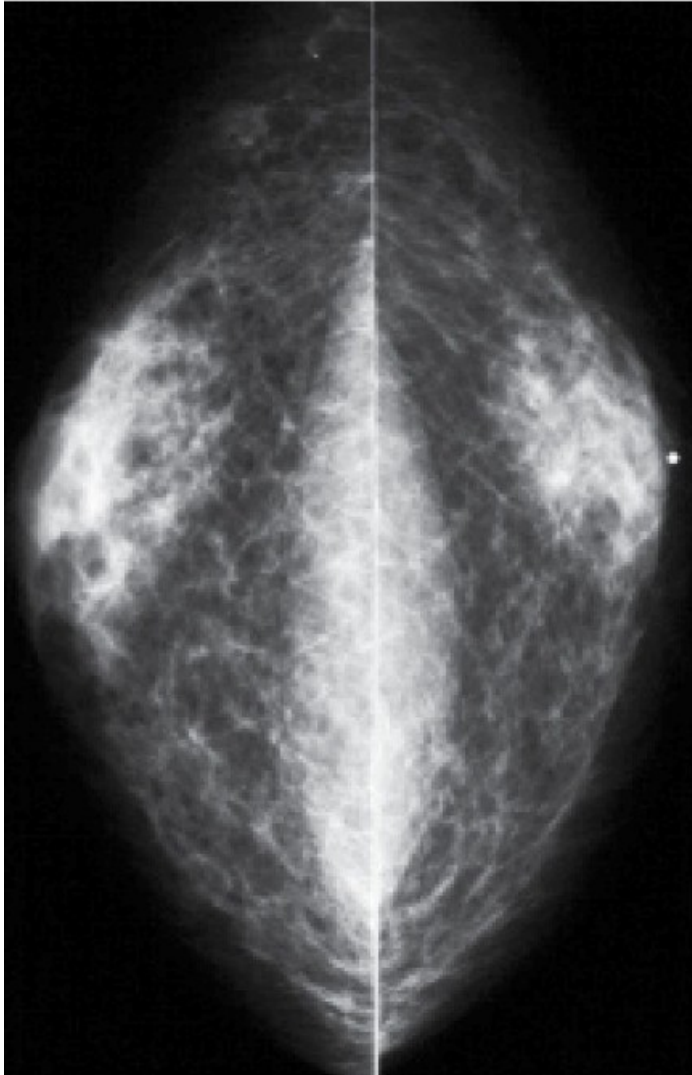


Category	Category1	Management	Likelihood of Cancer
0- Assessment	Incomplete Assessment	Additional imaging required	Not applicable yet
1	Negative	Routine annual screening	No cancer detected
2	Benign	Routine annual screening	0%
3	Probably Benign	Follow-up scan after 6 months or earlier, as advised by your doctor	0% to 2%
4	Probably Malign	Breast tissue biopsy recommended by the doctor	4A - 2% to 10% 4B - 10% to 50% 4C - 50% to 95%
5	Malignant	Biopsy to be done essentially	>95%
6	Biopsy- Proven Malignancy	Further treatment evaluation is done by the oncologist	Cancer already present



Case (6)

History: Withheld

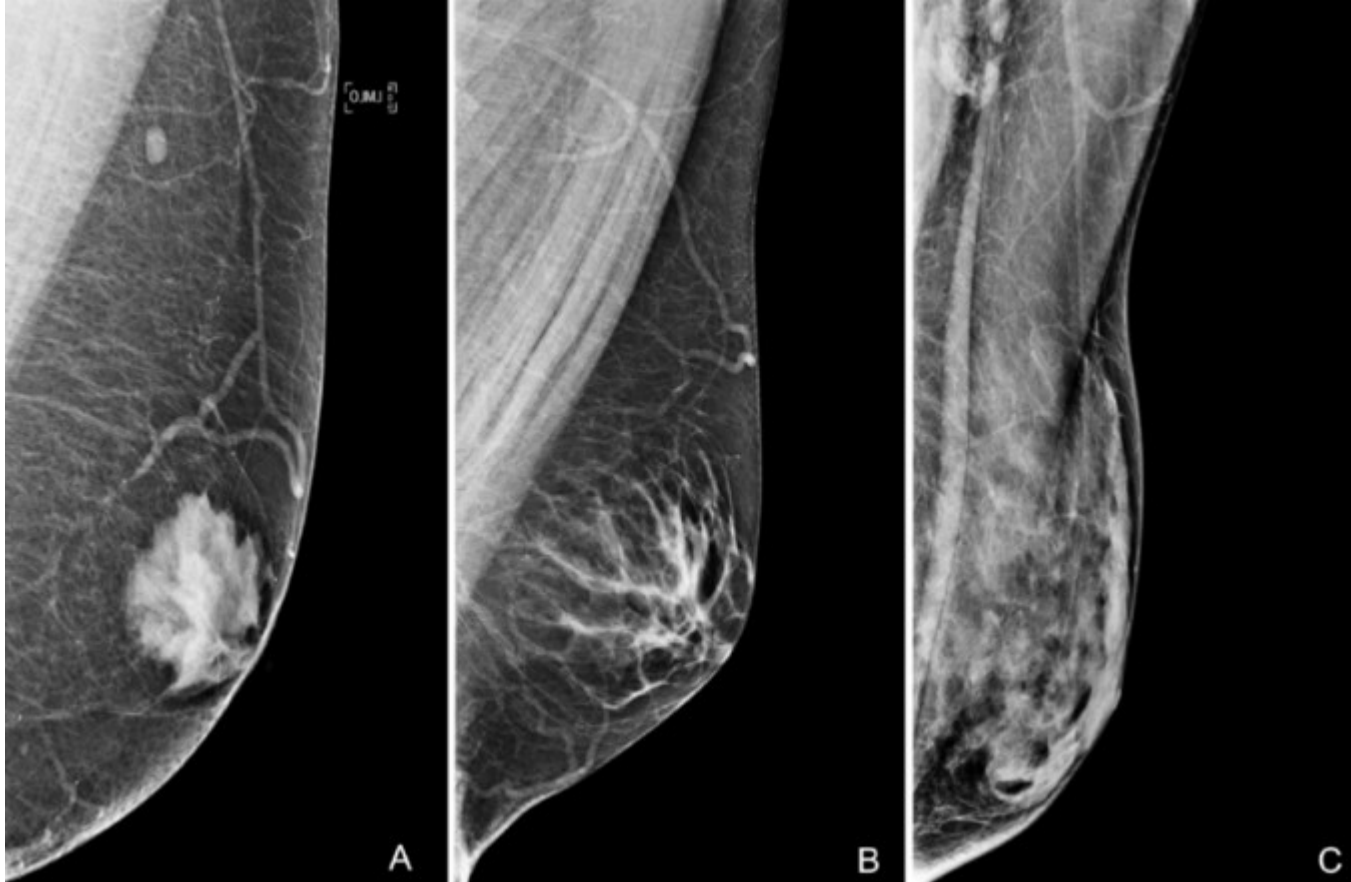


- Male patient
- Bilateral CC views
- Bilateral retro-areolar central flame shaped heterogenous density
- Likely gynecomastia

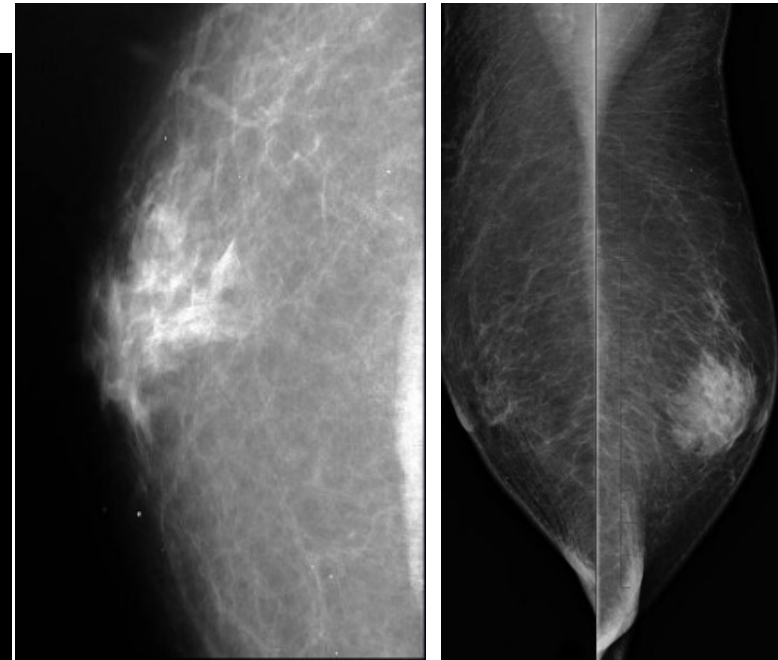
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Gynecomastia

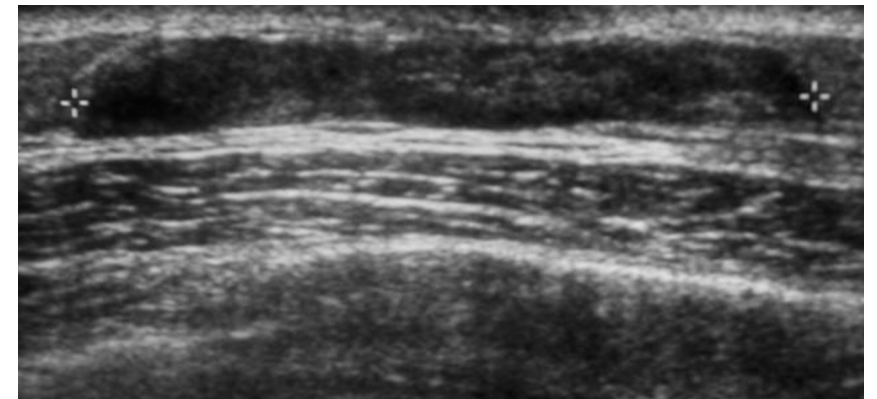
Gynecomastia: Flame shaped Δ subareolar density
Cancer: Spiculated mass, however, benign male breast mass is very rare, so it may present as round or circumscribed



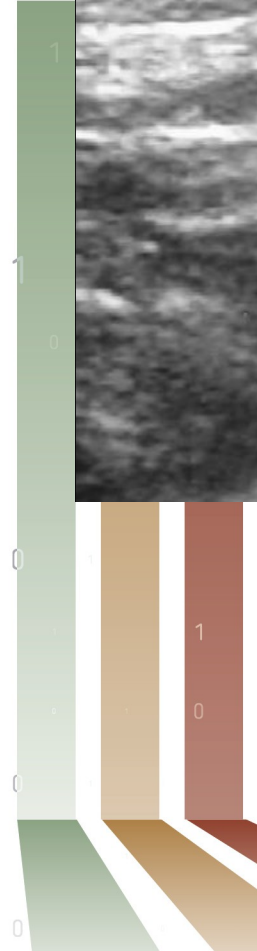
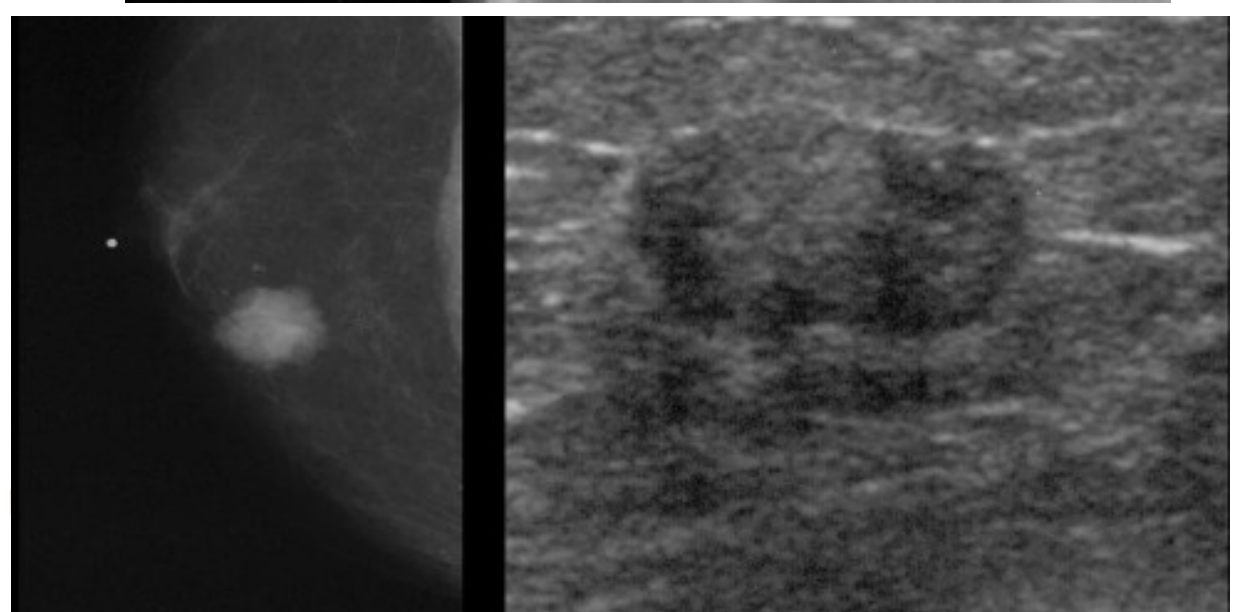
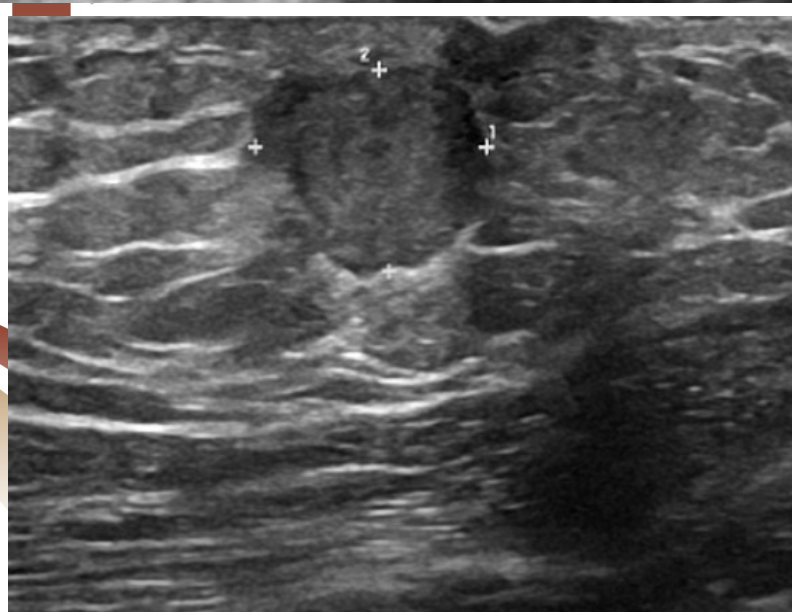
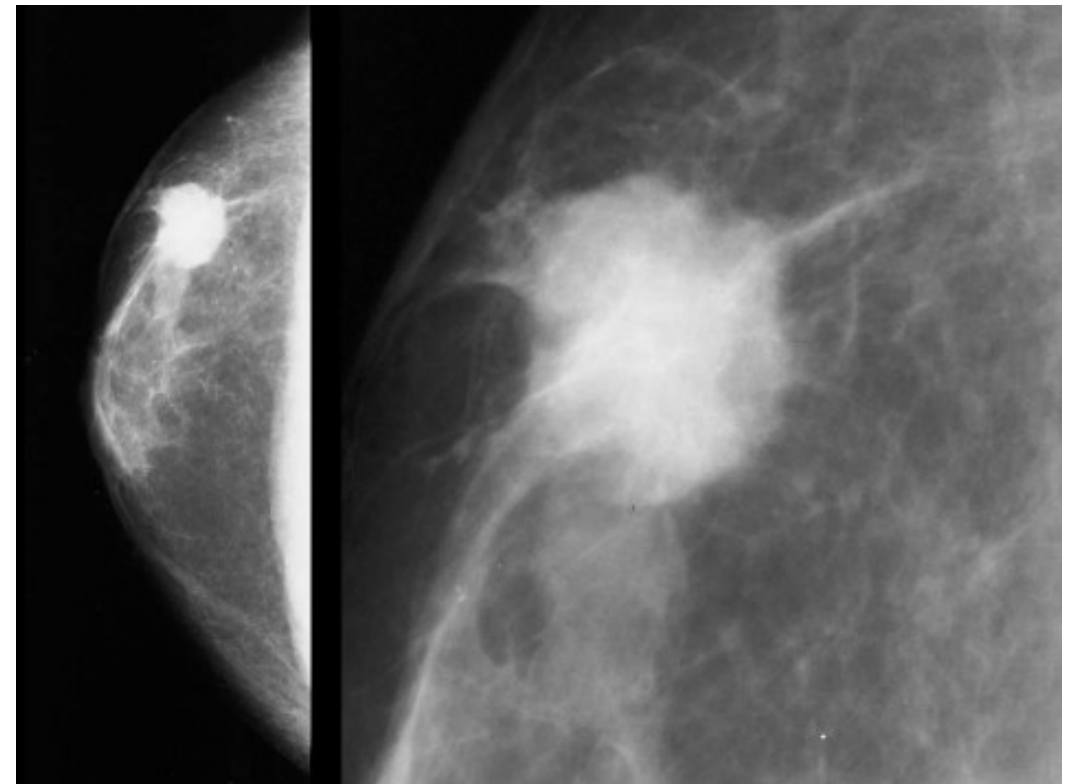
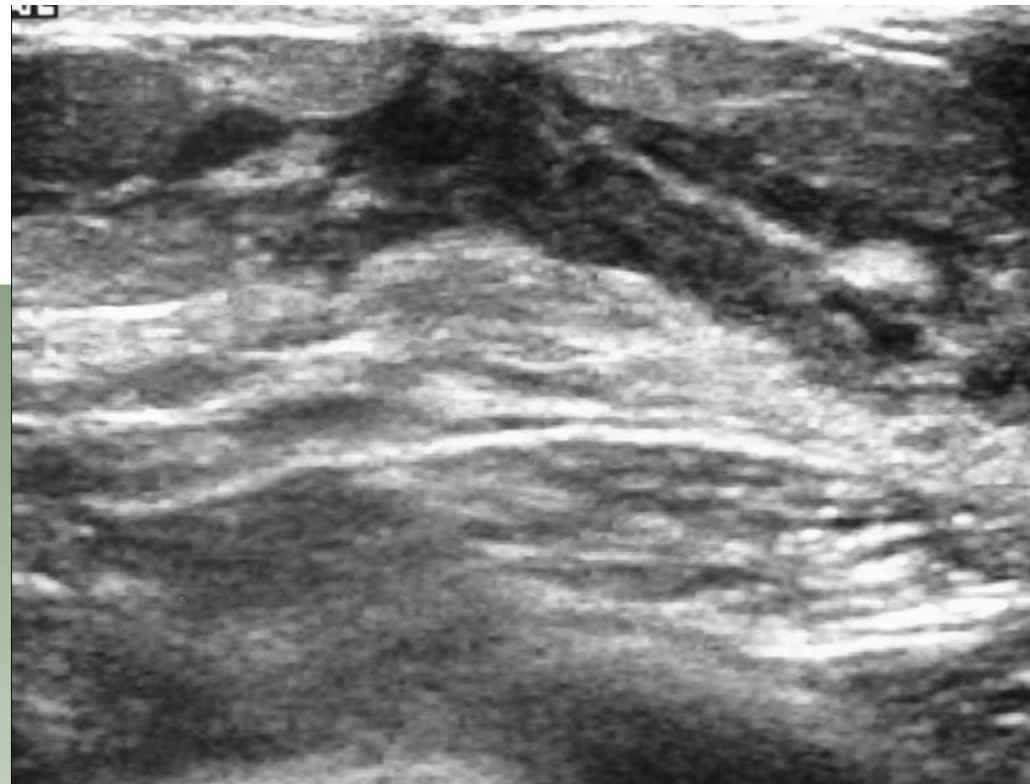
Radiologic patterns in gynecomastia
a Nodular b Dendritic c Diffuse



BIRADS II



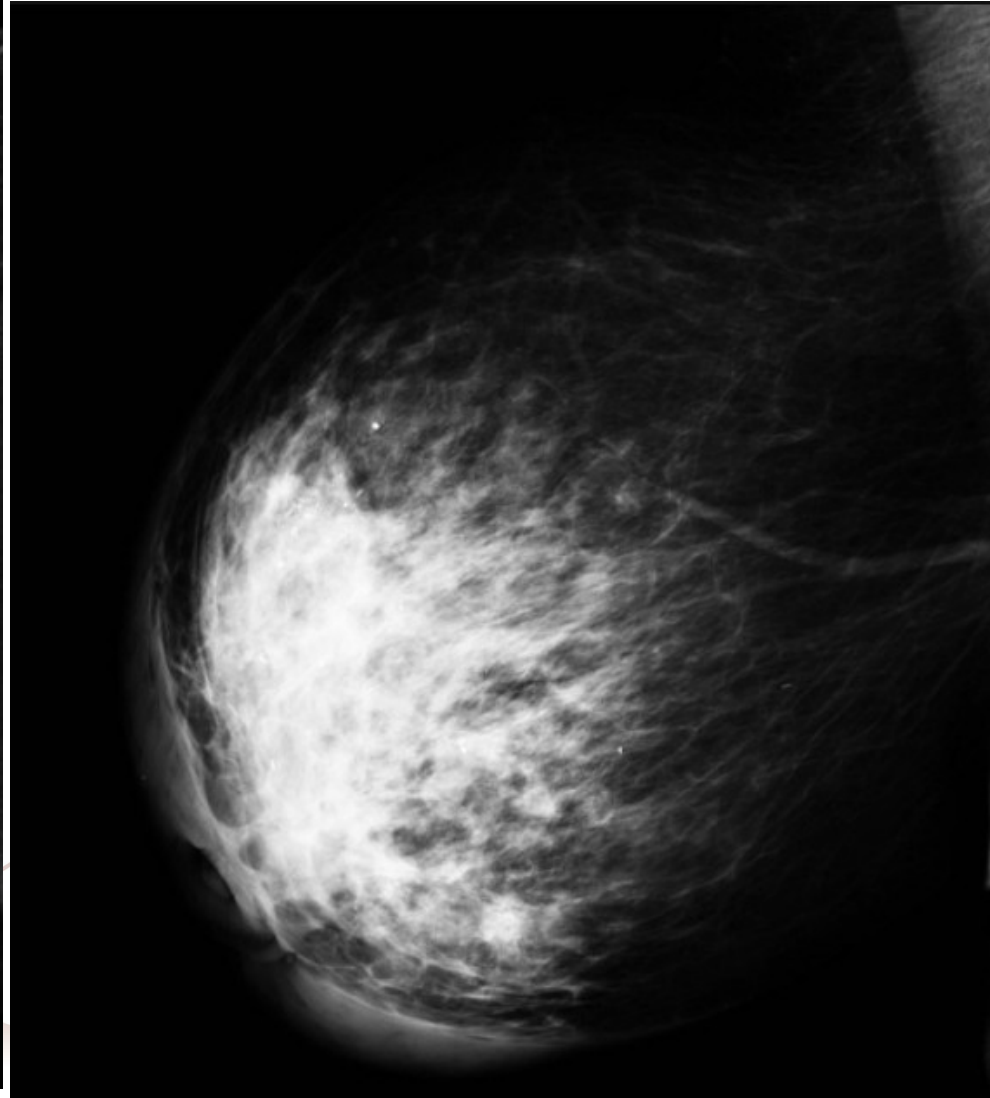
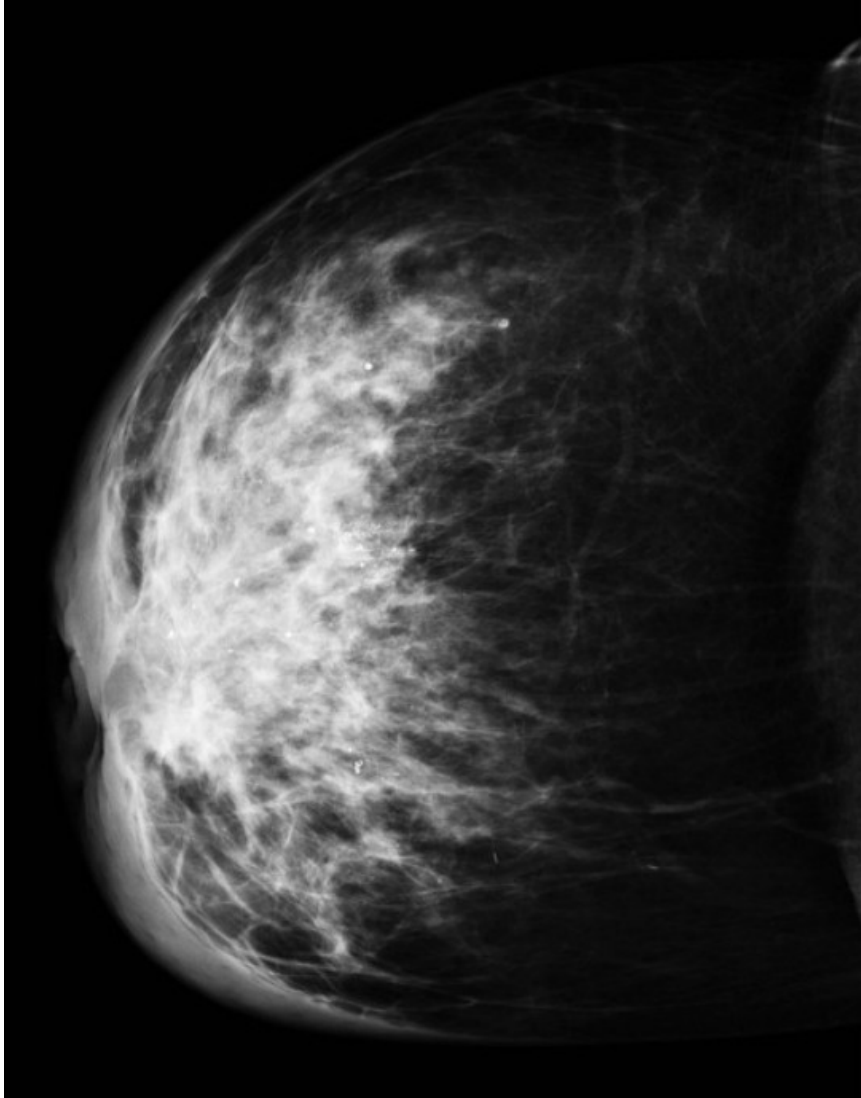
0 1 0 1



Male breast cancer

Case (7)

History: A 54-years-old woman with diagnostic workup of a large red swollen right breast



- Right CC and MLO views
- Diffuse breast edema in the form of skin thickening and coarse trabeculation
- Scattered multiple suspicious pleomorphic microcalcifications
- BIRADS 0
- For ultrasound assessment

Inflammatory breast carcinoma



Focal asymmetries involving most of the anterior and mid right breast with diffuse skin thickening, trabecular coarsening and increased overall density of the right breast + abnormally enlarged right axillary lymph nodes

DD: Unilateral breast skin thickening:

1-Inflammatory breast cancer:

Ductal or lobular carcinoma with invasion of the dermal lymphatics >> skin thickening, erythema, pain & swelling

Peau d'orange

Aggressive: mets to axillary LNs

2-Invasive breast cancer:

Ductal or lobular carcinoma with involvement of the skin by local extension

3-Mastitis:

Focal skin thickening, erythema (focal rather than diffuse as in inflammatory breast cancer)

NB: Bilateral breast skin thickening(systemic cause):

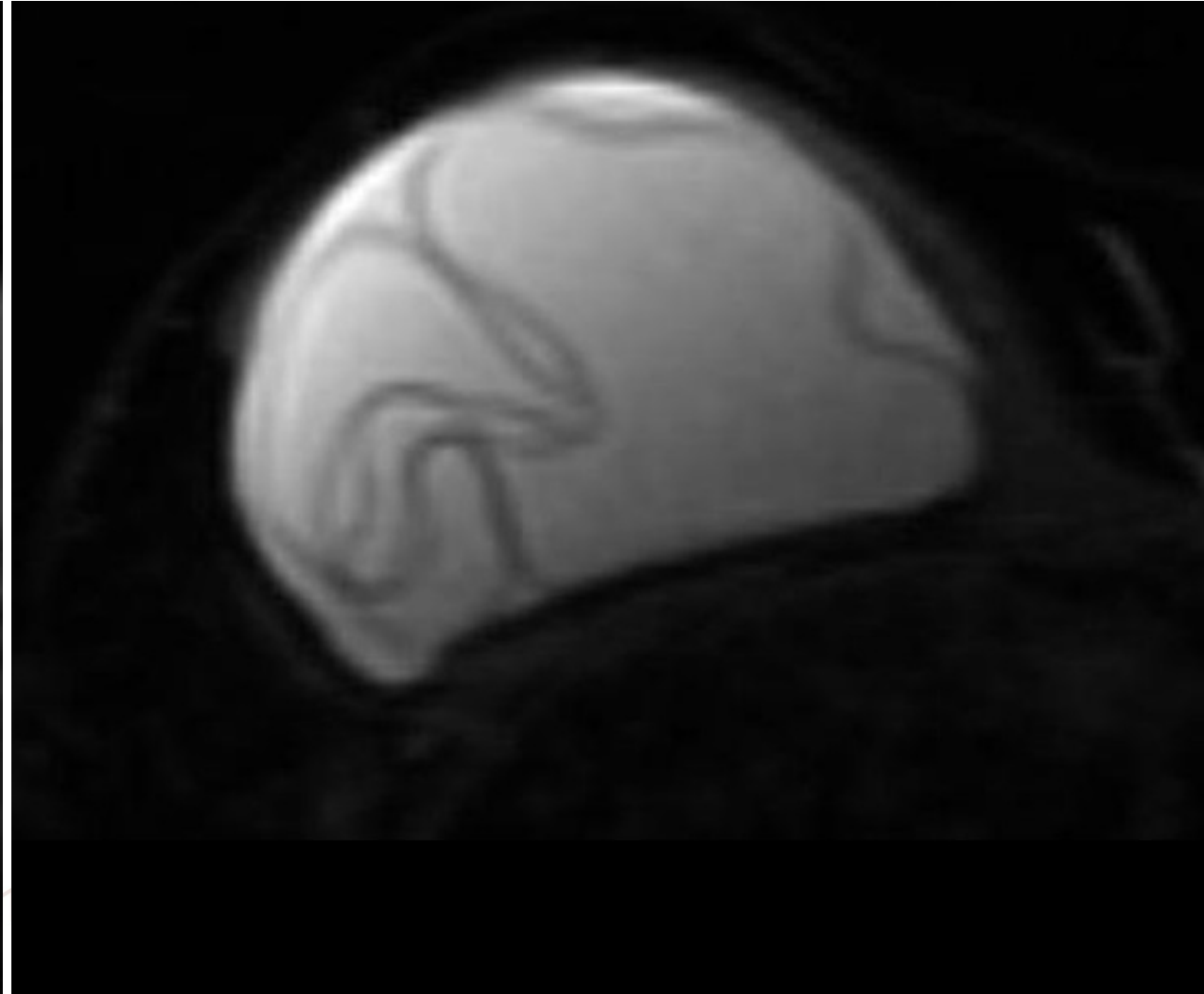
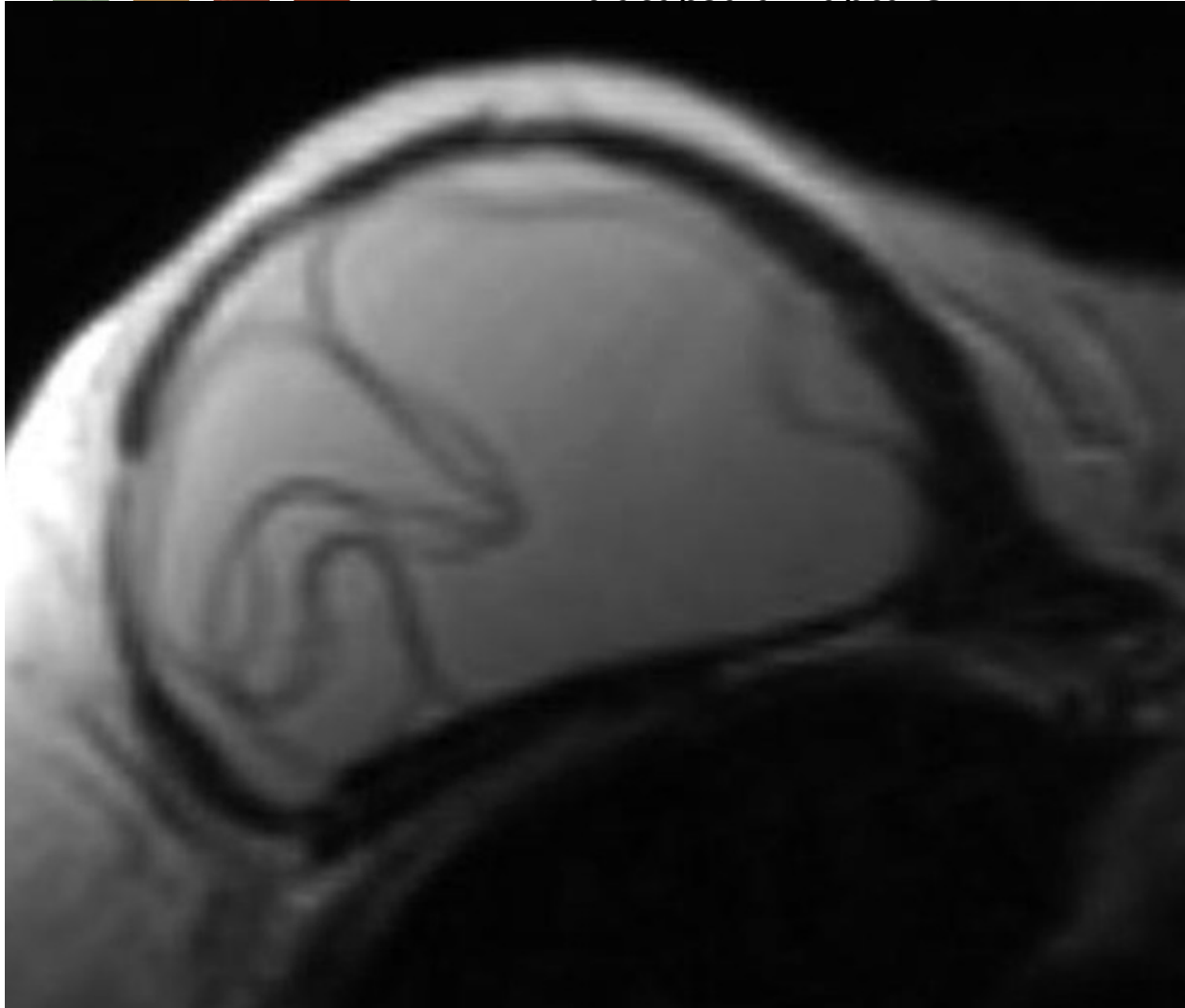
CHF, SVC obstruction, RF & volume over load

History: Withheld

Case (8)

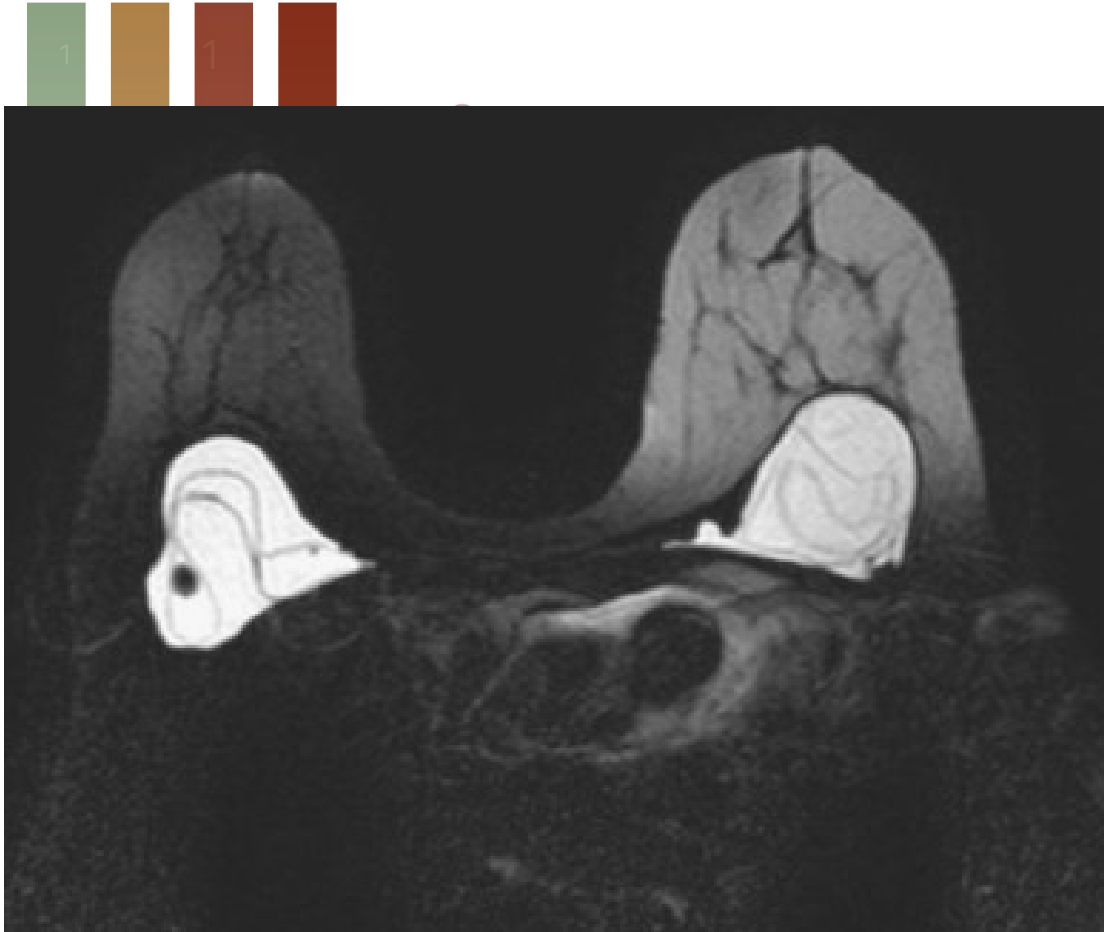
MRI breast :

Silicon breast implant showing intracapsular lobulated line (linguine sign) suggestive of intracapsular rupture



Intracapsular breast implant rupture

Detected on T2& STIR



Intracapsular rupture, lingine sign



Extracapsular rupture

Case (9)

History: A 43-years-old woman with amorphous calcifications on mammogram

ML views revealed: layering of the calcifications giving the appearance of milk of calcium. BIRADS 2



Milk of calcium

In this case:

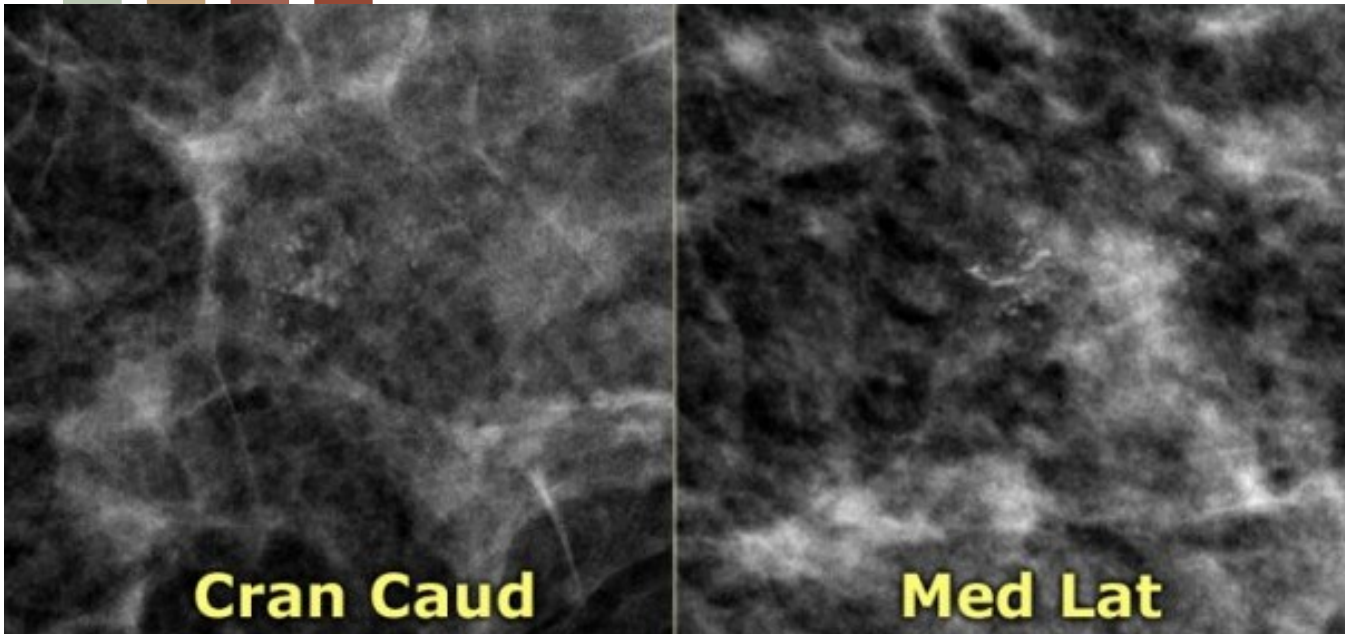
a) Magnified craniocaudal mammographic view reveals calcifications with a somewhat amorphous appearance, (b) A subsequent horizontal beam magnification view shows that these calcifications are now more linear or crescentic in configuration, suggestive of a “tea cup” appearance, amorphous calcifications on craniocaudal (CC) view which appear crescentic on lateral view

Milk of calcium is a descriptor used when calcium accumulates in benign microcysts and is identified in 4 to 6% of women obtaining a mammogram

The calcium, also referred to as sedimented calcium, appears smudgy or amorphous on CC mammographic views

Horizontal beam views will show these calcifications to have a crescentic or linear appearance secondary to the layering within the cysts (tea cup)

Benign finding and requires no further work-up



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4	NBD	1000001071 - 33	NBDEEGCXXXX
5	Credit Agricole	81100052130	AGRIEGCXXXX
6	Credit Agricole	81110006550	AGRIEGCXXXX
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