

## A Review of the Breast Mass

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## Ultrasound

- Cysts
  - Simple
  - Complex
- Solid
  - Smooth without shadowing
  - Horizontal orientation
  - Vs
  - Irregular with shadowing
  - Vertical orientation
- Negative

## Clinical Assessment

- Palpable, smooth, mobile
  - Cyst
  - Fibroadenoma
- Palpable, smooth, immobile
  - Phyllodes
  - Papilloma
- Palpable, irregular, immobile
  - Cancer
- Palpable but vague with regard to margin/ill-defined
  - Some cancers such as lobular
- Overlying appearance of skin
- Axillary findings

## Mammogram

- Circumscribed, well-defined
- Vague, ill-defined
- Calcifications
  - Rim/punctate
  - Scattered within mass/pleomorphic
  - Clustered/pleomorphic

## Image Evaluation

- Ultrasound
  - All palpable masses
- Mammogram
  - All palpable masses in patients of age to warrant (?)
- MRI
  - Some palpable “masses” with otherwise negative standard diagnostic imaging

## MRI

- Enhancing with rapid wash-out
- Speckled enhancement
- No enhancement

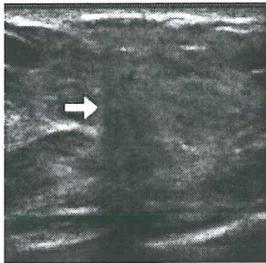
### Case #1

- 24 y/o woman 2wks post-partum with lactational swelling and new small area of vague thickening at upper central breast.
  - Initially considered to be a “clogged milk duct”
  - Conservative treatment did not improve
- Ultrasound

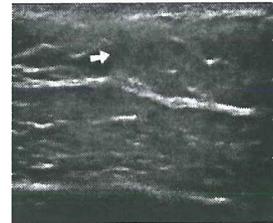
### Case # 2

- 28 y/o woman with 1mo h/o new small, mobile rt br mass.
  - Initially told this was probably a cyst as pt was premenstrual.
  - Conservative management was instituted for 1mo (1 cycle), but mass did not resolve
- Ultrasound

### Case #1 Ultrasound Image



### Case #2 Ultrasound Image



### Case #1

- 24 y/o woman 2wks post-partum with lactational swelling and new small area of vague thickening at upper central breast.
  - Initially considered to be a “clogged milk duct”
  - Conservative treatment did not improve
- Ultrasound
- Pathology on core bx:
  - Invasive Ductal Carcinoma, Grade 1
- Pathology on surgical resection:
  - Invasive Ductal Carcinoma, Grade 1; 1.4cm size
  - 1/6 SLN's involved
  - Er/Pr +, Her-2/neu -

### Case #2

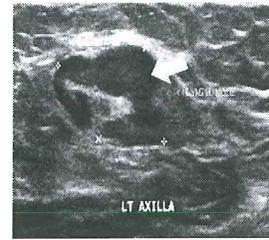
- 28 y/o woman with 1mo h/o new small, mobile rt br mass.
  - Initially told this was probably a cyst as pt was premenstrual.
  - Conservative management was instituted for 1mo (1 cycle), but mass did not resolve
- Ultrasound
- Pathology on excisional biopsy
  - 8mm Invasive ductal carcinoma, Grade 1
- 0/5 SLN's involved
- Er/Pr +, Her-2/neu -

### Case # 3

- 27 y/o woman with several month h/o new lt br masses, but without insurance. Komen grant obtained for image evaluation and intervention.
- Ultrasound

### Case # 3

- Lt axilla on ultrasound



### Case # 3 Ultrasound



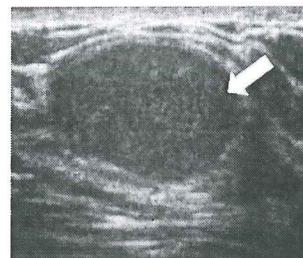
### Case # 4

- 21 y/o woman with new lt breast mass for 6mo with conservative management for "probable fibrocystic change". Continued enlargement of mass and now with pain.
- Ultrasound

### Case # 3

- 27 y/o woman with several month h/o new lt br masses, but without insurance. Komen grant obtained for image evaluation and intervention.
- Ultrasound
- Pathology at core biopsy
  - Invasive Ductal Carcinoma Grade 3
- Neoadjuvant chemotherapy

### Case # 4



## Case # 4

- 21 y/o woman with new lt breast mass for 6mo with conservative management for “probable fibrocystic change”. Continued enlargement of mass and now with pain.
- Ultrasound
- Cytology at needle aspiration
  - Malignant cells
- Pathology at surgical resection
  - 2.8 cm invasive ductal carcinoma, Grade 3
  - 3/7 SLN’s involved
  - Er/Pr -, Her-2/neu -