

# **STEREOTACTIC BREAST BIOPSY:BIOPSYING LESIONS CLOSE TO CHEST WALL.**

**G. SKOUNTZOS**

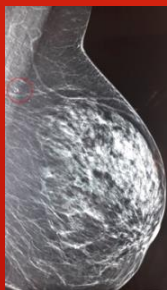
**BREAST UNIT OF ATHENS GENERAL HOSPITAL "HIPPOCRATIO" / MEDICAL SCHOOL, NATIONAL UNIVERSITY OF ATHENS, GR**

**Purpose:** Stereotactic breast biopsy nowadays is a well established biopsy method for non palpable mammographic lesions. Targeting and sampling the suspicious lesion consist a challenge for the medical team performing the biopsy. Furthermore, lesions close to chest wall and skin carry a high risk of causing skin burn or penetration.

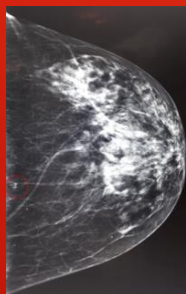
**Method:**A young woman with breast suspicious microcalcifications classified as BI-RADS 4 was scheduled to undergo a stereotactic biopsy. The suspicious lesion was close to the chest wall and after it's stereotactic localization, 10cc of anaesthetic solution was infused around the lesion plus 2cc Normal Saline 0.9% between the lesion and the chest wall. After the infusion, a new stereotactic localization of the lesion was performed

## **Results:**

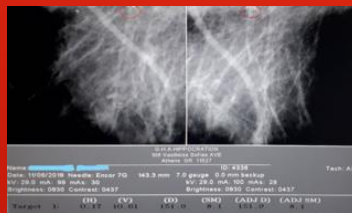
Before the infusion of the anaesthetic and Normal Saline 0.9% solutions, the location of the lesion was calculated. The calculated vertical angle between the biopsy wand and the horizontal axis was 10.61 degrees. After the infusion of the solutions, the new location of the lesion was calculated by performing a new stereotaxia. The new vertical angle was 10.40 degrees. The alteration of vertical angle's degrees represent a relocation of the lesion downwards, farther from the chest wall. The breast biopsy procedure was successfully performed and no short-term or long-term complications were observed.



LMO projection: A cluster of suspicious microcalcifications is located close to the chest wall (red circle)



LCC projection: A cluster of suspicious microcalcifications is located close to the chest wall (red circle)



The calculated vertical angle between the biopsy wand and the horizontal axis was 10.61 degrees



After the infusion of the solutions, the new location of the lesion was calculated by performing a new stereotaxy. The new vertical angle was 10.40 degrees.



The stereotactic biopsy specimen



The excised cluster of the suspicious microcalcifications is apparent on the specimen mammogram

**Conclusiion:** Stereotactic breast biopsy is a well established and accurate method for the diagnosis of non palpable mammographic lesions. One of the limitations of this biopsy method, is the location of a lesion close to the skin or thoracic wall. This limitation can be transcended by injecting Normal Saline 0.9% solution between the lesion and the skin or chest wall in order to relocate the lesion and achieve safe margins.