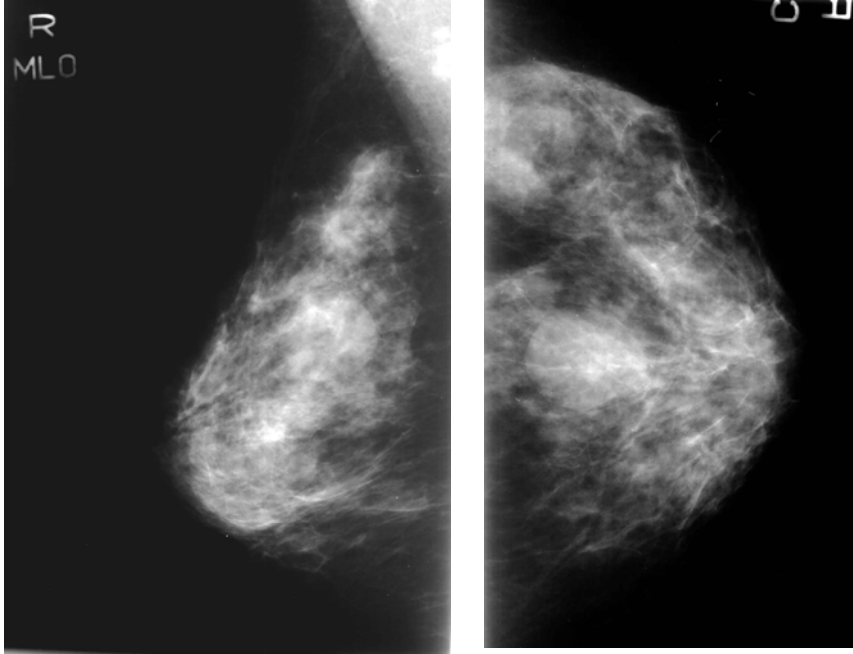


CASE 56 BLIND PUNCTURES

K.I., 42 years old, lived on an island, where she had a first screening mammogram. The Mammograms showed a large circumscribed lesion of the right breast, with partly obscured borders.

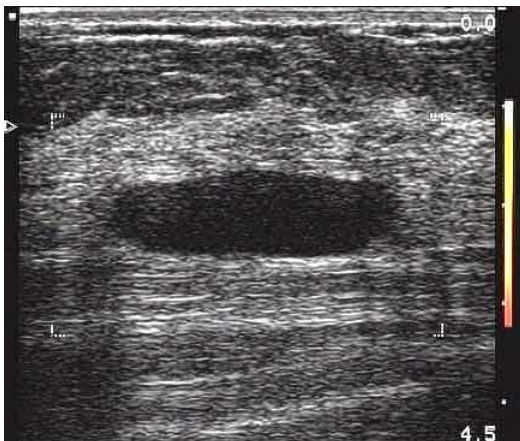


C56px1 Mammography: Mediolateral Oblique View of the right breast

C56px2 Mammography: Craniocaudal View of the right breast- A low-density circumscribed lesion was visualized lying amidst thick fibroglandular tissue, in the subareolar area of the right breast. The lesions margins were partly obscured.

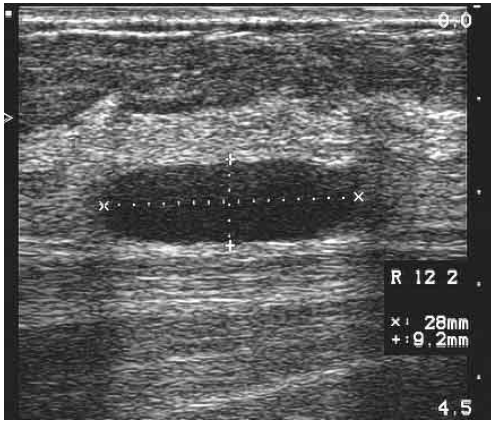
The gynecologist had difficulty in finding the large lesion during clinical examination, in the retroareolar area of the right breast. He tried blind aspiration with a fine needle (three passes) but did not aspirate any fluid. He referred the lady to a clinic in a large city, a day away by boat.

There, a surgeon tried his hand with the lesion. He made 8 attempts, without aspirating any fluid. He sent the patient home with a list of medications (antibiotic and anti-inflammatory) By now, the patient had become very anxious and she referred herself to another surgeon. Prudently, he avoided blind puncture and referred her for ultrasound guided FNA.



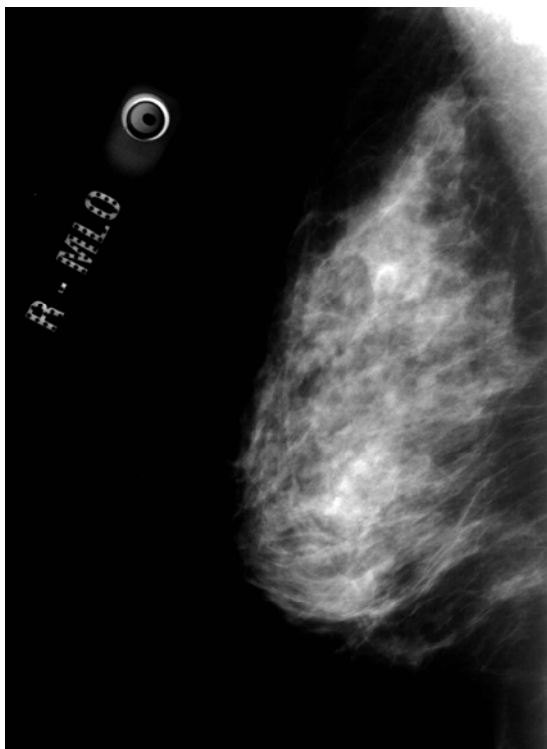
Ultrasound examination revealed a large cyst, lying deep in the breast, adjacent to the chest wall. There are reverberation echoes in the superior part of the cyst. There was no vascularity around the cyst.

C56px3 Ultrasound examination of the patient revealed a cyst lying deep to a sheet of fibroglandular tissue



C56PX4 The cyst measured 28X9,2 mm

A 20G spinal needle was advanced under real time ultrasound guidance from a peripheral point of entry. It proved possible to enter the cyst with a single pass, and to evacuate the lesion completely, aspirating 2 cc of clear, brown-colored fluid. A control mammogram demonstrated complete evacuation and disappearance of the lesion.



C56PX5 Mammography: Control mammogram of the right breast in mediolateral oblique projection. The lesion has vanished after aspiration with a fine needle.



ADVICE: Ultrasound guided fine needle aspiration is much more precise and effective treatment than aspiration guided by palpation. It allows us to enter the lesion avoiding vascular structures and minimizing the risk of complications. It allows us to monitor evacuation of the cyst, making sure there is complete removal of the cysts' contents, thus minimizing the incidence of recurrence (refilling of the cyst with fluid) It allows us to minimize trauma to the breast of the patient.

