

Bilateral Lesions

Case Study 2

Courtesy of:
Sunnybrook Health Sciences Centre
Toronto, ON, Canada

Clinical History

79 year old female w/ change in left-sided breast mass on screening mammography.

Findings

Further bilateral mammography and left-breast ultrasound showed multiple cysts on both breasts requiring biopsy. Biopsy revealed ductal carcinoma in situ (DCIS) with papillary carcinoma in the left breast (*Figure 1*) and DCIS in the right breast (*Figure 2*), both low-grade.

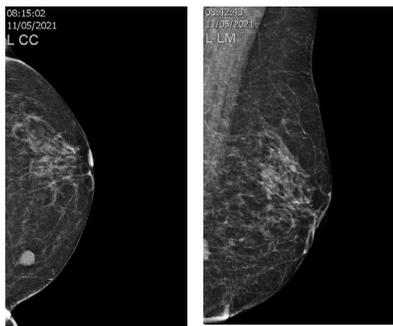


Figure 1

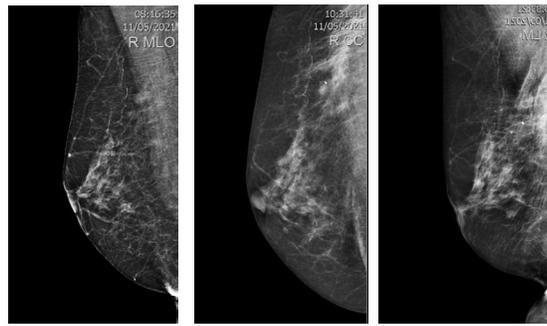


Figure 2

Procedure (Radiology):

- Prior to localization, ultrasound of the right upper outer quadrant and left lower inner breast was performed, confirming 10:00 mass in right breast and 8:00 mass in left breast.
- Ultrasound-guided localization with MOLLI Marker was then performed on both lesions (*Figure 3a and 3b*).
- Post localization mammography was performed on both breasts (*Figure 4a and 4b*).

MOLLI Marker Placement Left Breast

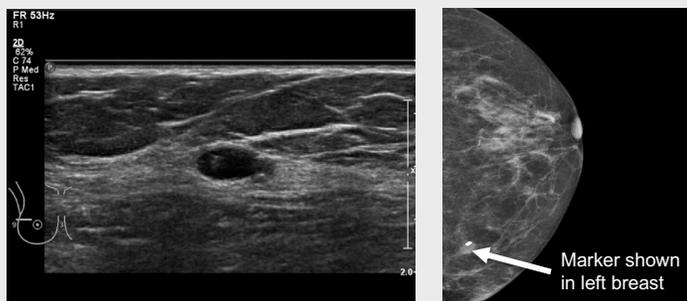


Figure 3a



Figure 4a

MOLLI Marker Placement Right Breast



Figure 3b

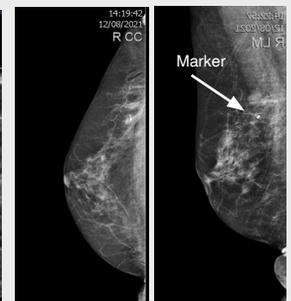


Figure 4b

Marker Verification (Radiology):

- MOLLI Marker verification images obtained on left breast (Figure 5a) and right breast (Figure 5b).



Figure 5a

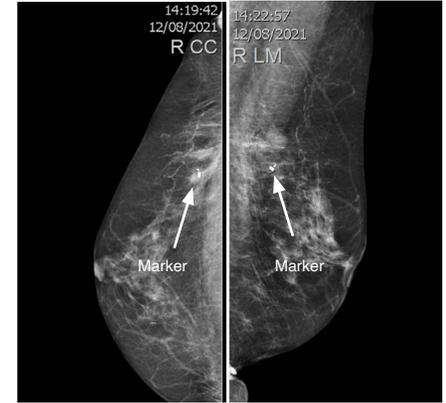


Figure 5b

Procedure (Surgery):

- In both breasts, MOLLI Markers were identified using MOLLI Wand, marked as 2 cm and 3 cm lesions in the right and left breasts, respectively, with 1 cm margins.
- MOLLI Markers and margins of tissue were dissected out circumferentially.
- MOLLI Markers were confirmed in each specimen using MOLLI Wand.
- Specimen imaging was obtained for left breast (Figure 6) and right breast (Figure 7).

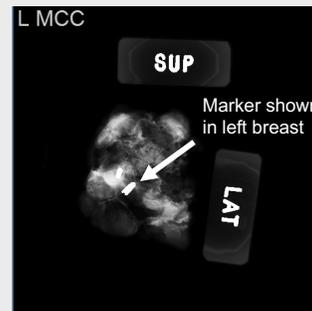


Figure 6

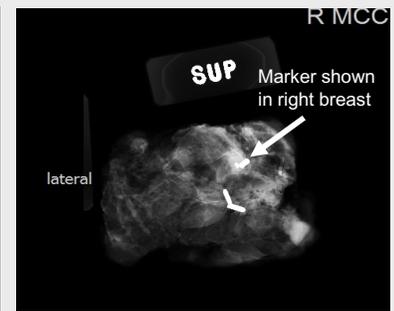


Figure 7

Discussion

Satisfaction Scores:

Radiology – 5/5

Surgery – 5/5

*Pathology – 3.3/5

**Patient – 5/5

- Surgical assistant was first-time user of MOLLI who noted that sound feedback and accuracy was better than radioactive seed localization.
- Pathologist's assistant (PA) first case with MOLLI – did not expect MOLLI Marker to stick to the blade during retrieval of marker.

**Although PA provided a lower score, this is a non-issue as there is no need to retrieve MOLLI Markers unlike radioactive seeds which must be retrieved.*

Patient Feedback:

- MOLLI Marker was implanted 1 day prior to surgery.
- Patient asked a lot of questions regarding radiation safety and was very apprehensive regarding any form of radiation used for treatment.

***Patient was comforted by the fact that the MOLLI Marker did not have radiation.*