

DOSSIERS SENO 1

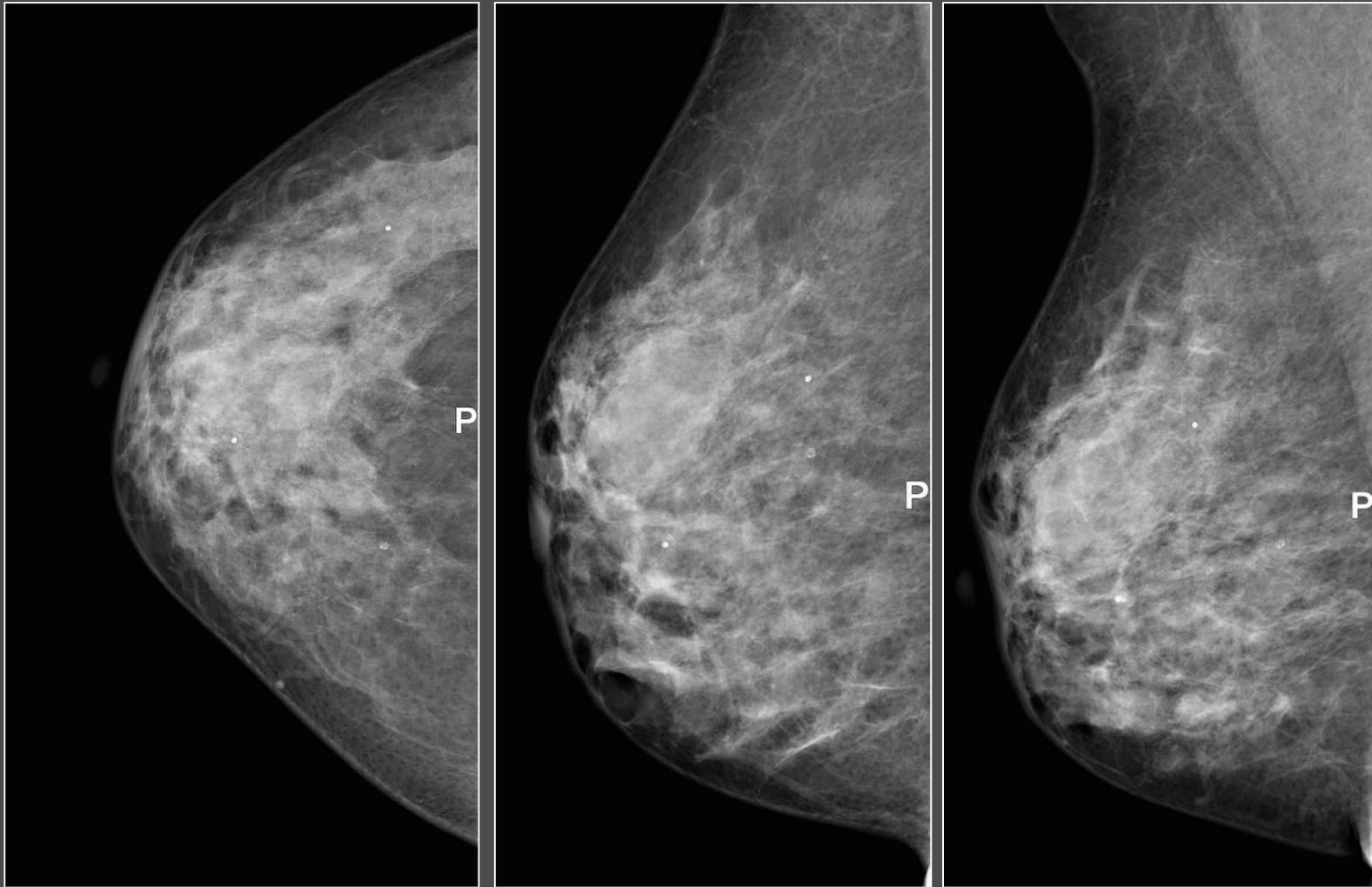
3015-99

1

3015-99

- Femme de 50 ans
- Pas d'antécédent particulier
- Pas de mammographie antérieure
- Première mammographie de dépistage

3015-99

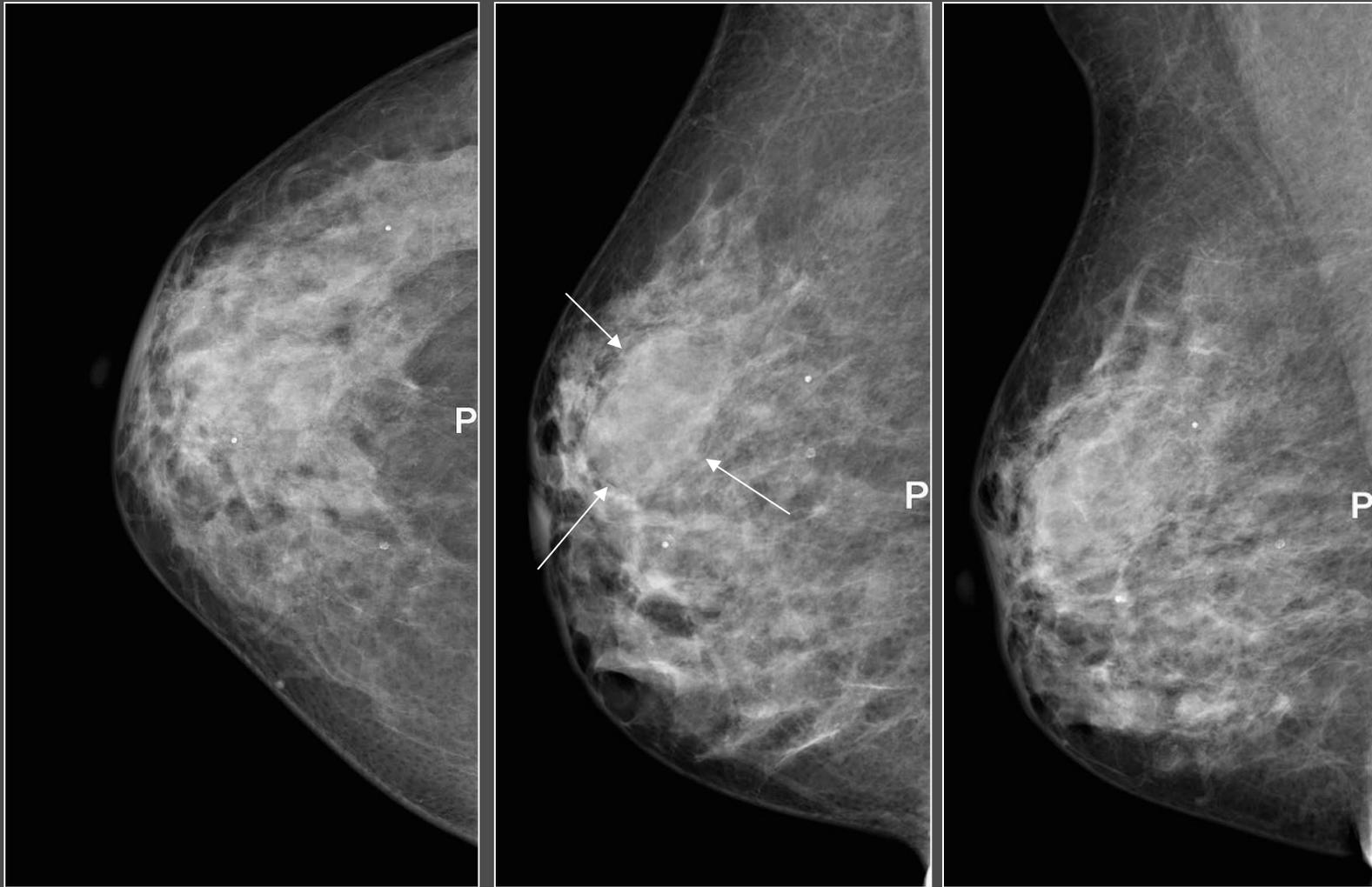


Sein D normal

# CLASSIFICATION BIRADS MAMMO ?

- ❑ Birads 1
- ❑ Birads 2
- ❑ Birads 3
- ❑ Birads 4
- ❑ Birads 5
- ❑ Birads 6
- ❑ Birads 0

3015-99



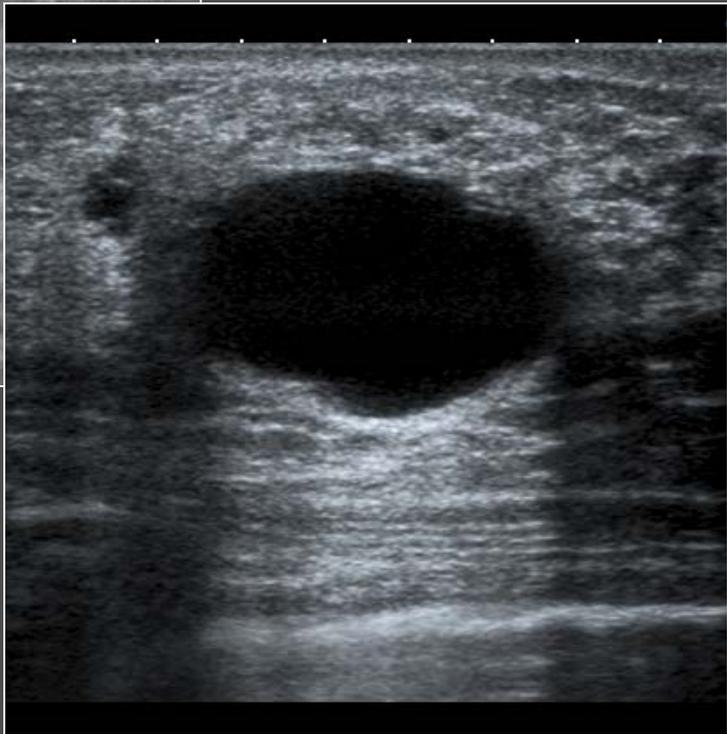
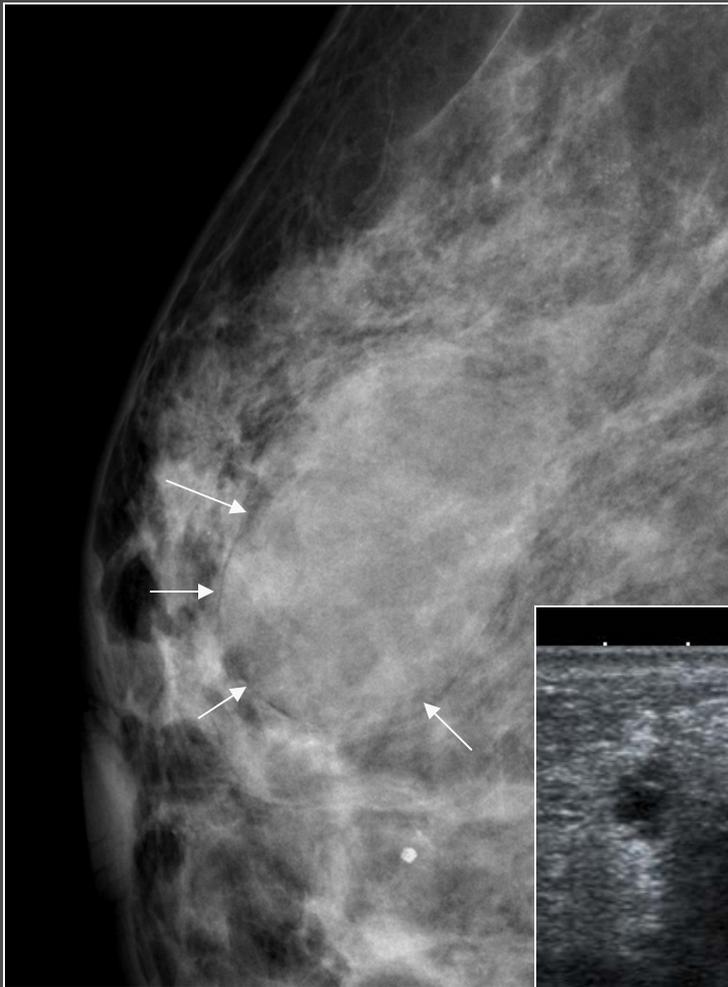
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09/01/2006

14:47:57

P

3015-99



# CLASSIFICATION BIRADS ECHO ?

- ❑ Birads 1
- ❑ Birads 2
- ❑ Birads 3
- ❑ Birads 4
- ❑ Birads 5
- ❑ Birads 6
- ❑ Birads 0

# CLASSIFICATION BIRDS FINALE?

# 3015-99

- ❑ Kyste mammaire
- ❑ Pas de ponction
- ❑ Classification Birads finale 2
- ❑ Pas de surveillance

3334-05

2

3334-05

- Patiente de 75 ans, AVC, perte d'autonomie
- Masse axillaire D

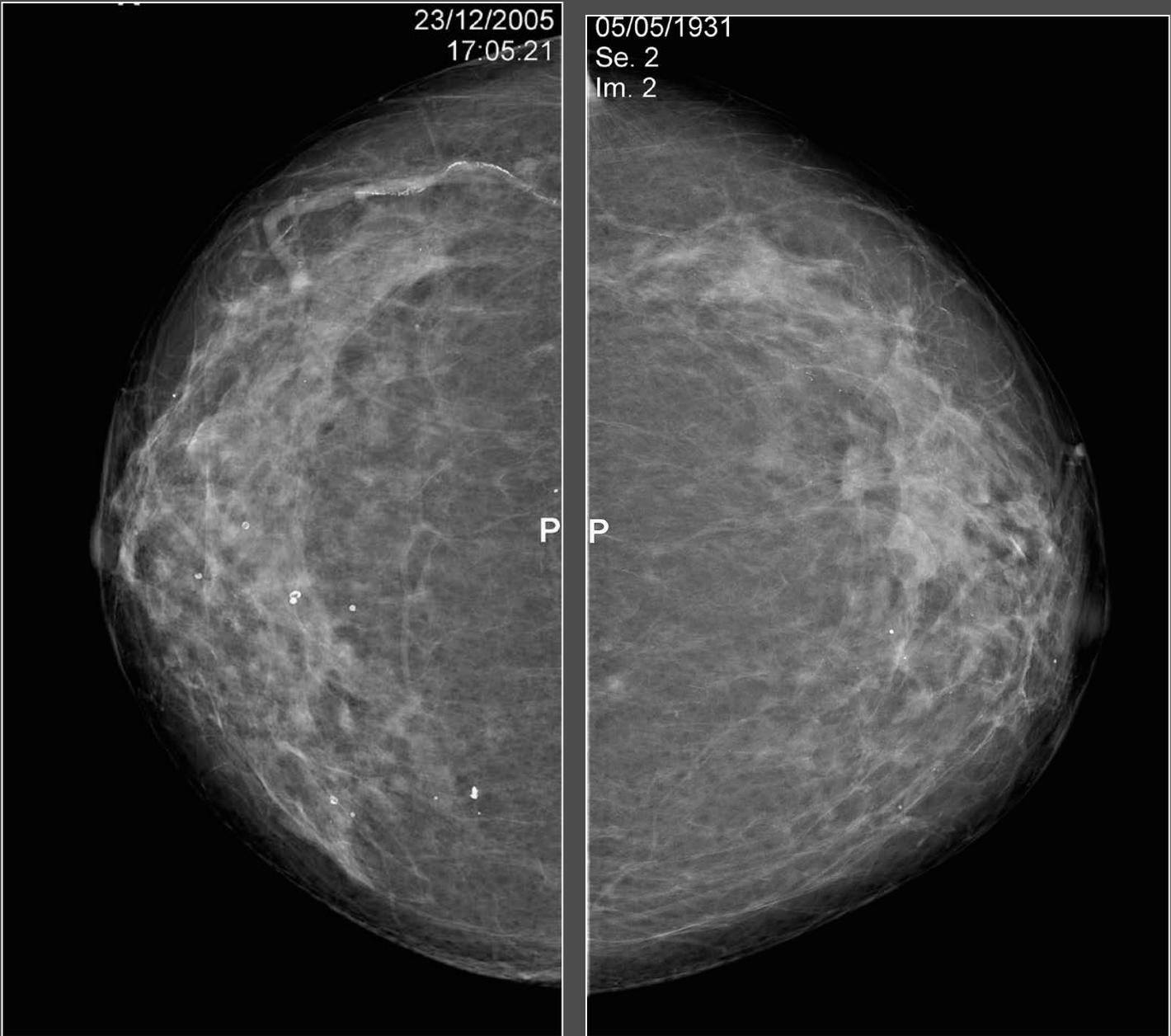


3334-05

23/12/2005  
17:05:21

05/05/1931  
Se. 2  
Im. 2

P P



23/12/2005  
17:08:26

05/05/1931  
Se. 2  
Im. 4

3334-05

P P



# CLASSIFICATION BIRADS MAMMO ?

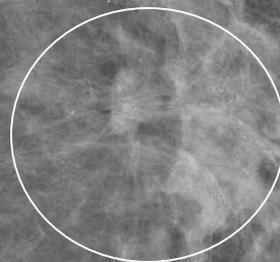
- ❑ Birads 1
- ❑ Birads 2
- ❑ Birads 3
- ❑ Birads 4
- ❑ Birads 5
- ❑ Birads 6
- ❑ Birads 0

3334-05

23/12/2005  
17:05:21

05/05/1931  
Se. 2  
Im. 2

P P

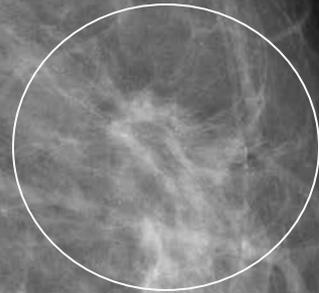


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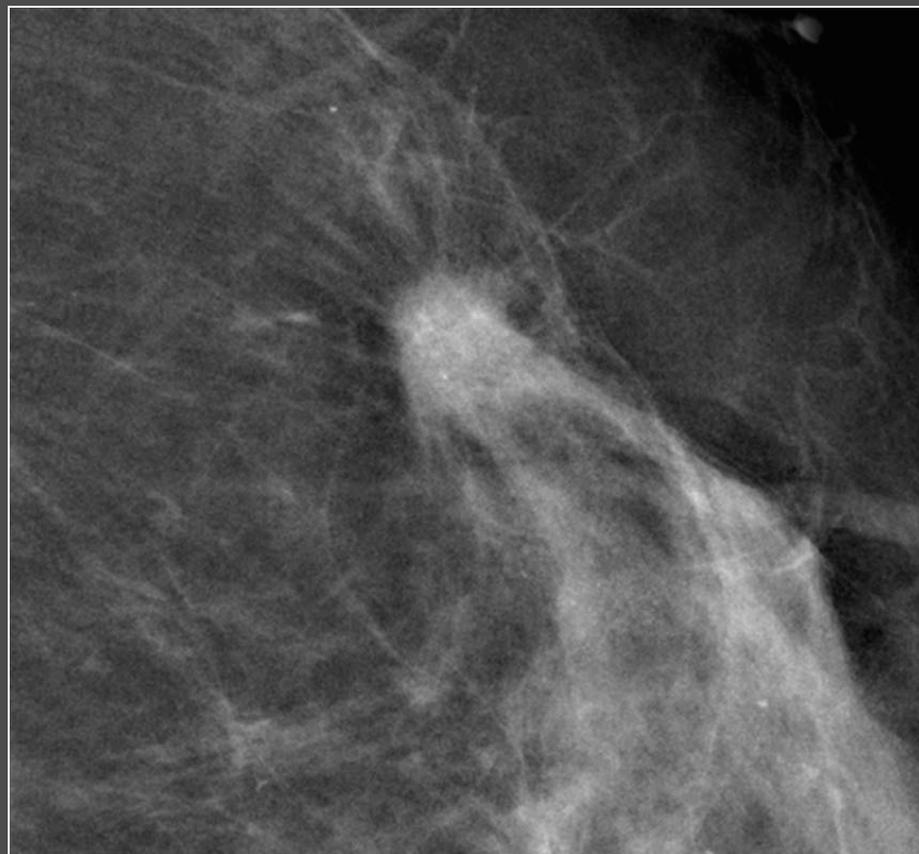
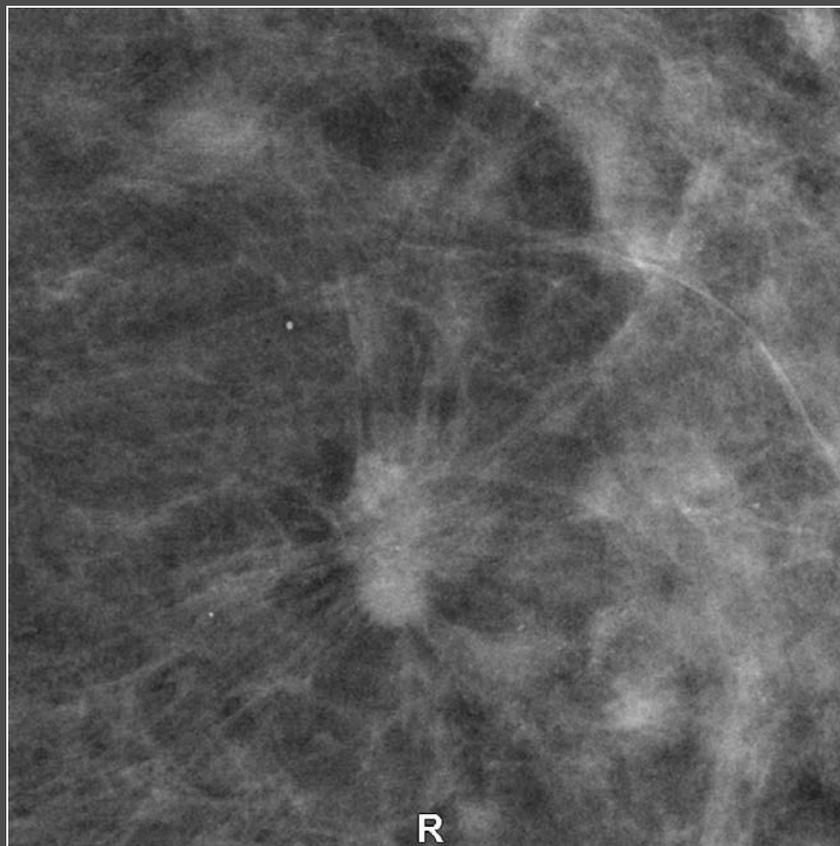
05/05/1931  
Se. 2  
Im. 4

3334-05

P P



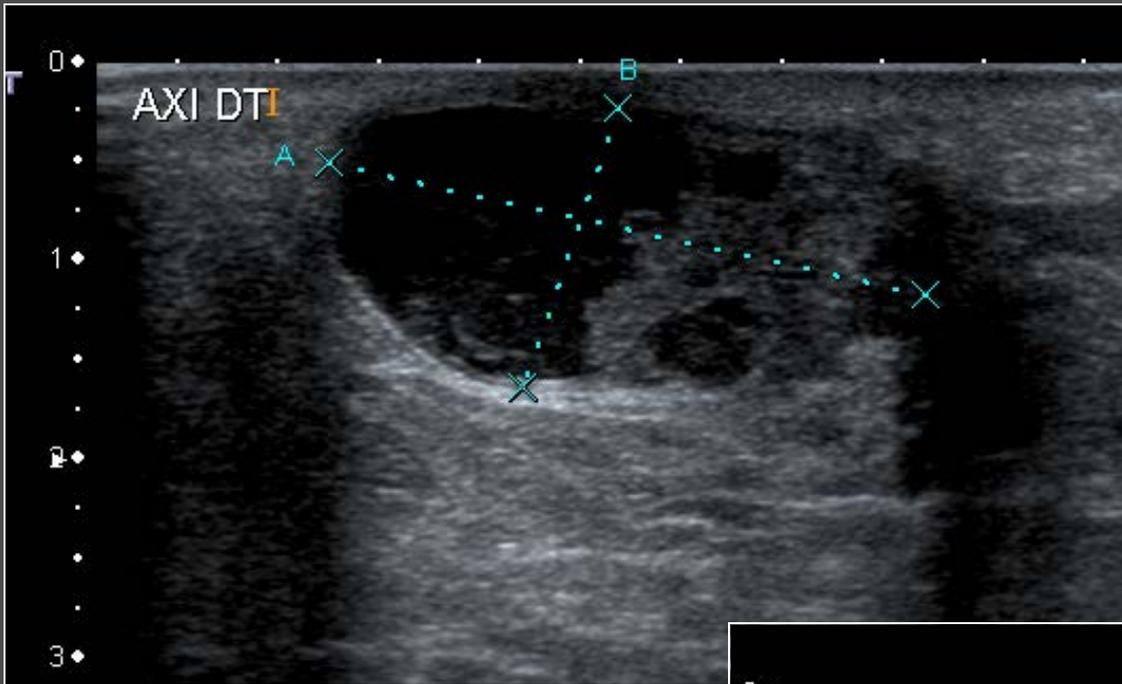
AGRANDISSEMENTS GEOMETRIQUES



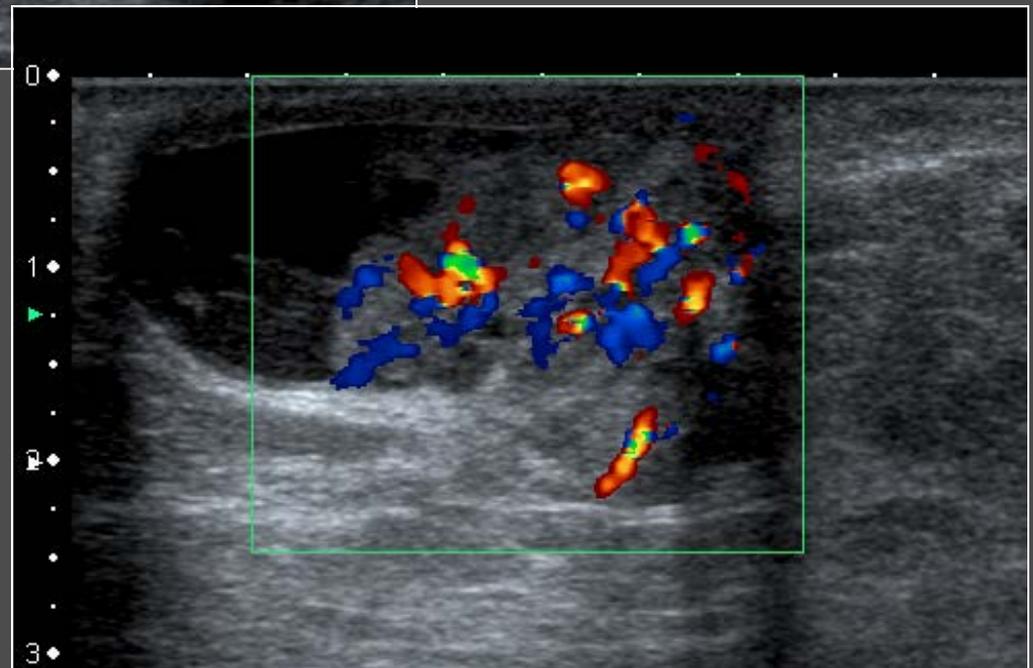
CC

LAT

Cytoponction sous échographie positive (carcinome mammaire)



Échographie axillaire D



Cytoponction sous échographie positive  
(carcinome mammaire infiltrant)

Discuter IRM sein D pour rechercher un  
cancer primitif du sein D

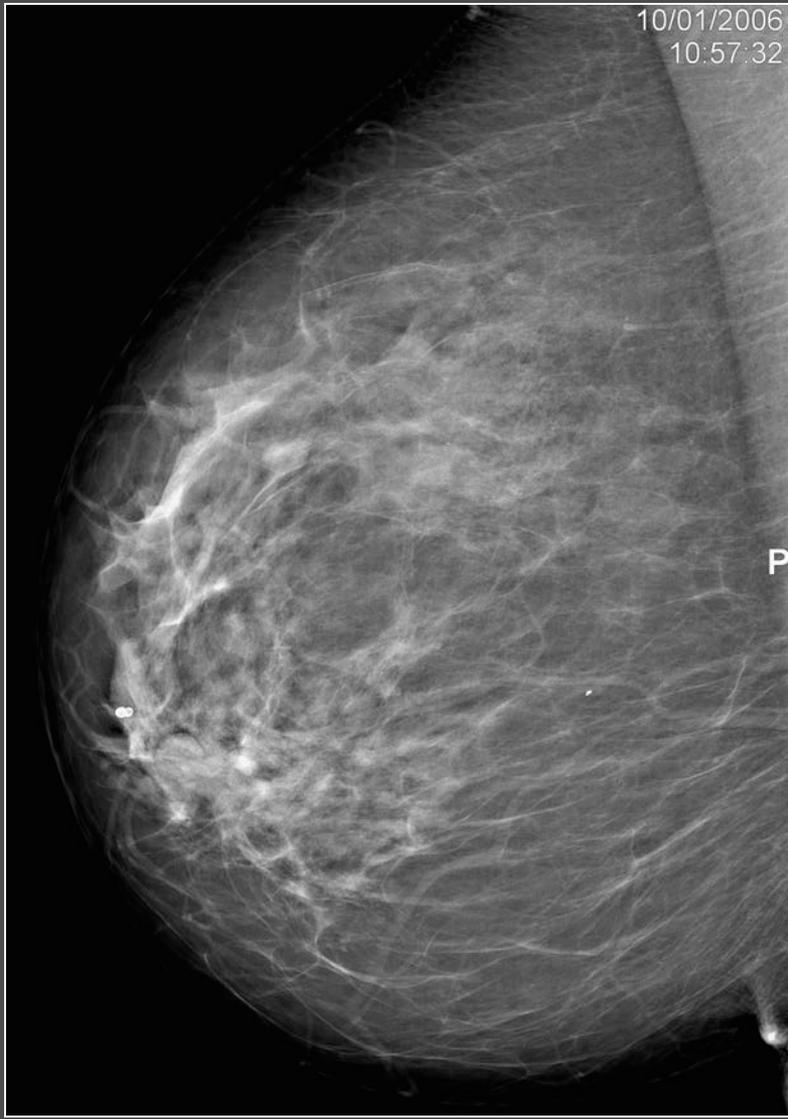
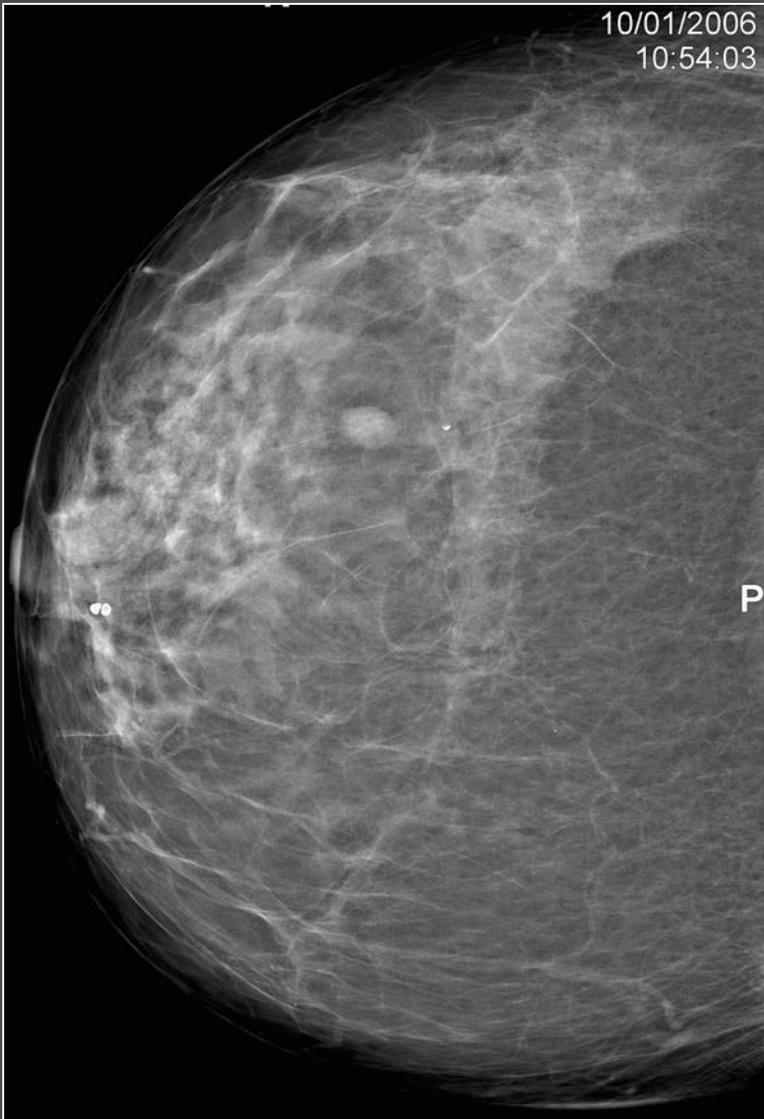
3334-05

3

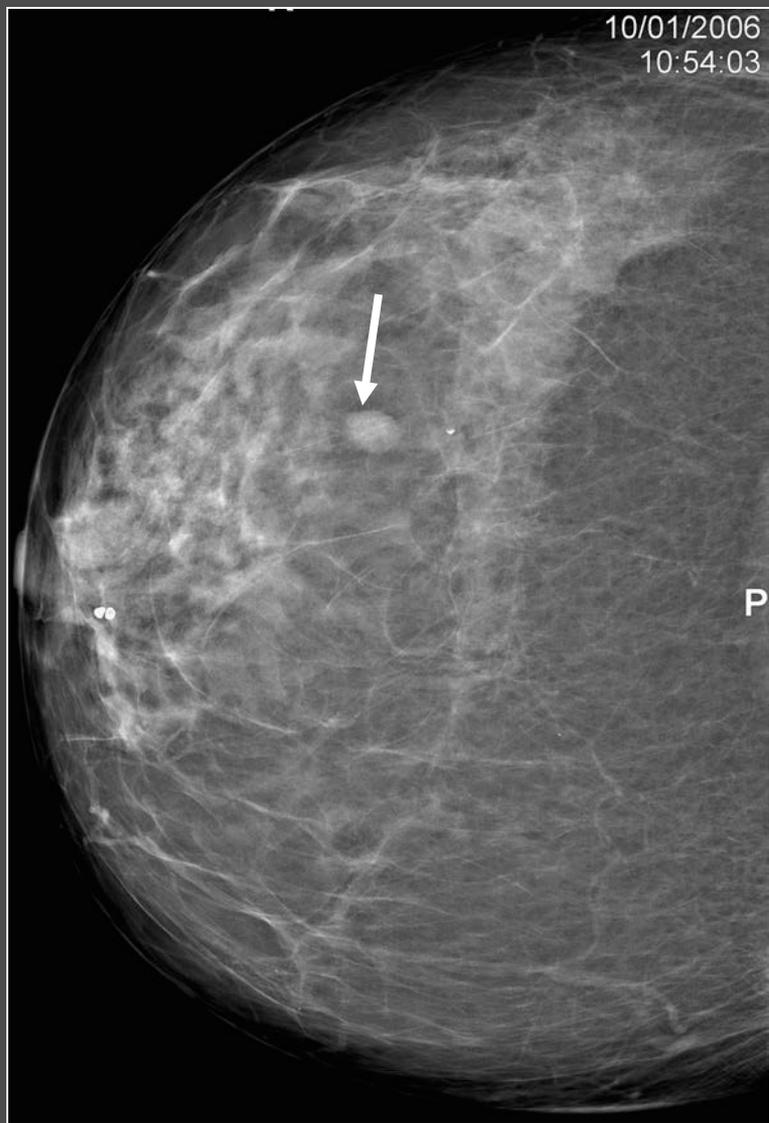
# 1324-03

- 62 ans
- Pas de THS
- Examen clinique normal
- Masse ( en mammographie ) ancienne du sein D mais clichés antérieurs non disponibles.

1324-03



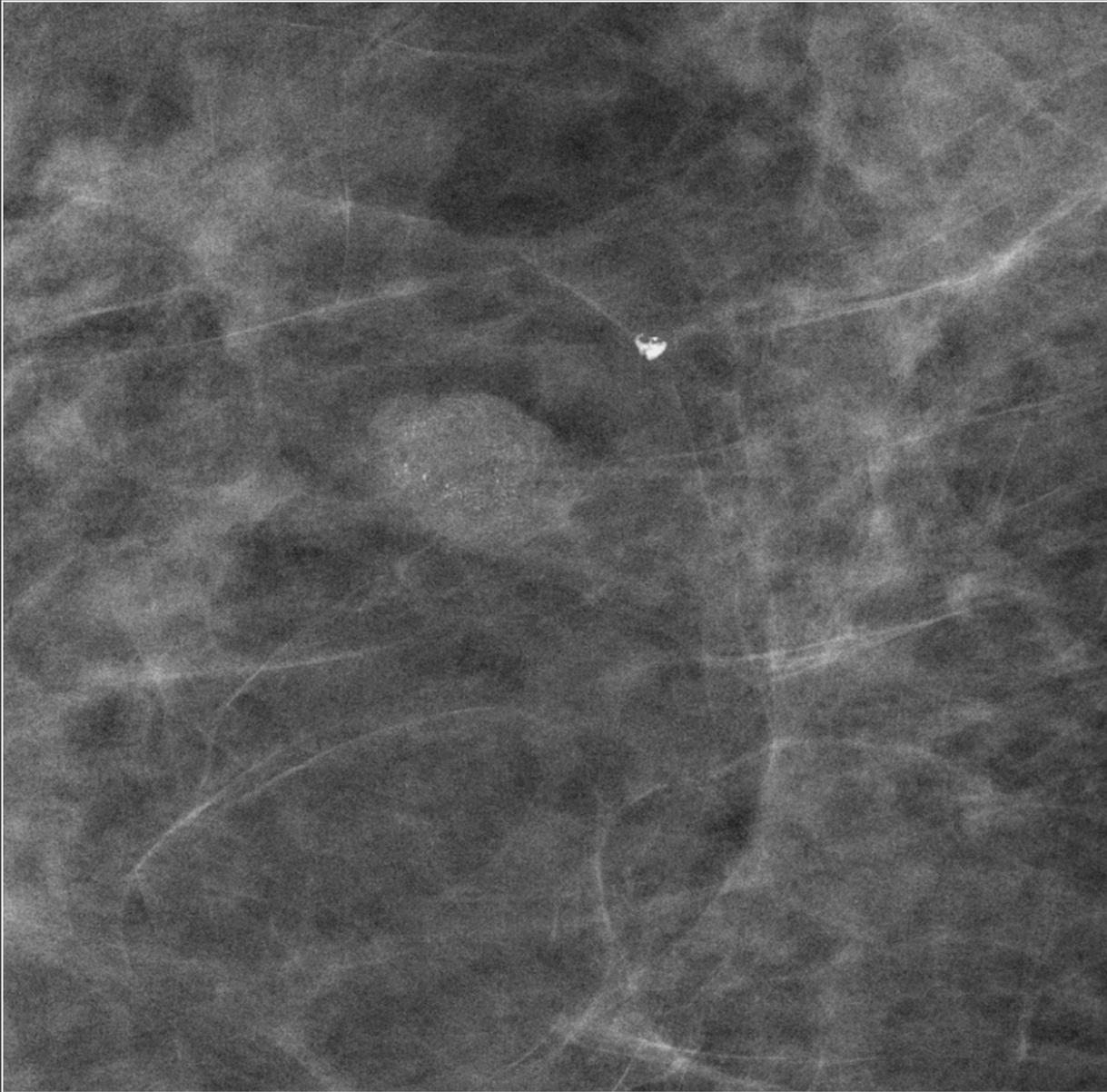
1324-03



# CLASSIFICATION BIRADS MAMMO ?

- ❑ Birads 1
- ❑ Birads 2
- ❑ Birads 3
- ❑ Birads 4
- ❑ Birads 5
- ❑ Birads 6
- ❑ Birads 0

1324-03



Description de  
la masse ?

Agrandissement géométrique

# Fibro-adénome ancien avec calcifications

Retrouver les clichés précédents avant de classer en Birads 2 sinon envisager (une cyto-ponction) ou une microbiopsie (classement en Birads 4) ou envisager un classement en Birads 3

3416-05

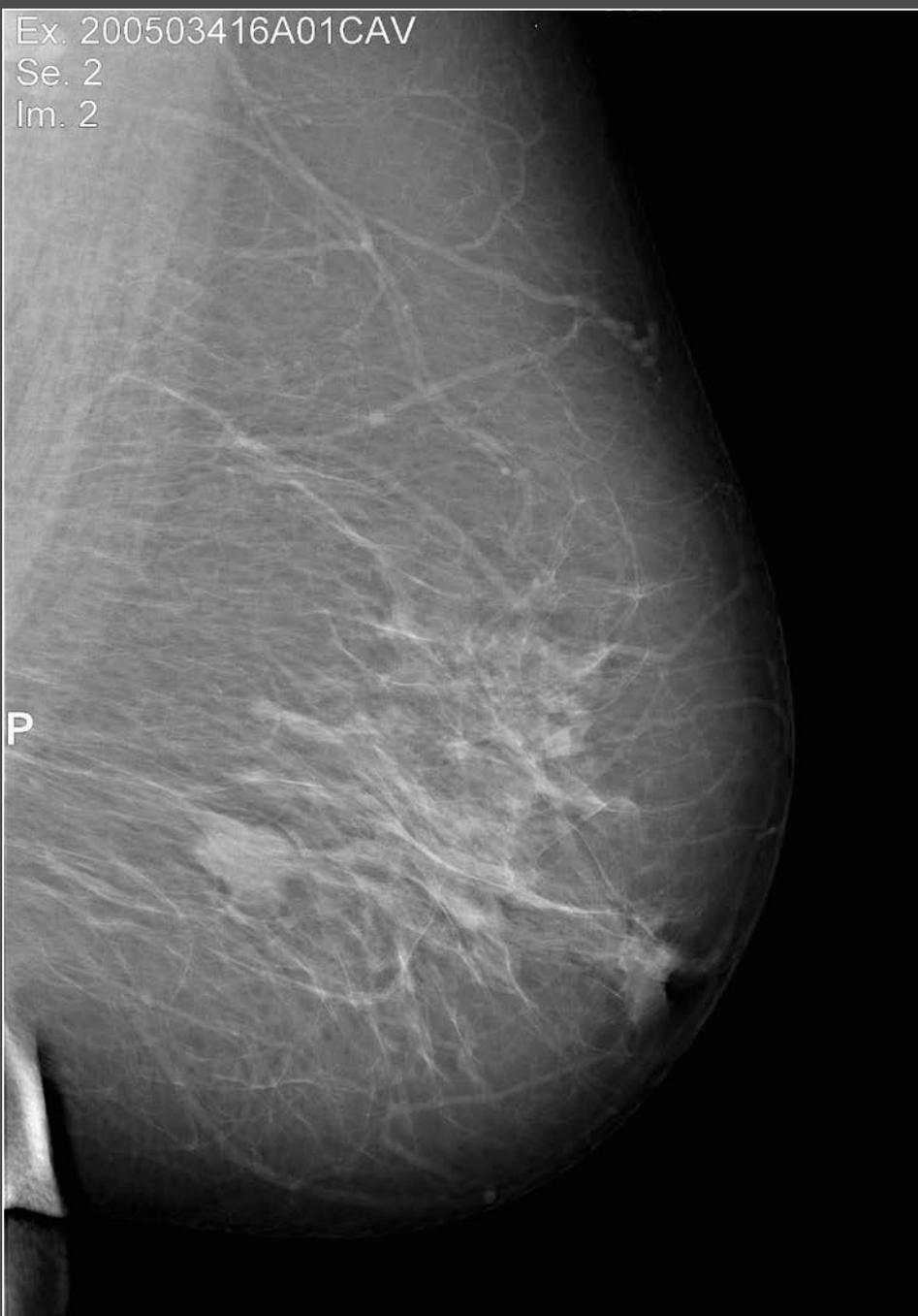
4

- ❑ 62 ans
- ❑ Pas d'antécédent
- ❑ Mammographie systématique
- ❑ Apparition d'une masse du sein G

Ex. 200503416A01CAV

Se. 2

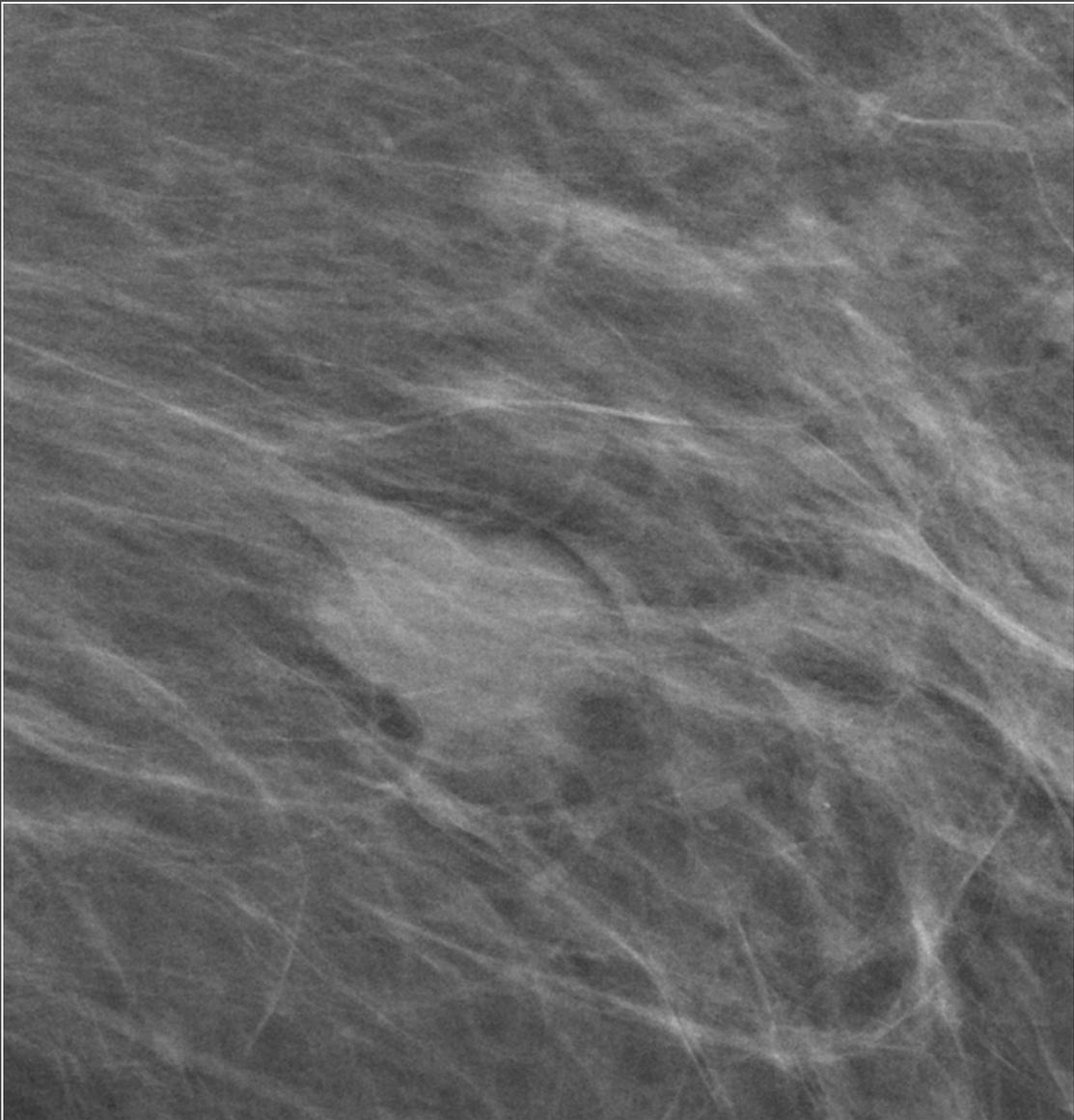
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3416-05

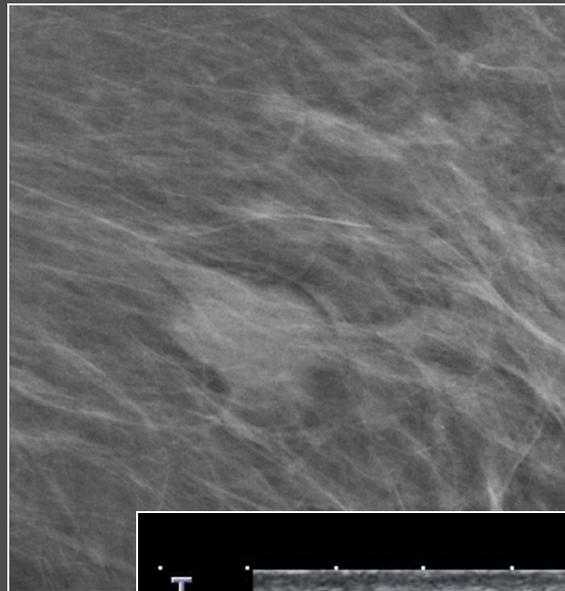
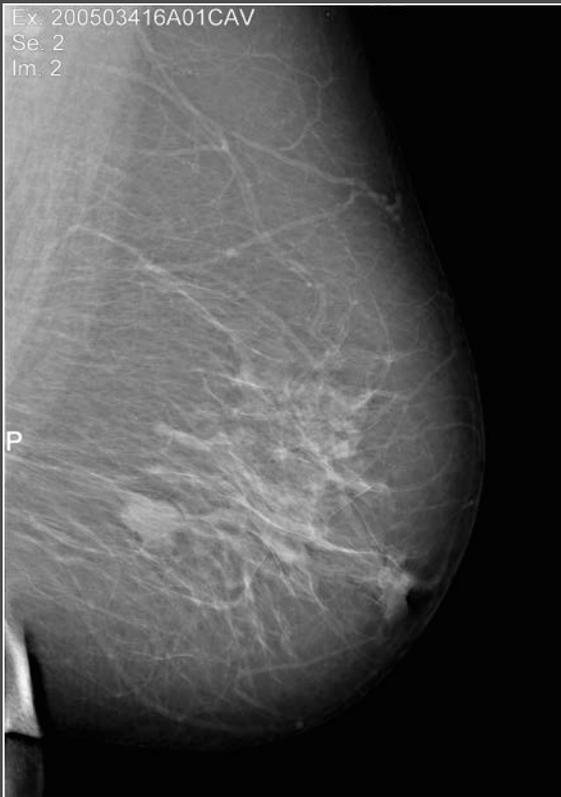
# CLASSIFICATION BIRADS MAMMO ?

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- ❑ Birads 3
- ❑ Birads 4
- ❑ Birads 5
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- ❑ Birads 0



3416-05

Ex: 200503416A01CAV  
Se: 2  
Im: 2



3416-05

# CLASSIFICATION BIRADS ECHO ?

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- ❑ Birads 6
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3416-05

Micobiopsie : CCI de GRADE II

→ Masse d'apparition récente

2627-05

5

2627-05

04/01/2006  
16:23:40

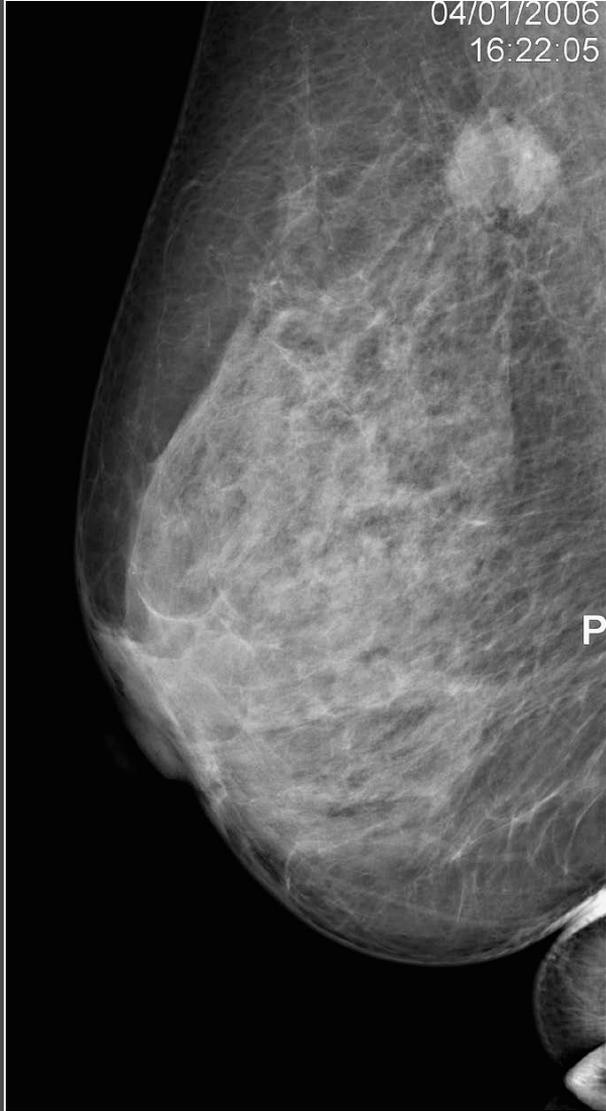
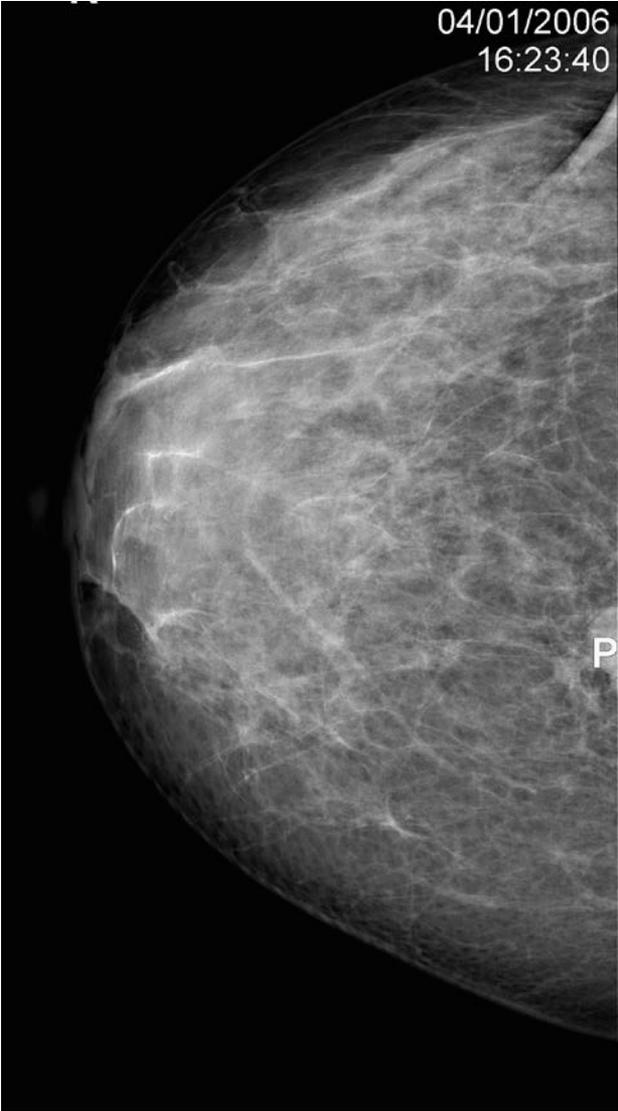
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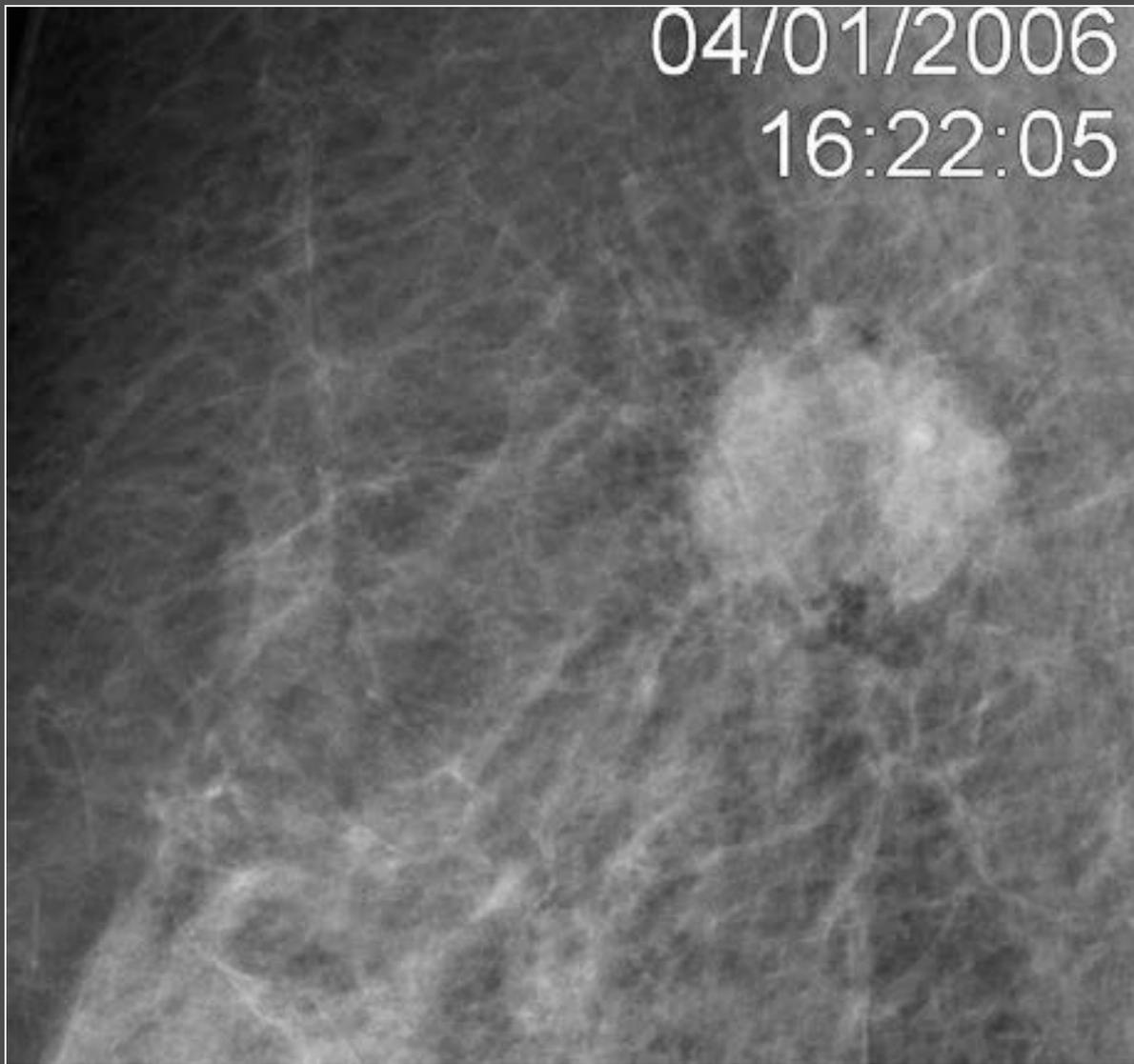
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16:22:05

P



04/01/2006

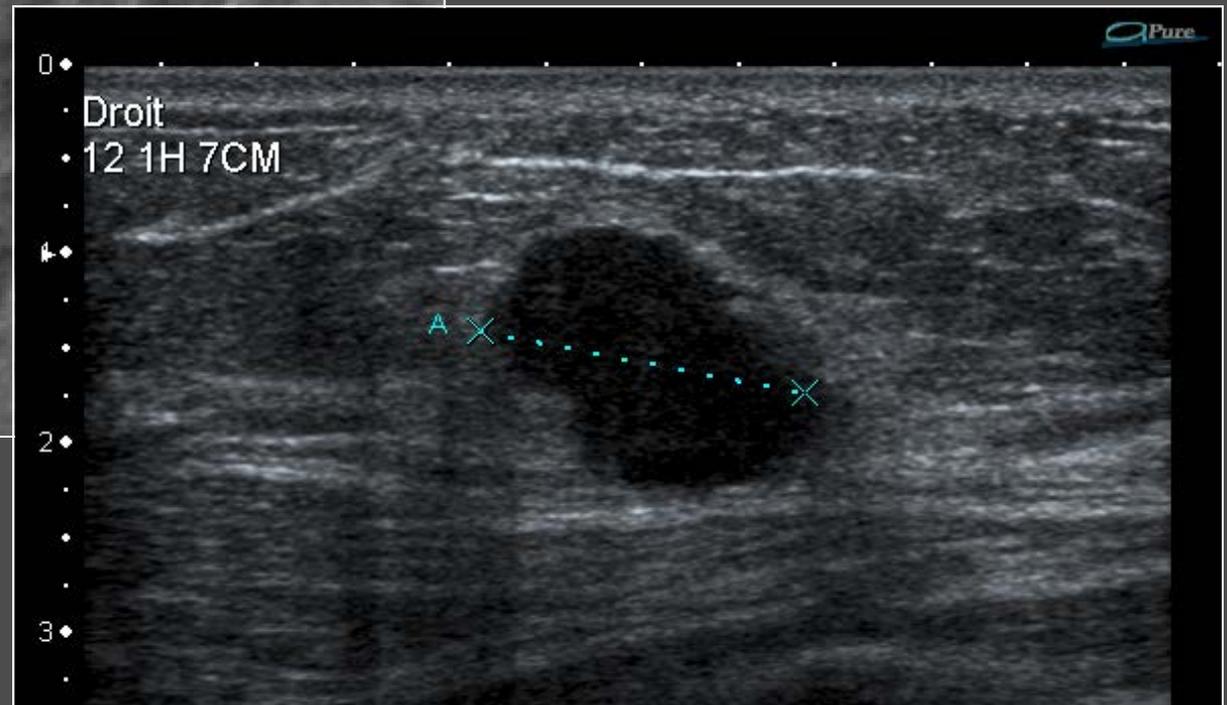
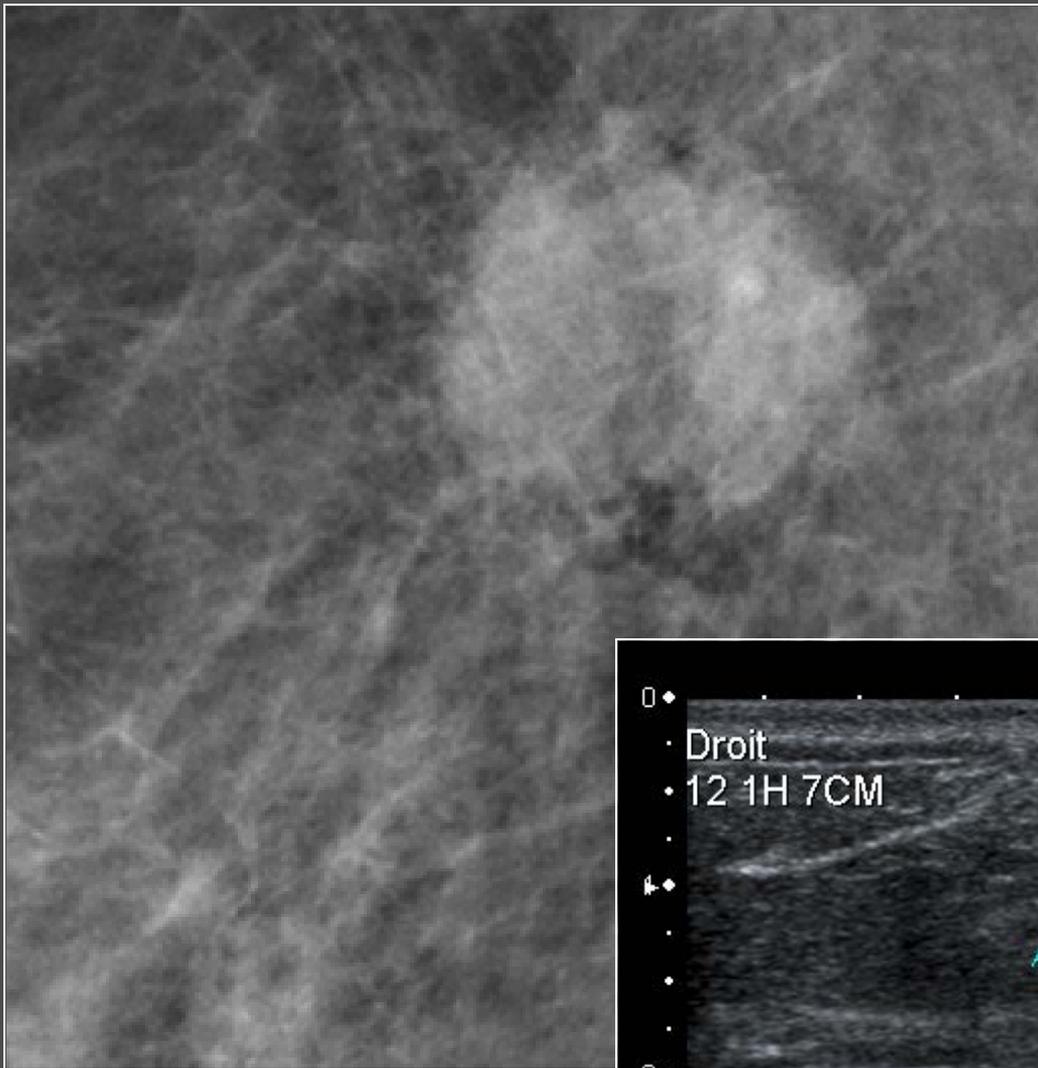
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# CLASSIFICATION BIRADS MAMMO ?

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2627-05



# CLASSIFICATION BIRADS ECHO ?

- ❑ Birads 1
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- ❑ Birads 3
- ❑ Birads 4
- ❑ Birads 5
- ❑ Birads 6
- ❑ Birads 0

2627-05

- Cytoponction sous échographie :  
Carcinome à forme ronde

# CLASSIFICATION BIRADS FINALE ?

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- ❑ Birads 4
- ❑ Birads 5
- ❑ Birads 6
- ❑ Birads 0

2002-92

6

2002-92

- Examen systématique

24/12/2004  
14:01:22

H

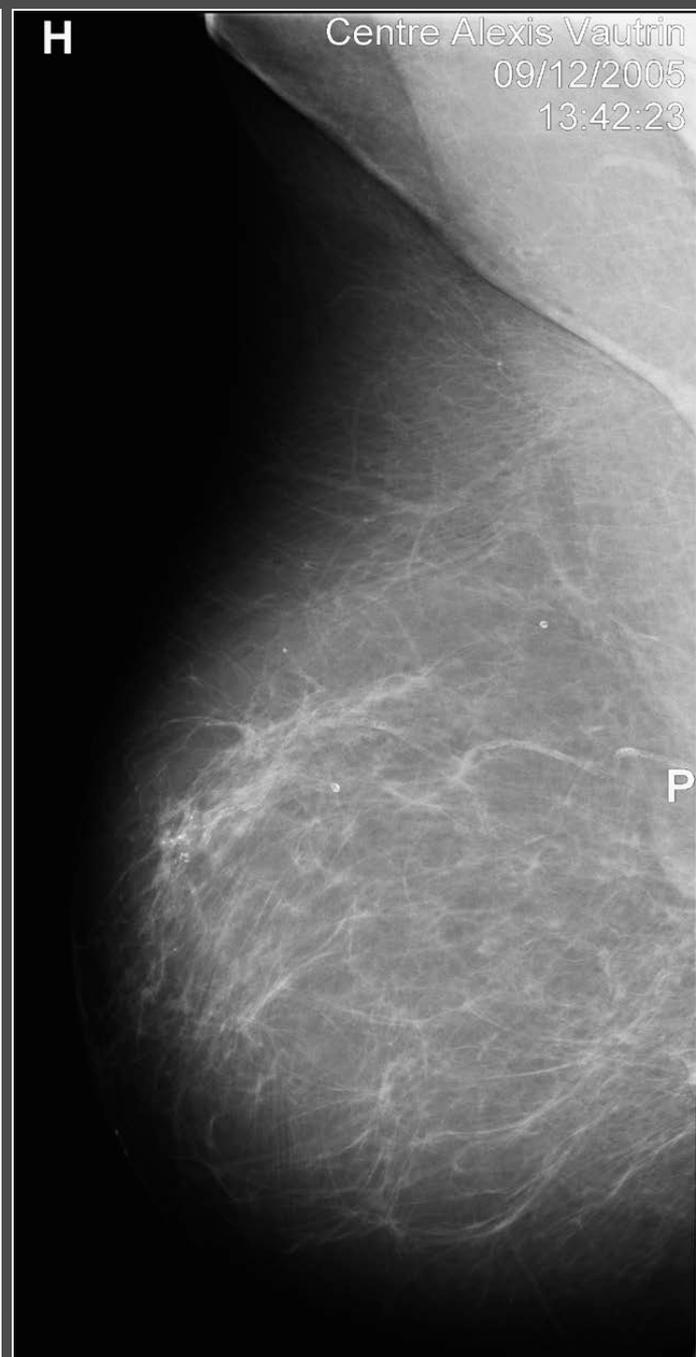
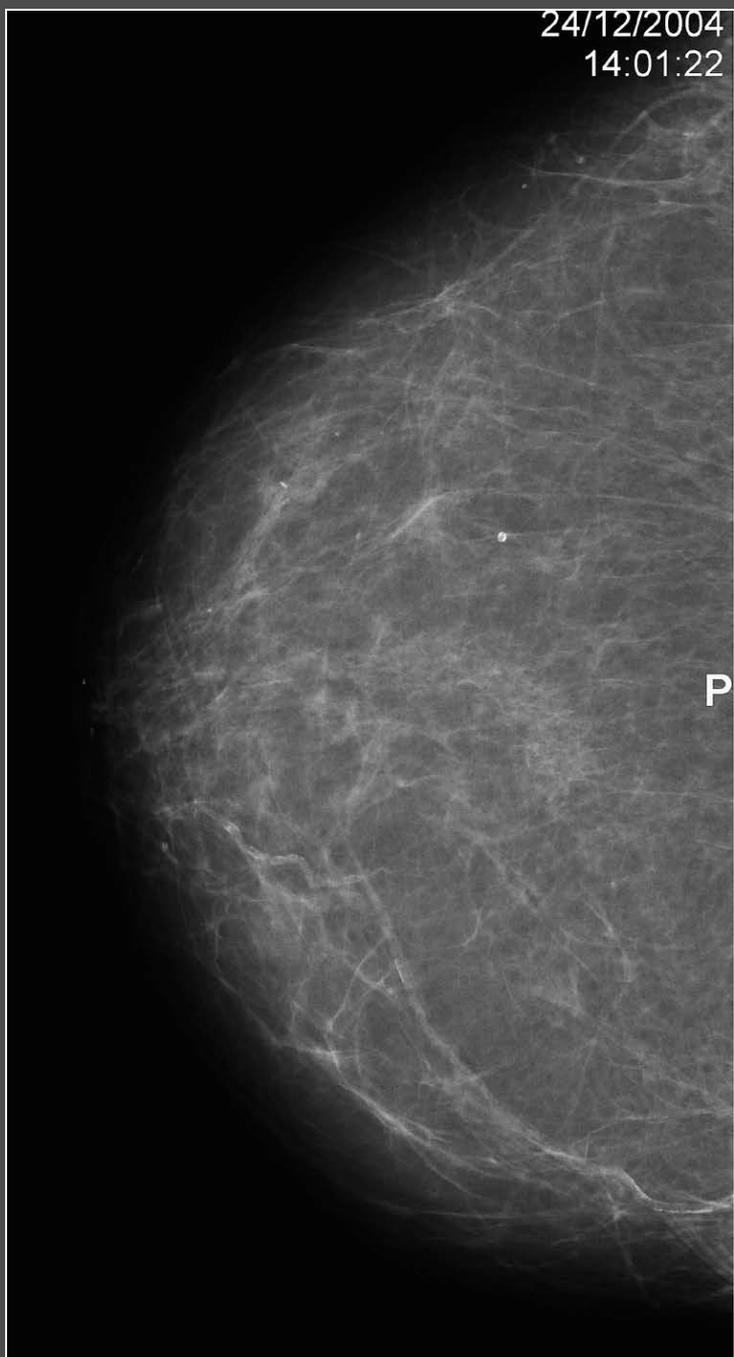
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13:42:23

2002-92

P

P

Sein G normal

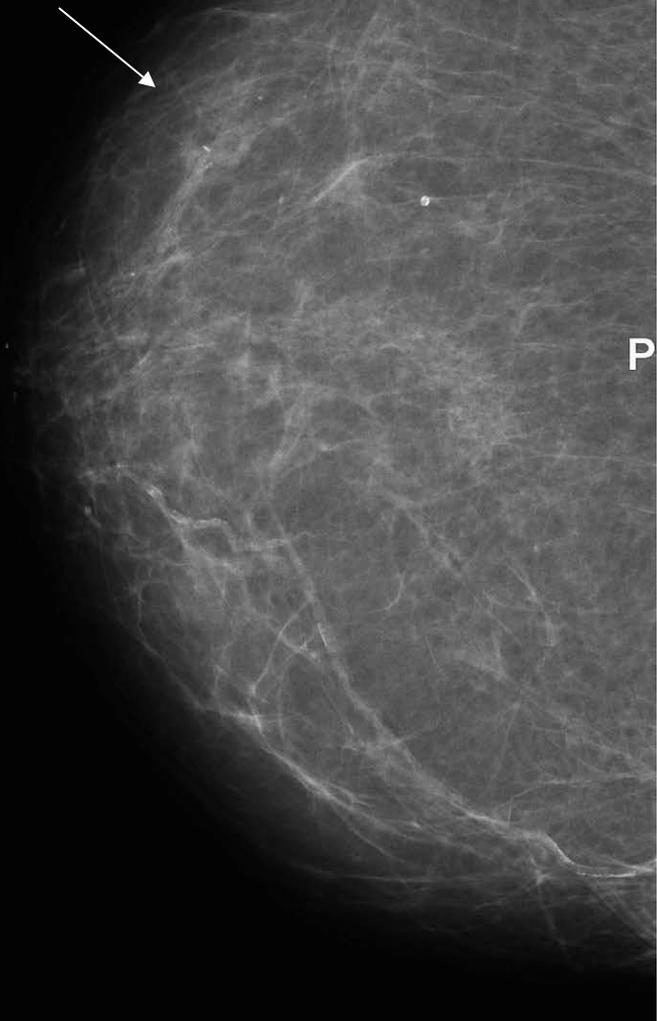


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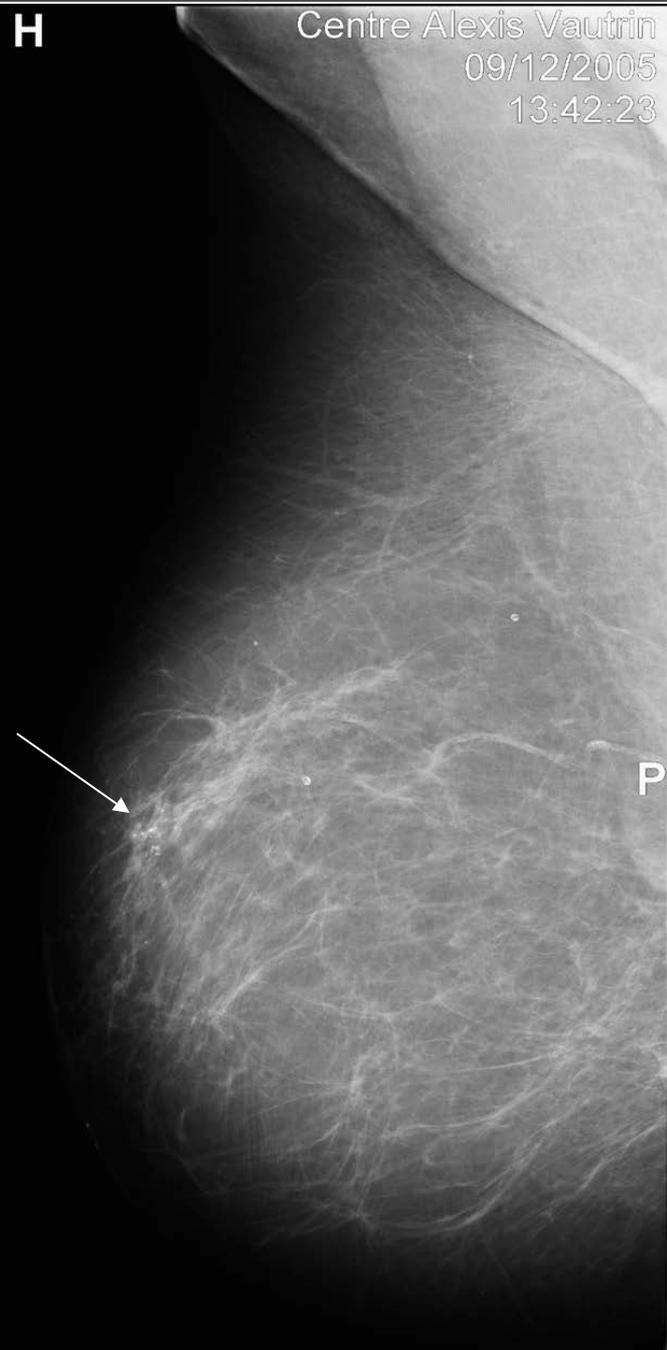
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2002-92



P



P

Sein G normal

# CLASSIFICATION BIRADS MAMMO ?

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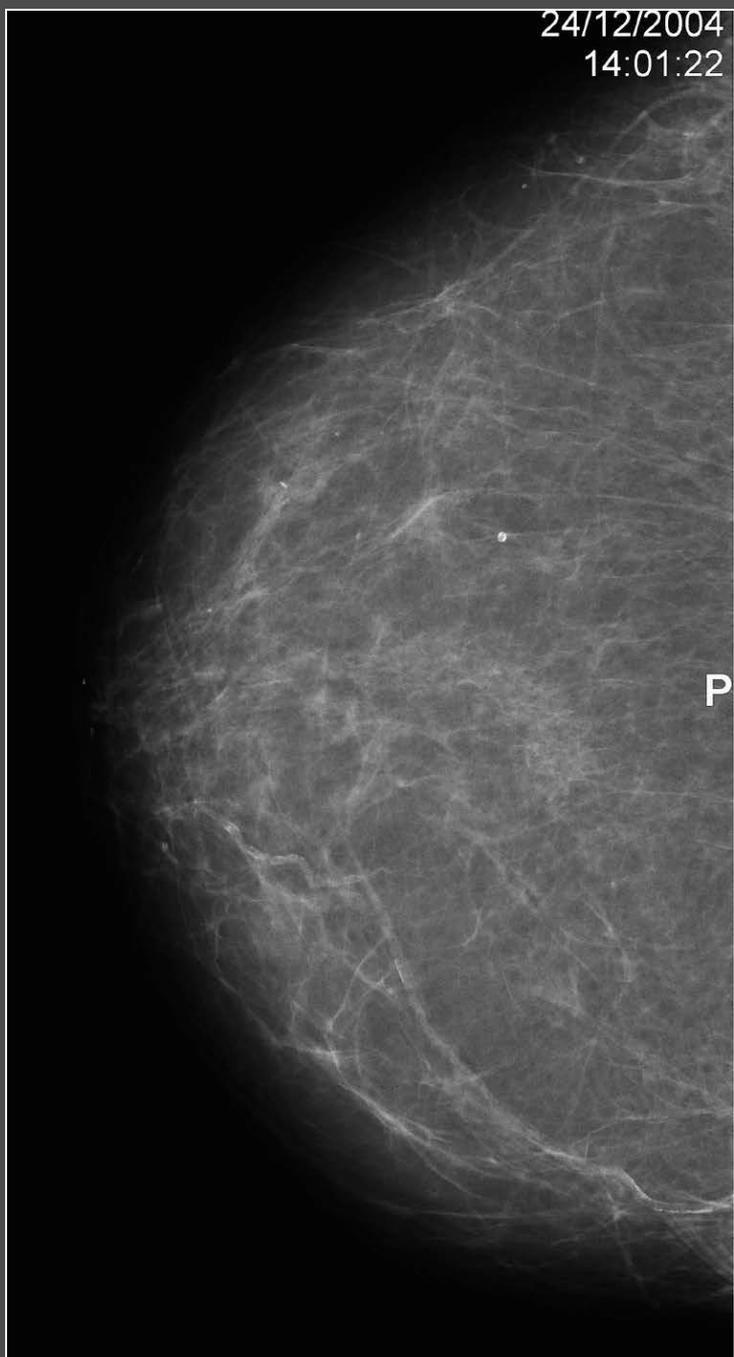
2002-92

□ Conduite à tenir?

24/12/2004  
14:01:22

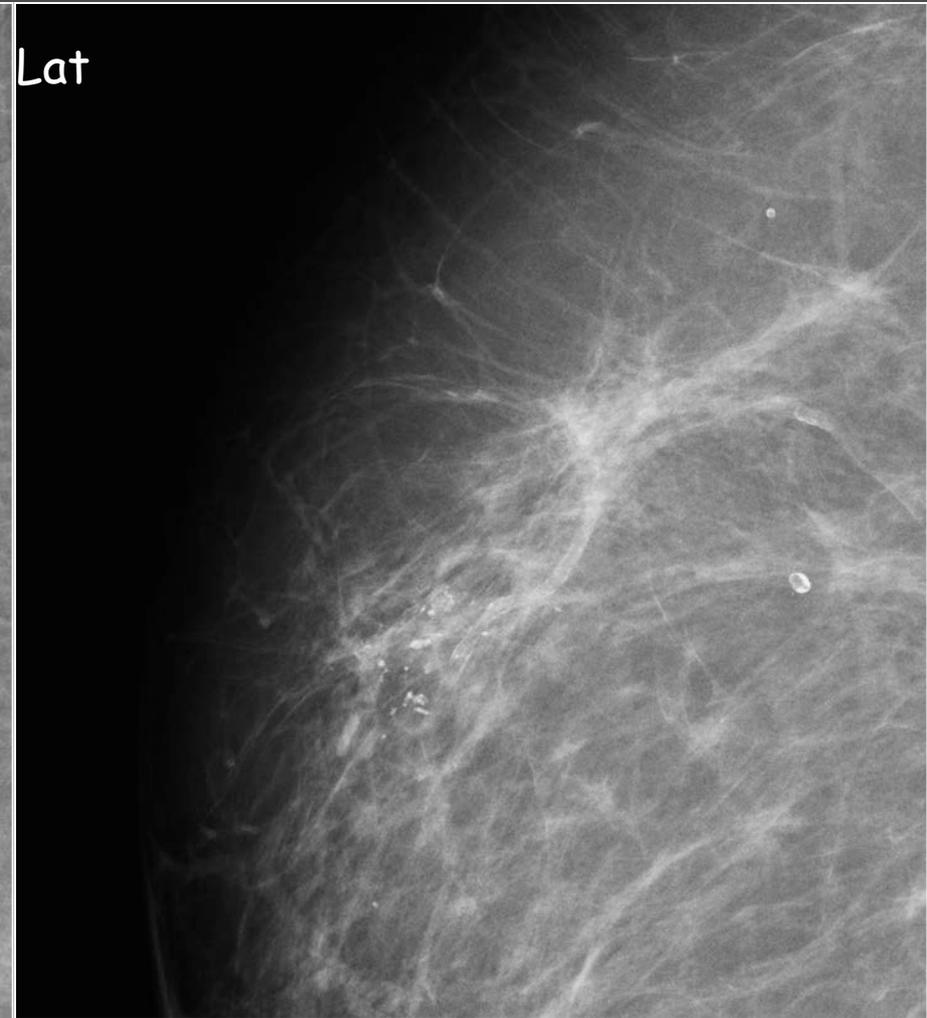
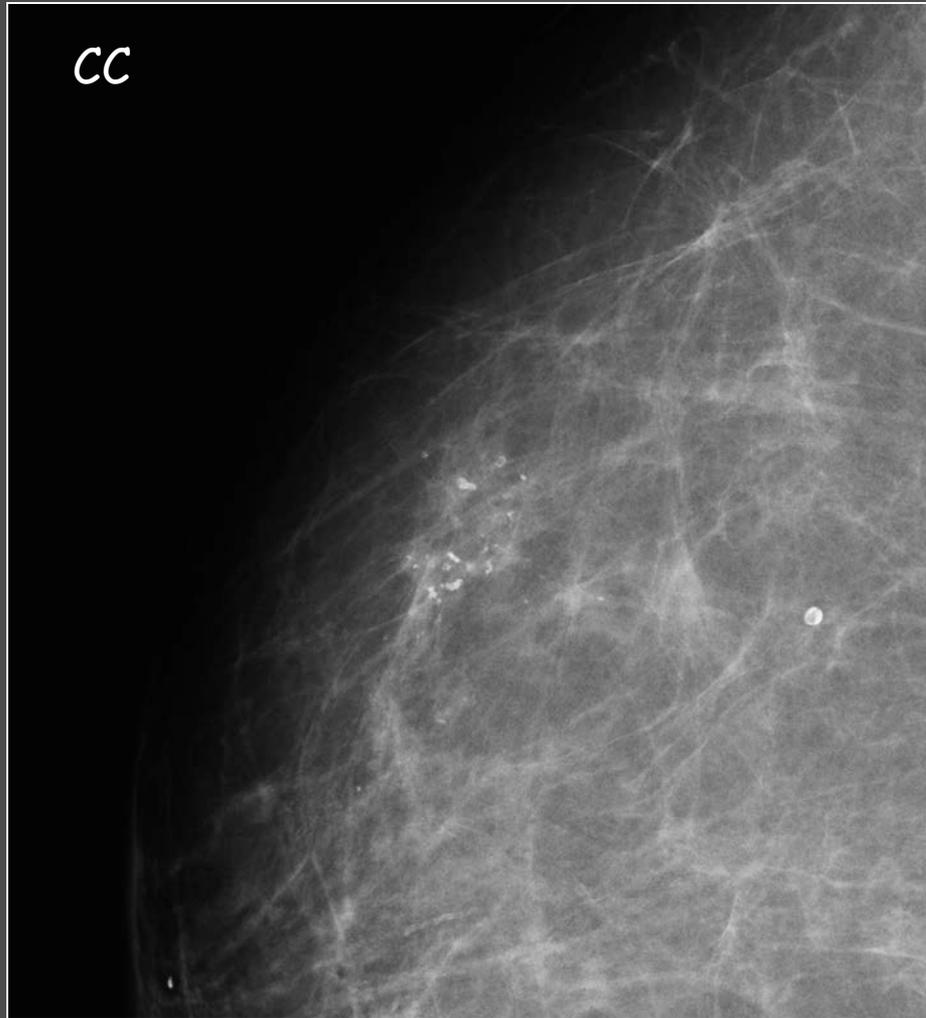
# Réalisation d'un profil

2002-92



# Réalisation de centrés agrandis

2002-92



DESCRIPTION DES MICROCALCIFICATIONS  
CLASSIFICATION BIRADS MAMMO  
CONDUITE A TENIR ?

2002-92

- ❑ Calcifications grossières hétérogènes (généralement  $> 0,5\text{mm}$  mais plus petites que les dystrophiques) et fines polymorphes
- ❑ Plus forte probabilité de malignité
- ❑ Birads 4

2002-92

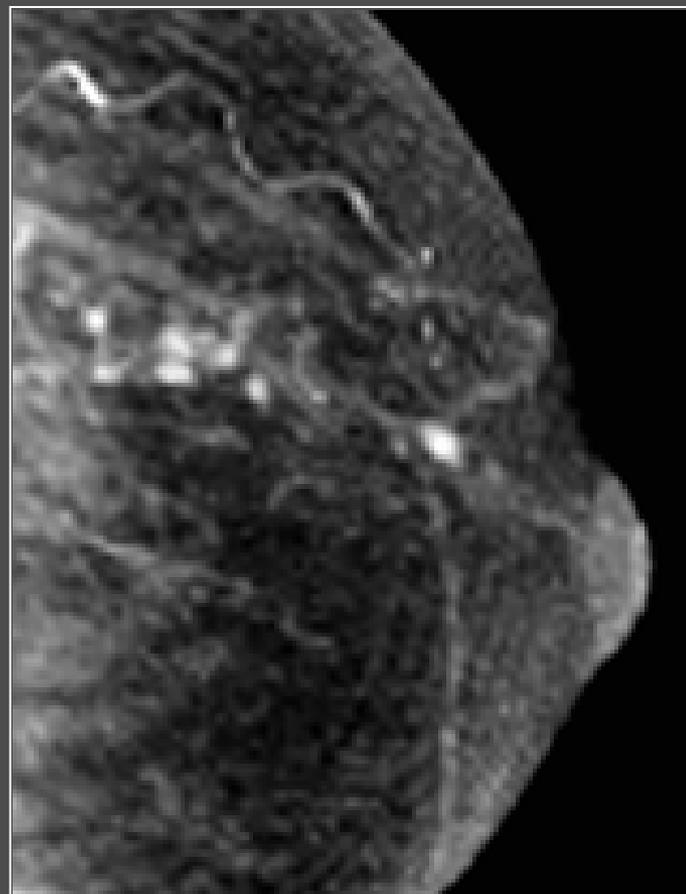
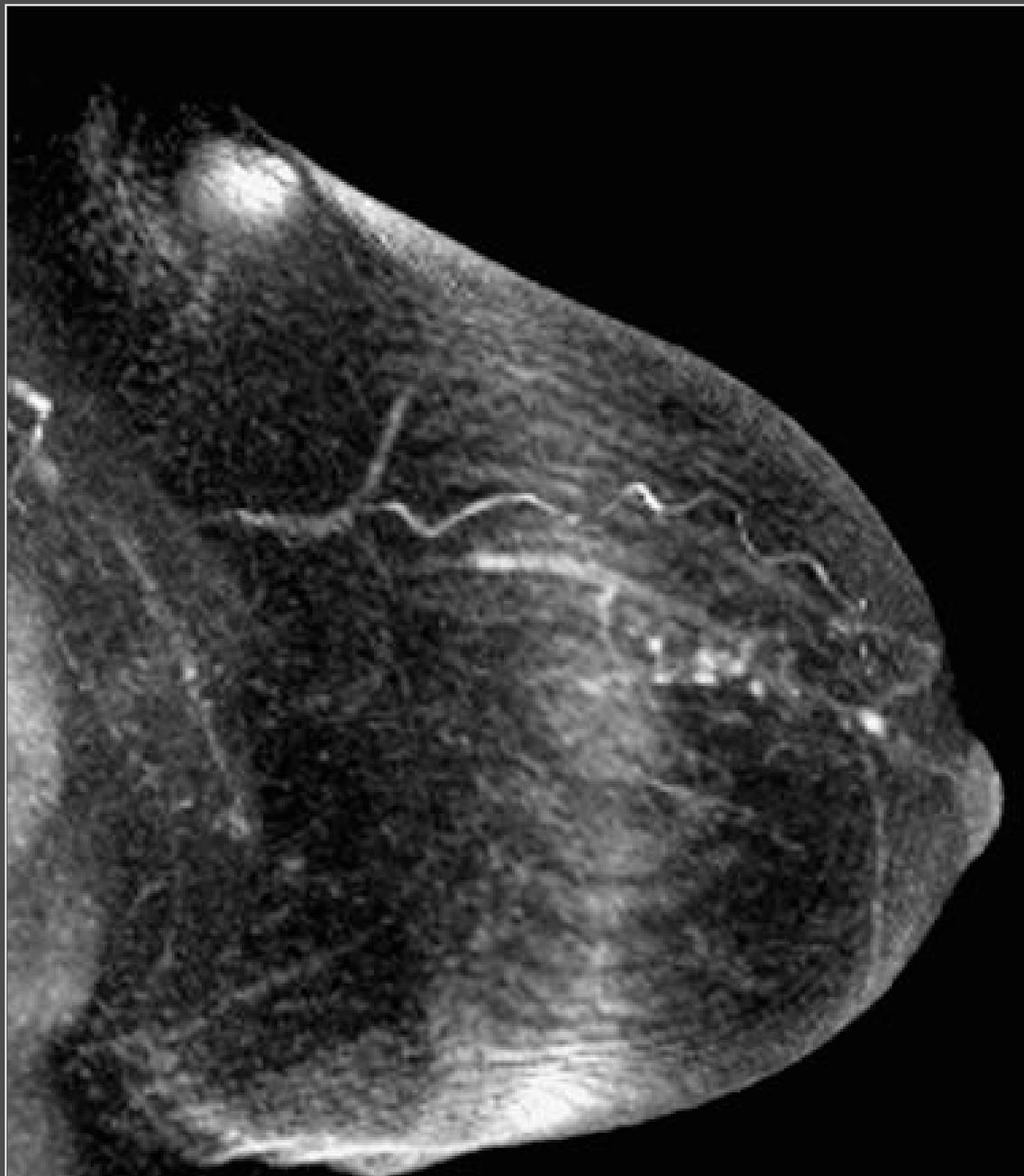
- CAT
  - Macrobiopsies

2002-92

Carcinome intracanalair de haut grade nucléaire

2002-92

IRM ?



2410-04

7

2410-04

- Surveillance systématique d'un cancer du sein G traité 1 an avant

HR

Centre Alexis Vautrin

29/12/2005

11:20:41

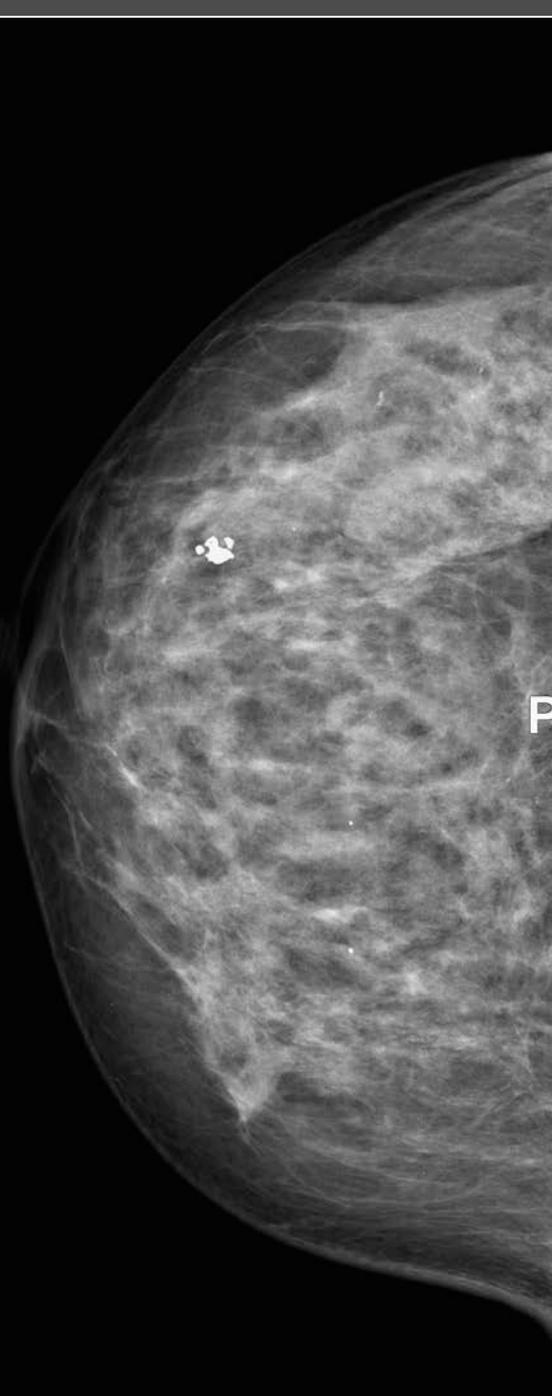
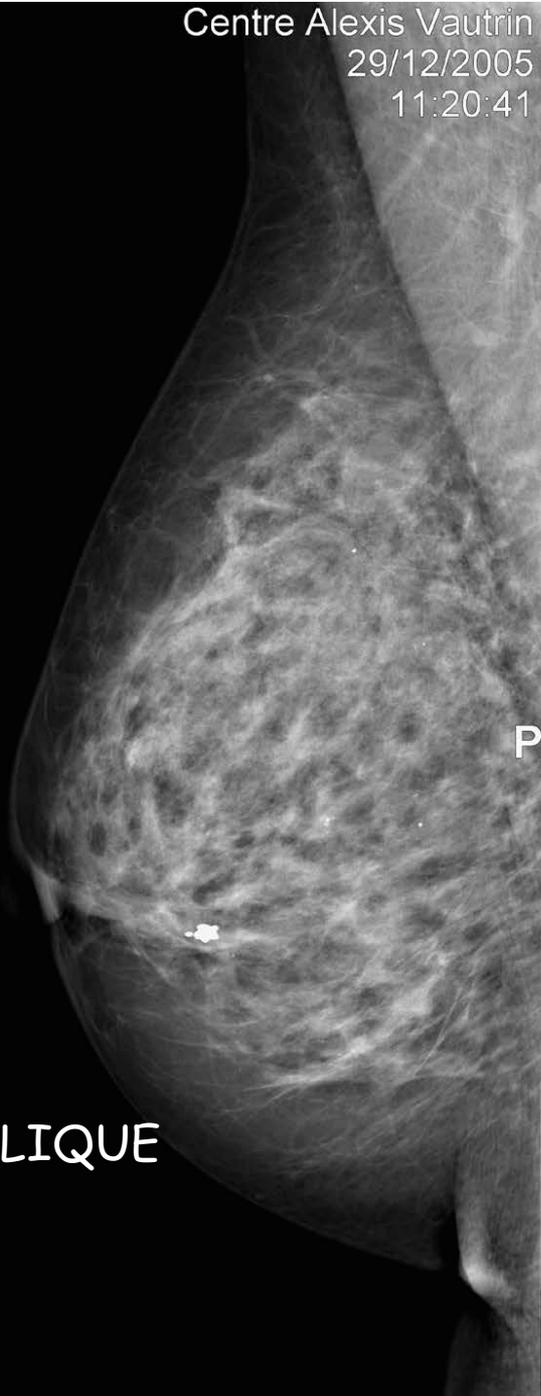
2410-04

OBLIQUE

CC

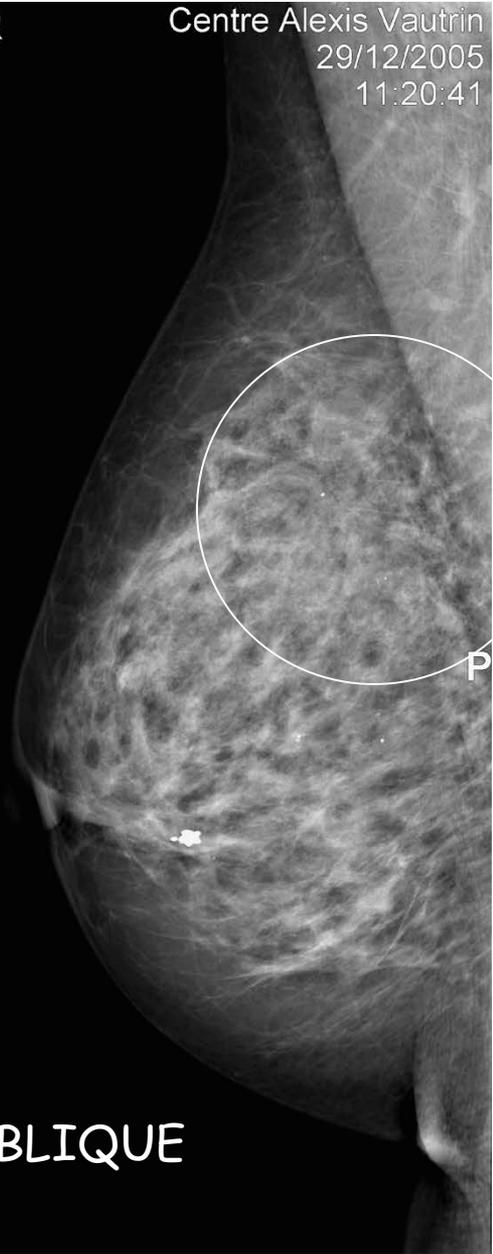
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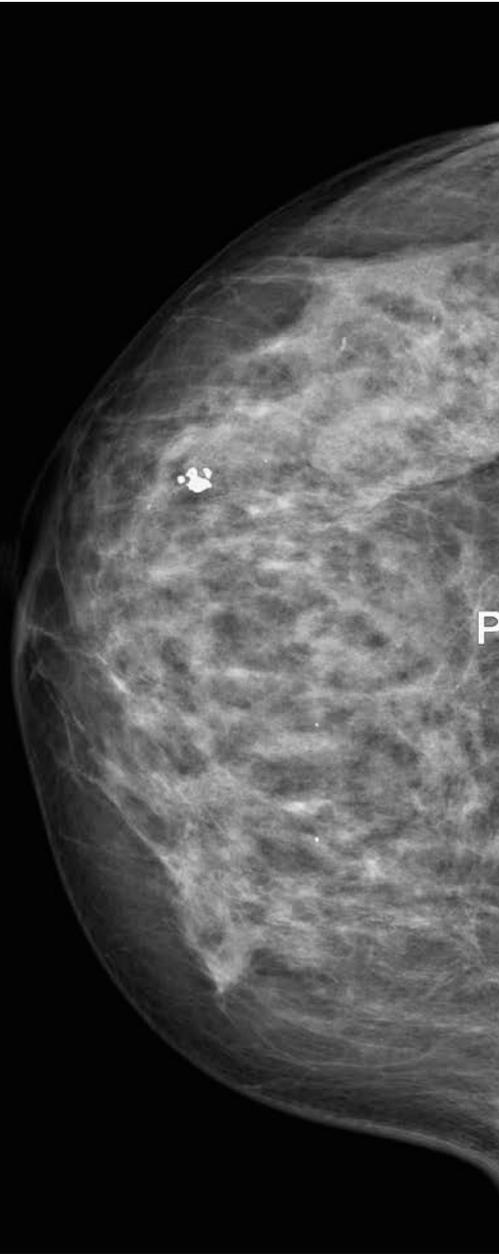


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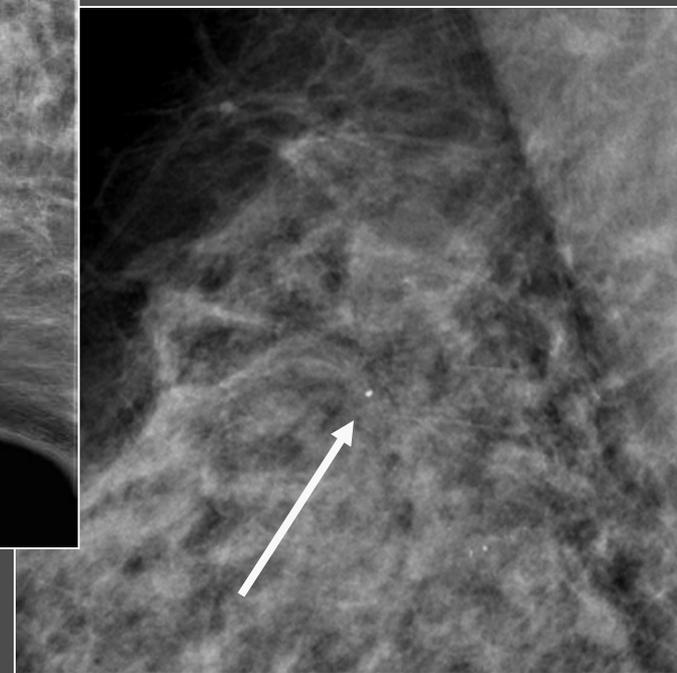


CC



2410-04

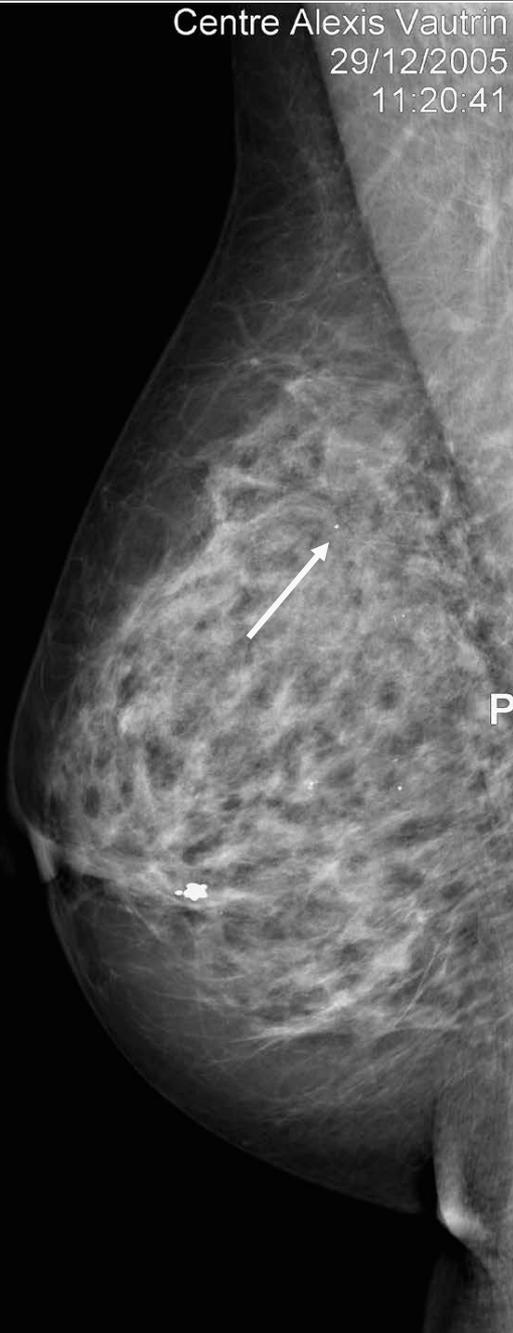
Image visible seulement  
en oblique



CONDUITE A TENIR ?

HR

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29/12/2005  
11:20:41



2410-04

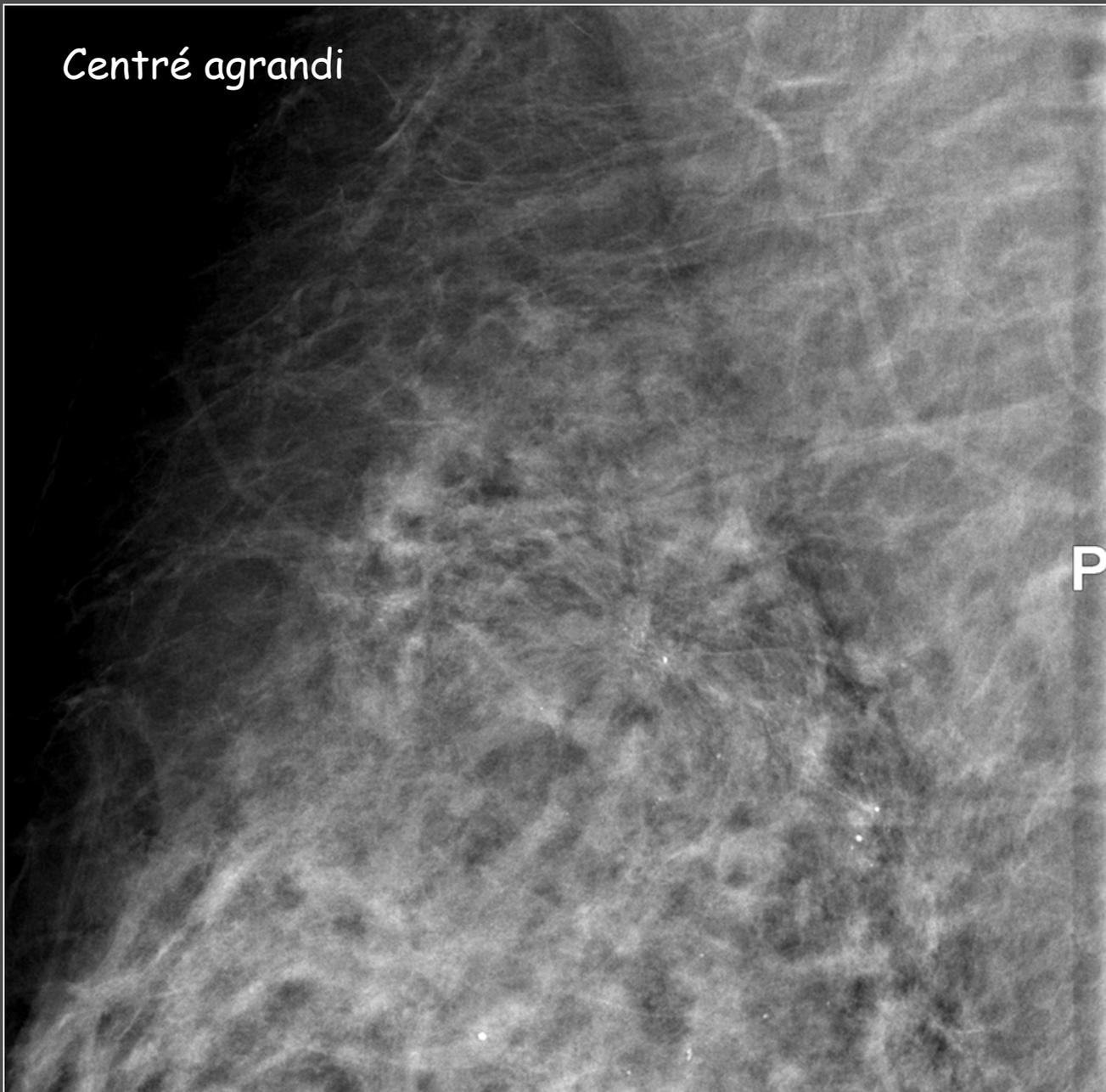
COMPARER AUX  
CLICHES  
ANTERIEURS

Anomalie déjà  
présente 1 an  
avant mais mal  
discernable



Centré agrandi

2410-04

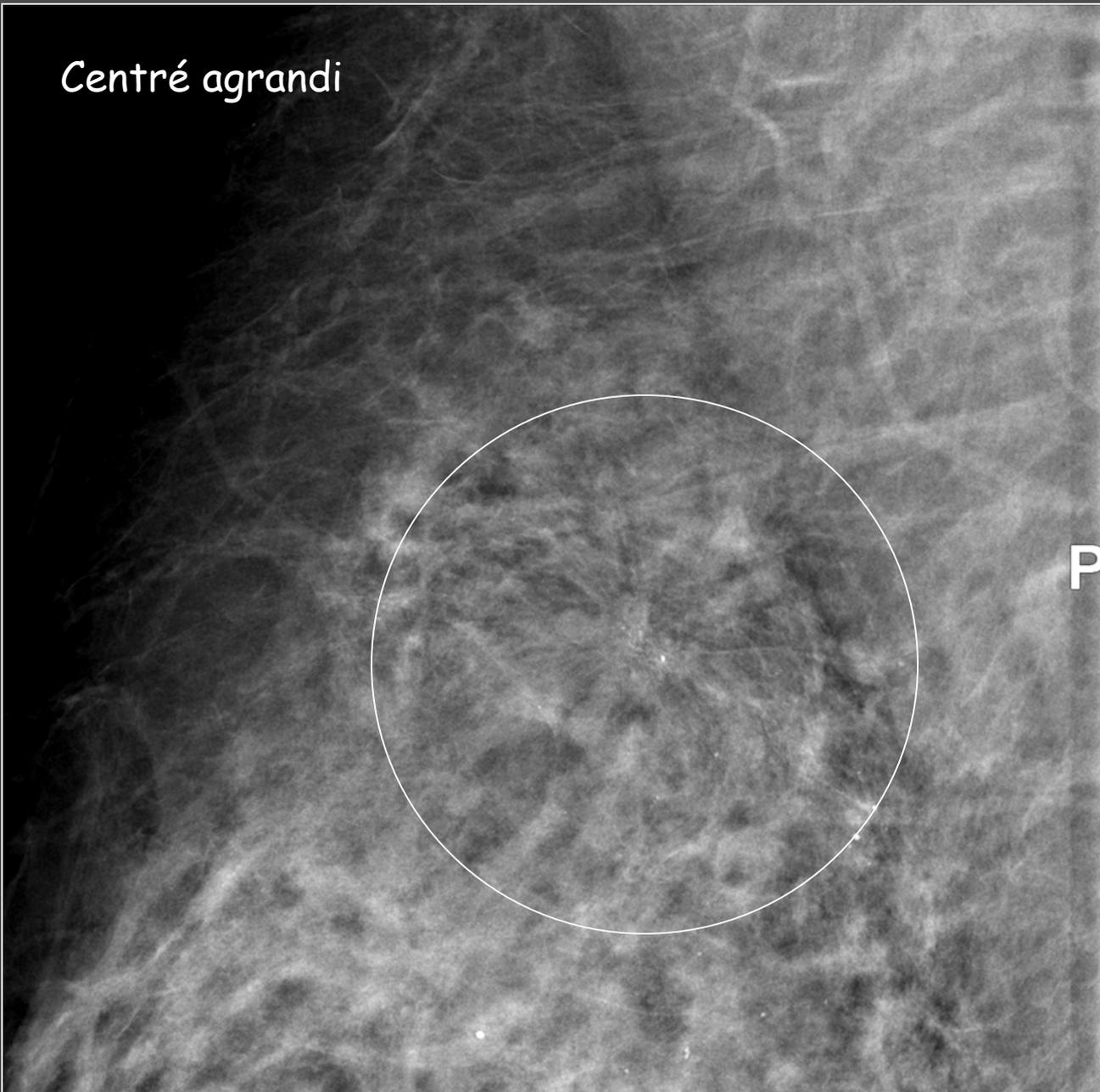


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DESCRIPTION ?

Centré agrandi

2410-04



Anomalie  
d'architecture,  
convergence et  
Microcalcifications

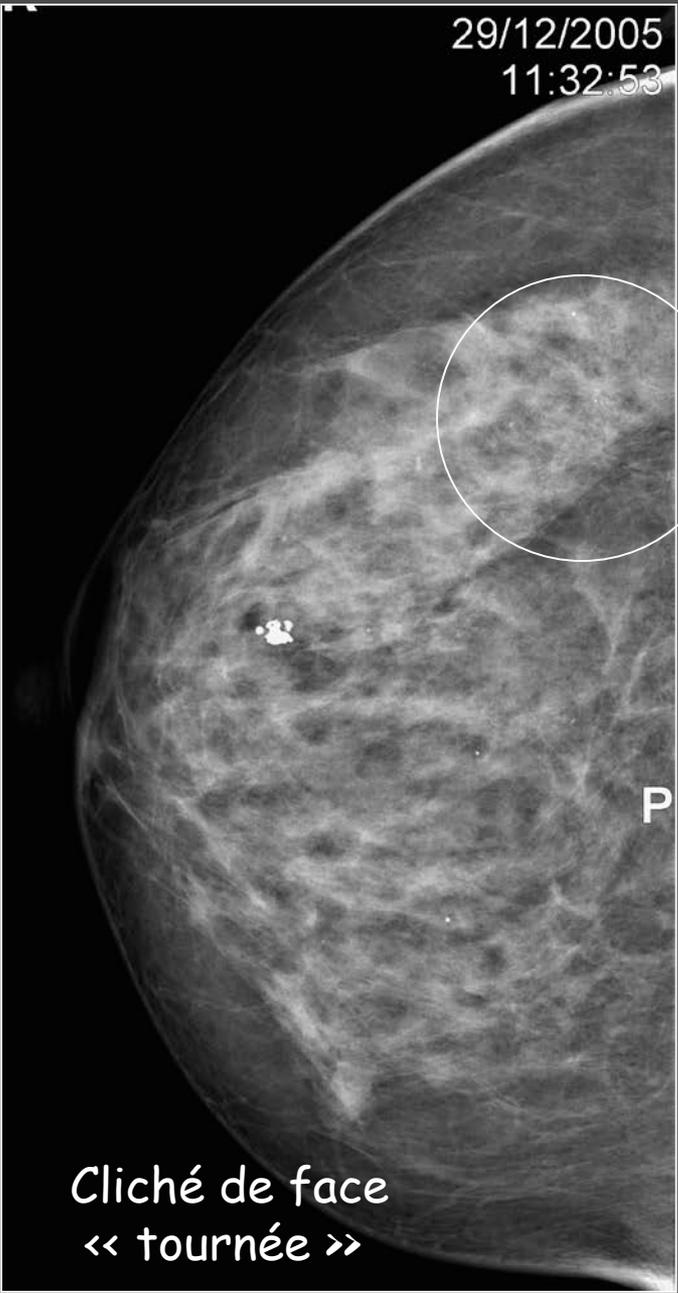
# 2410-04

- ❑ Anomalie visible sur une seule incidence
- ❑ CONDUITE A TENIR?

# 2410-04

- Refaire une face «tournée»
- Faire une échographie orientée

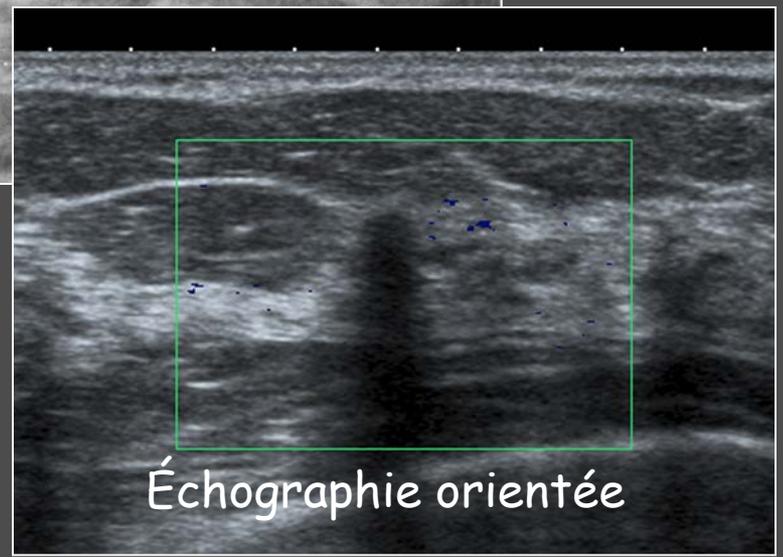
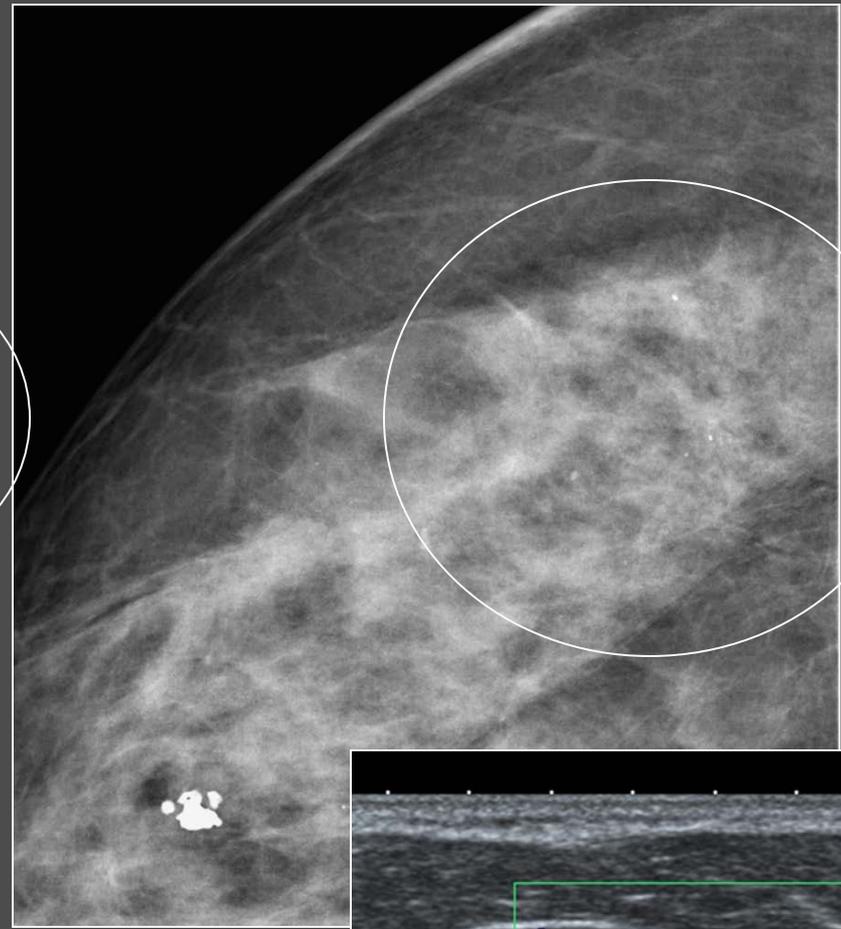
29/12/2005  
11:32:53



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Cliché de face  
<< tournée >>

2410-04



Échographie orientée

2410-04

Microbiopsies : Carcinome  
mammaire infiltrant

3318-05

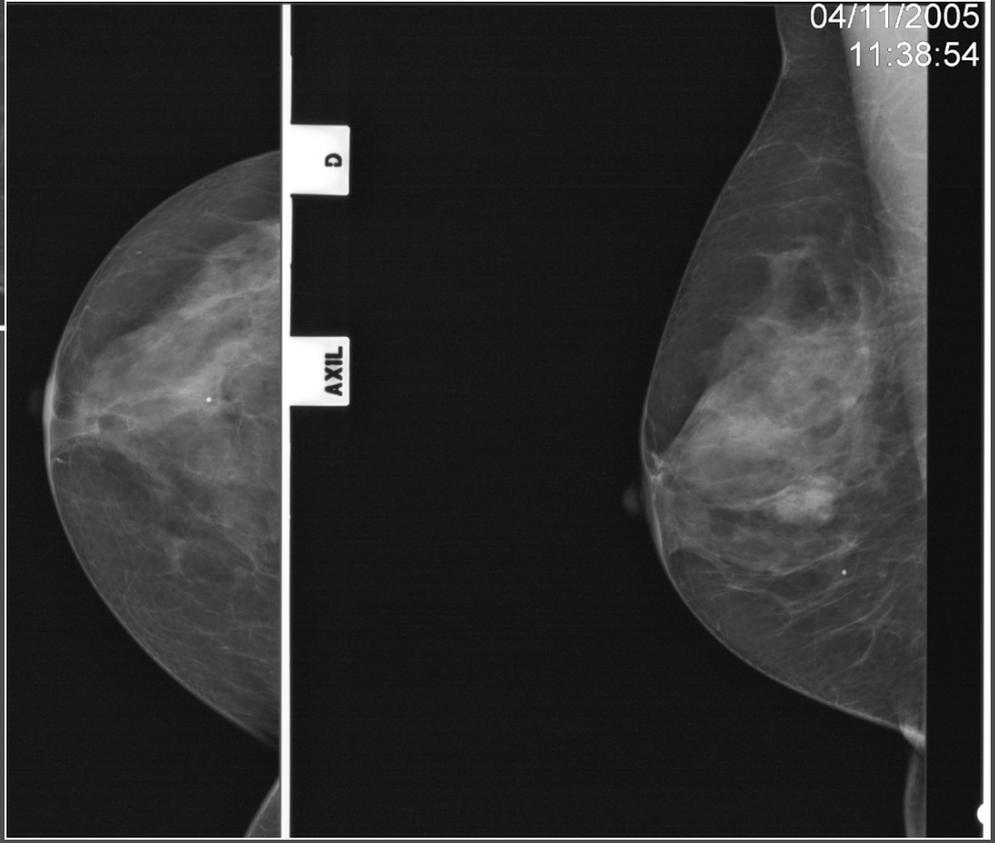
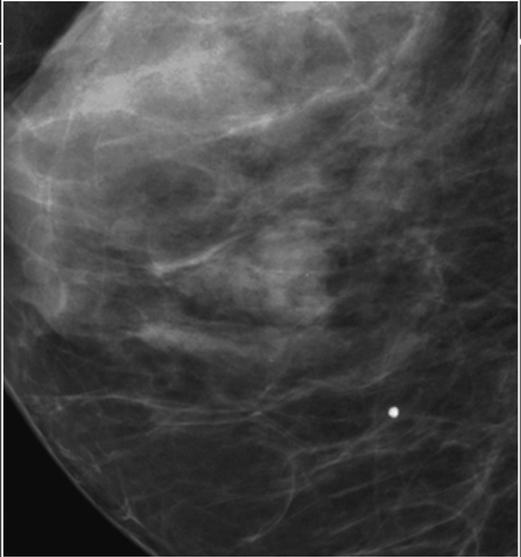
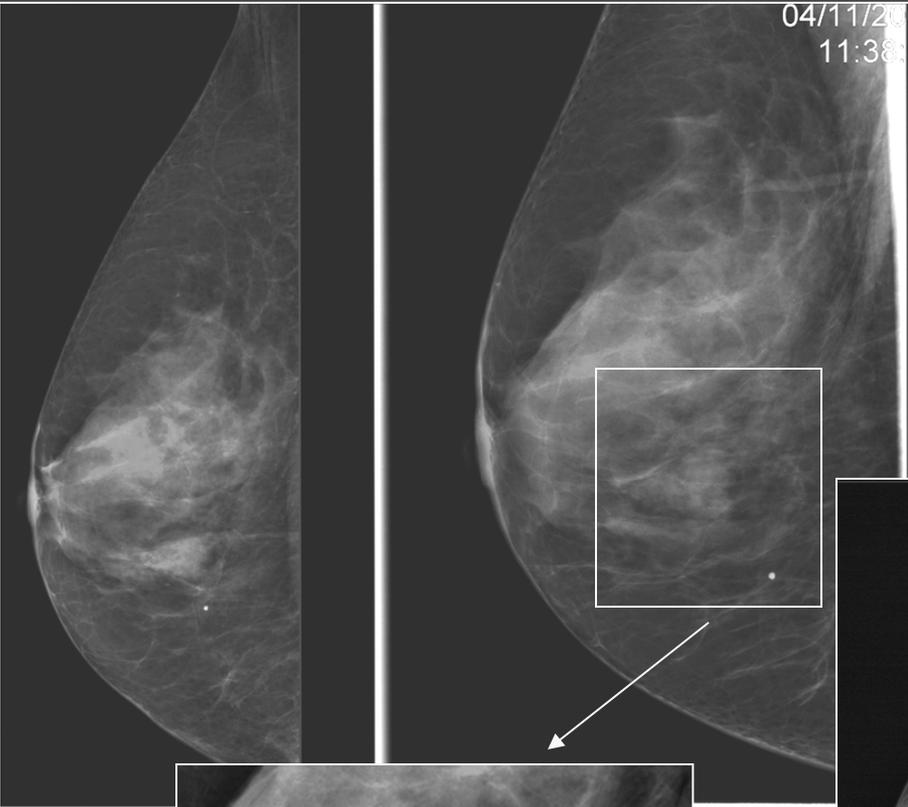
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## 3318-05

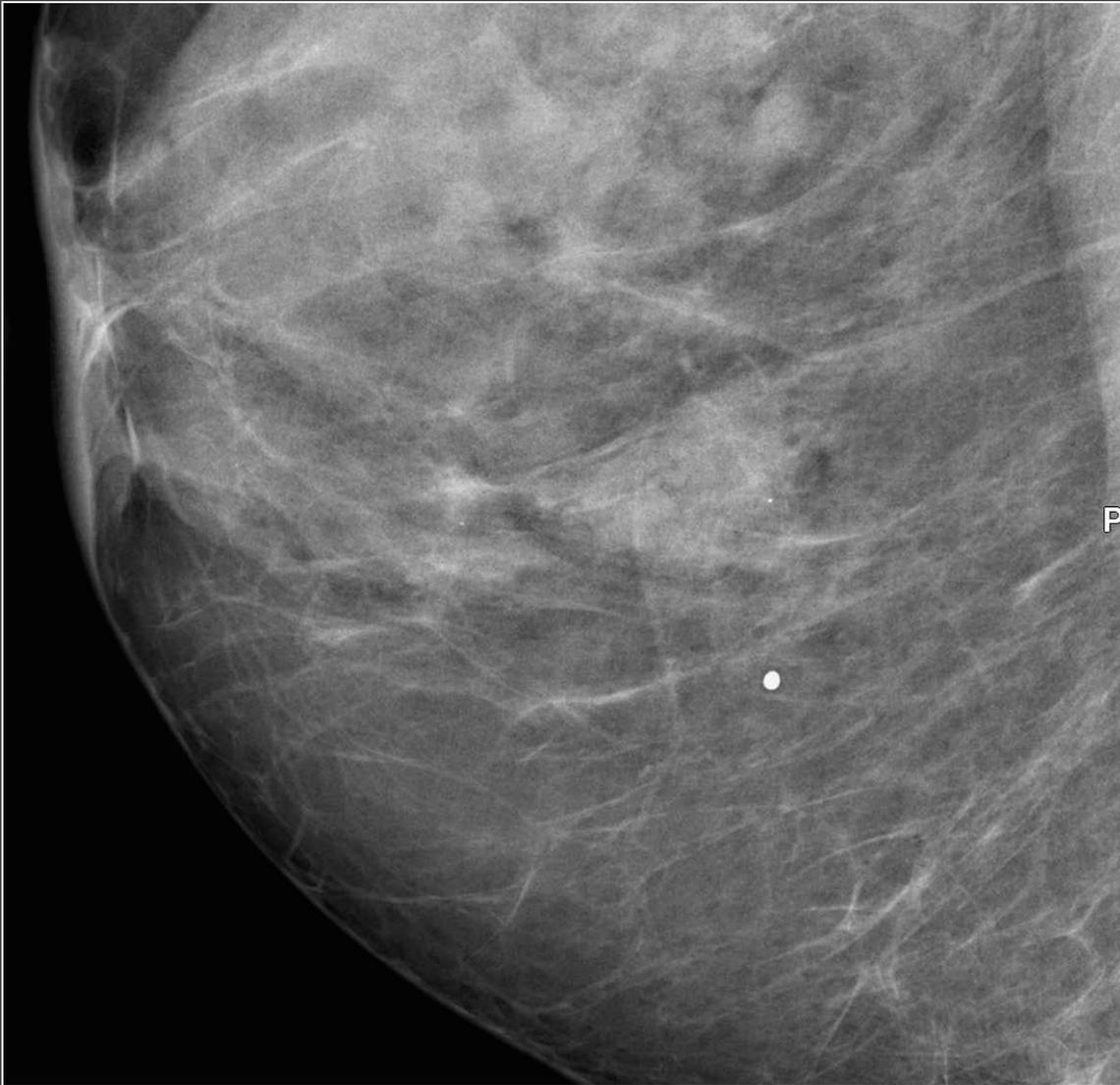
- ❑ Patiente de 62 ans
- ❑ Pas de THS
- ❑ Asymétrie inférieure du sein D sans anomalie sur la face et échographie négative
- ❑ Lésion stable à 6 mois
- ❑ Pas d'antécédent familial de cancer du sein
- ❑ Examen clinique normal

04/11/2005  
11:38:54

3318-05

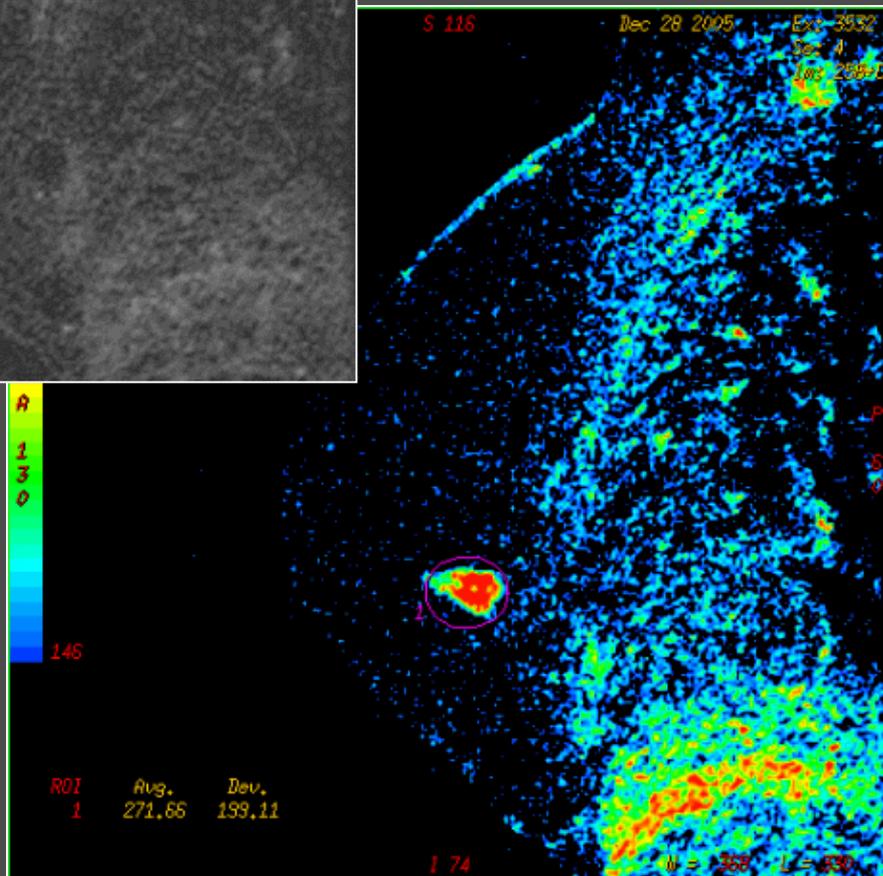
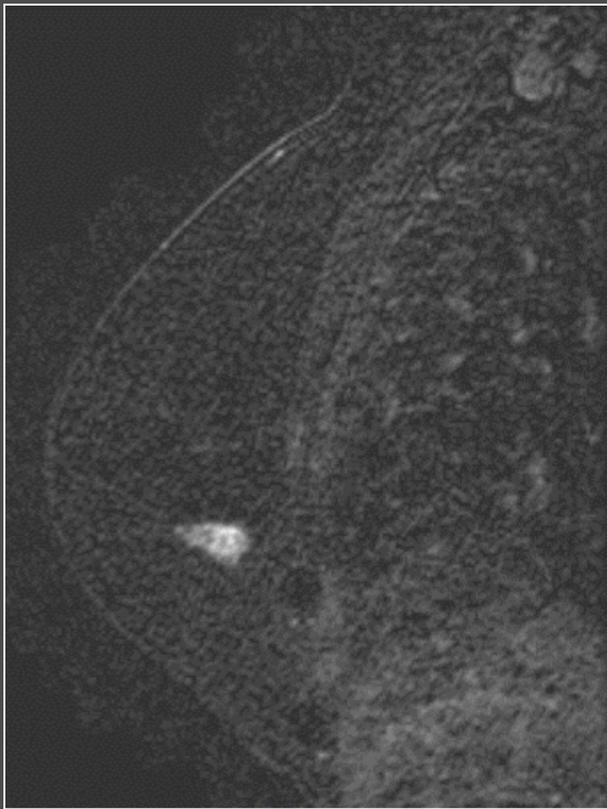


3318-05

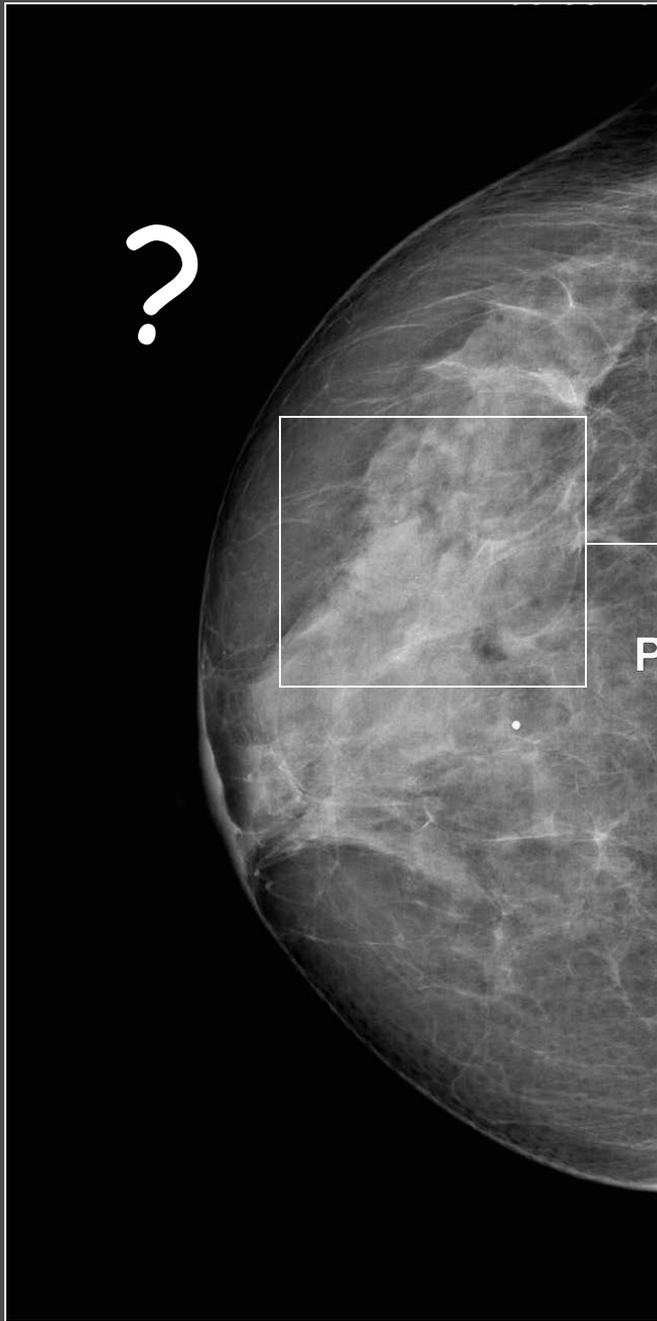


Cliché centré de profil

# 3318-05

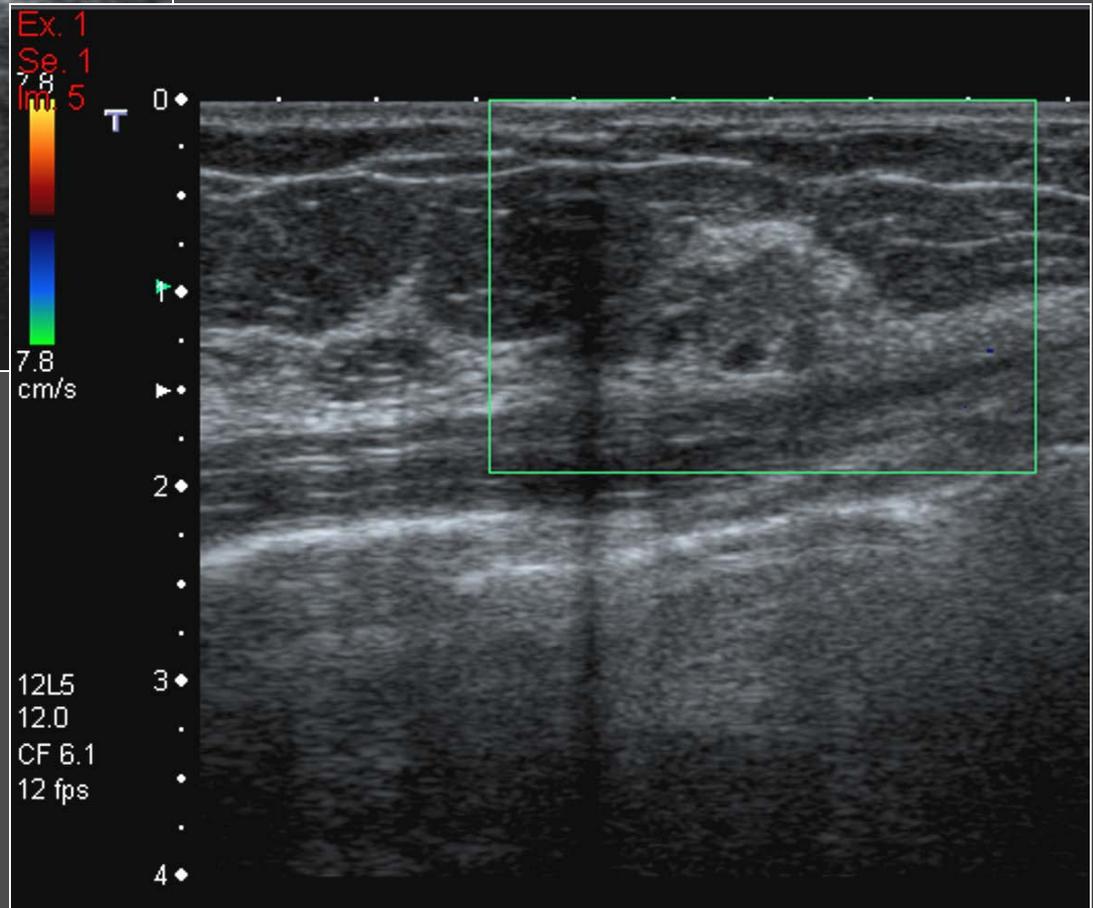
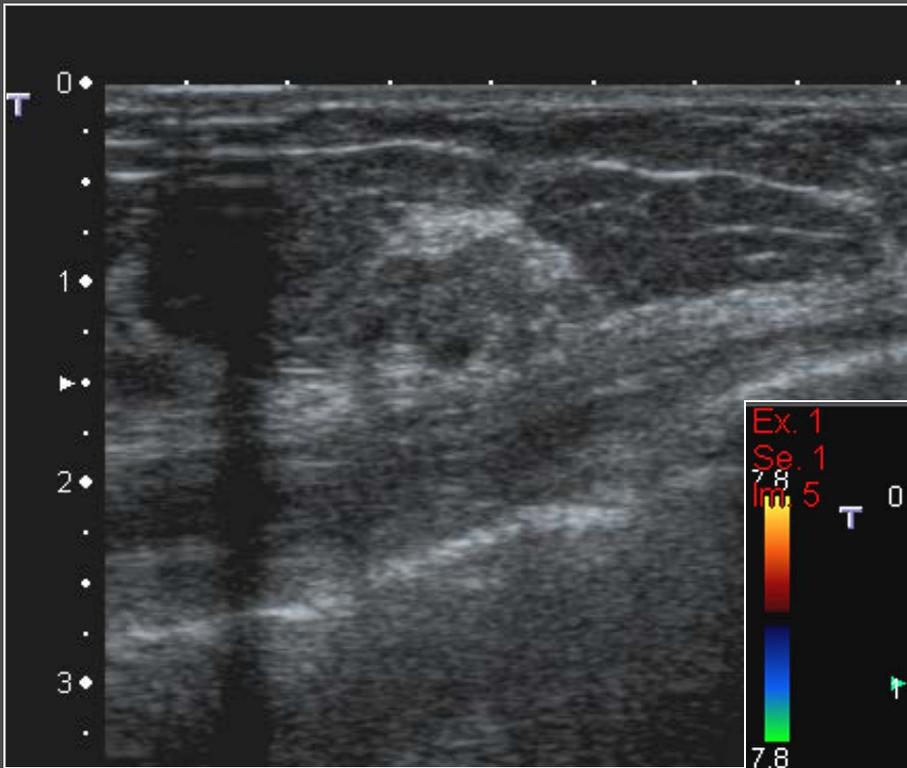


3318-05



Cliché centré de face confirmant qu'il y a bien une densité anormale même sur l'incidence de face

3318-05



Echographie orientée :  
Lacune plus échogène que  
la graisse et microkystes

3318-05

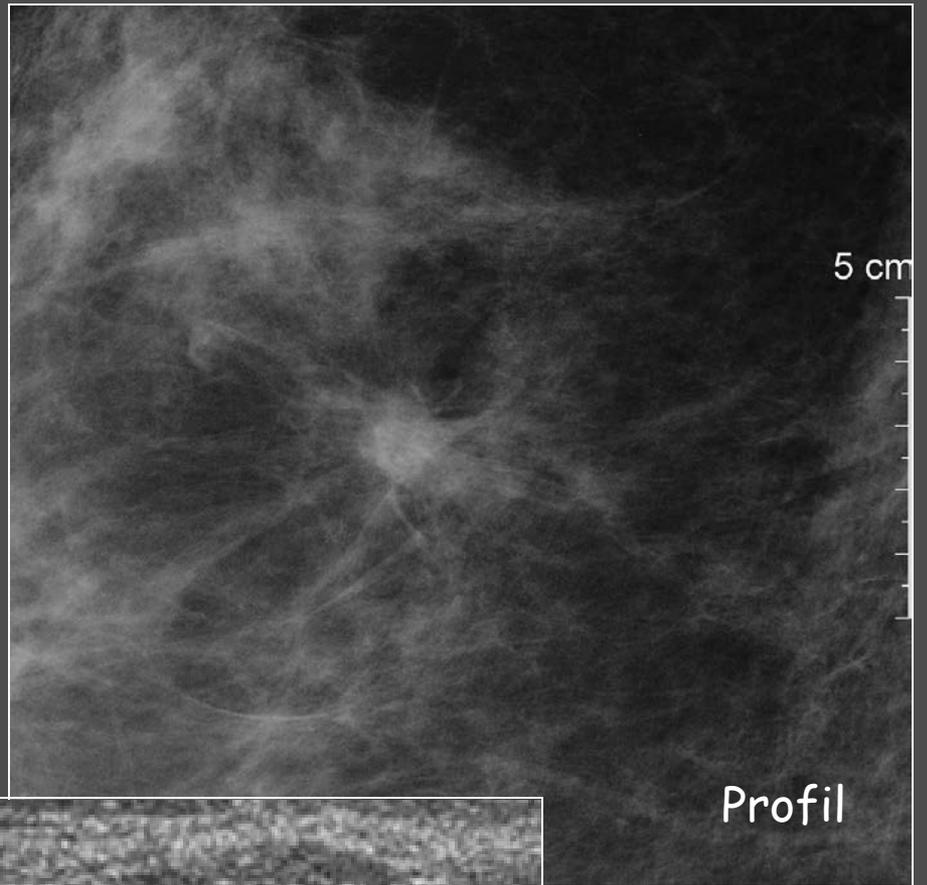
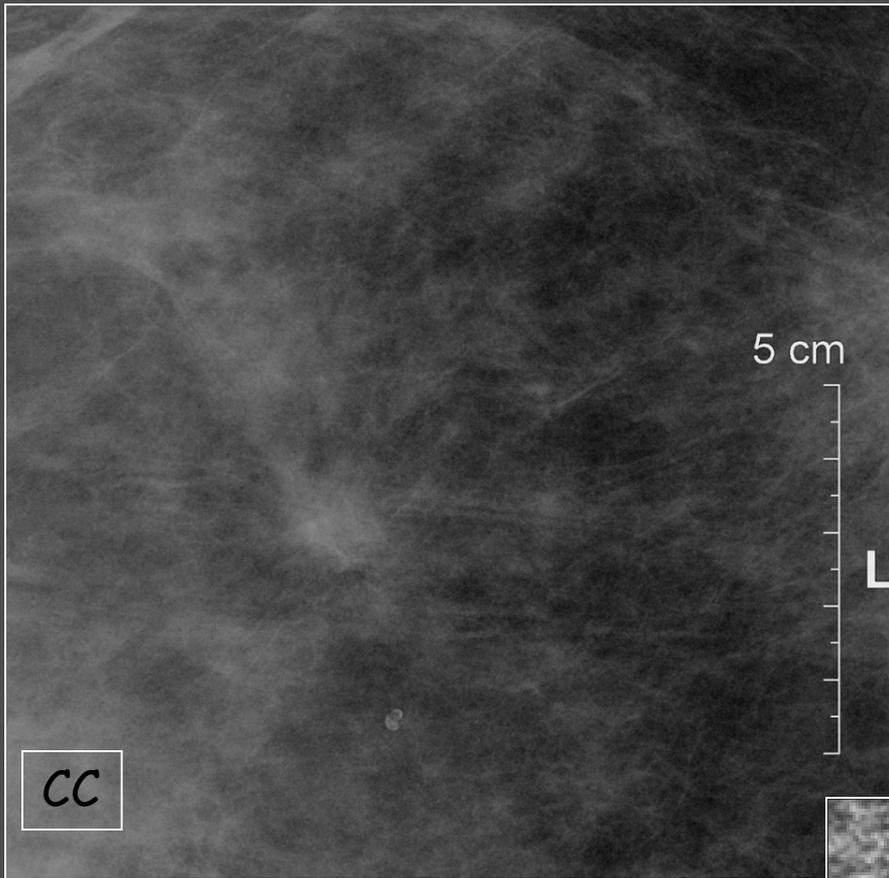
Cytologie sous échographie :

Aspect de dystrophie kystique sans signe de malignité

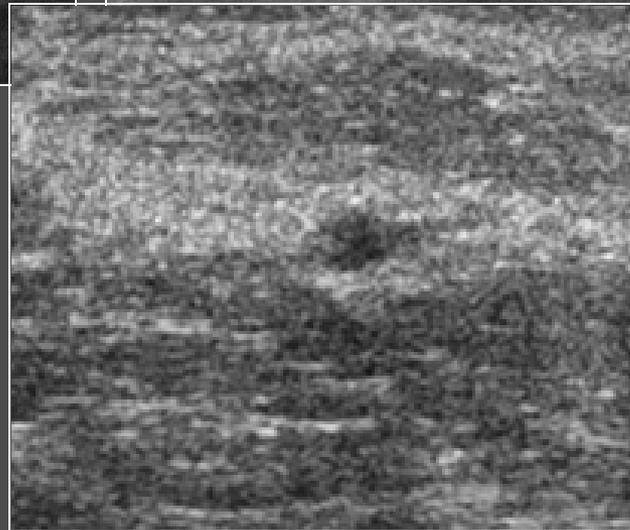
Biopsie percutanée : Tissu mammaire fibreux avec stroma angio-myxoïde, dystrophie kystique, métaplasie apocrine et rares aspects de métaplasie cylindrique

3318-05

2960-05

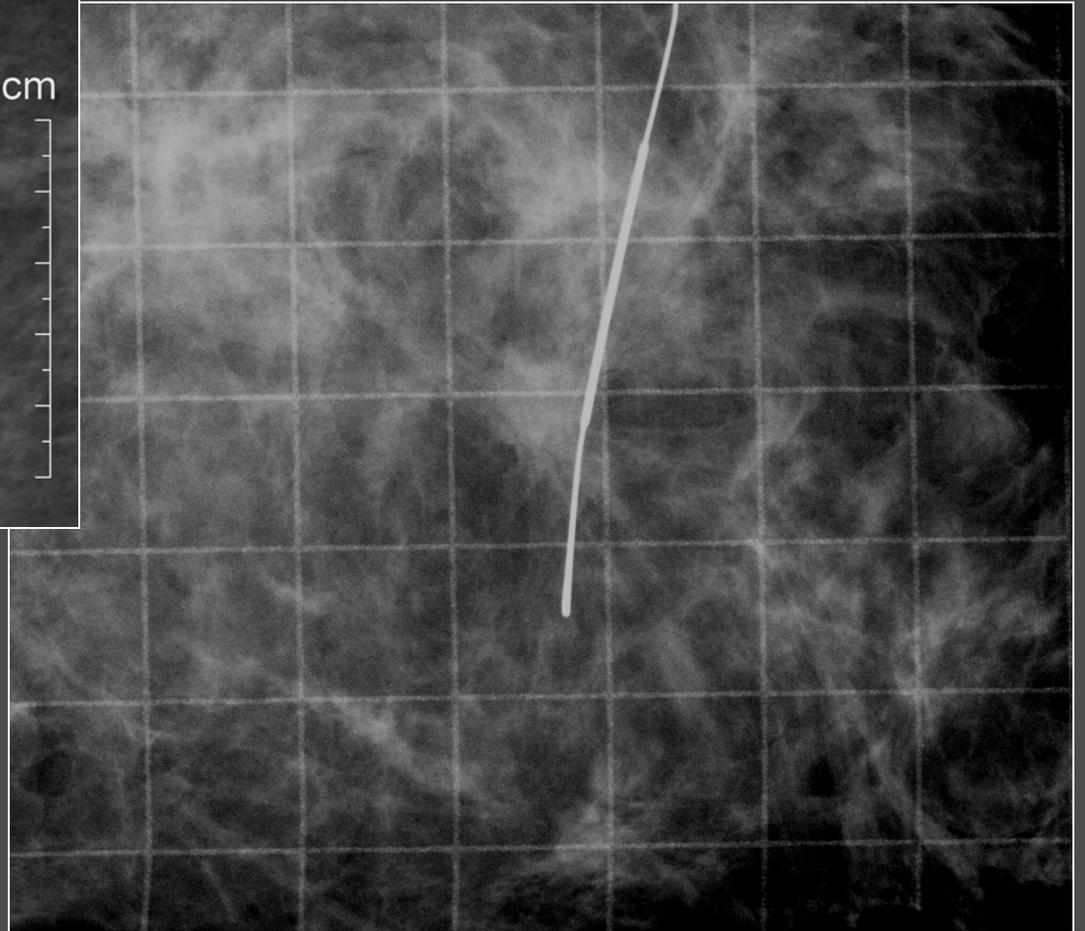
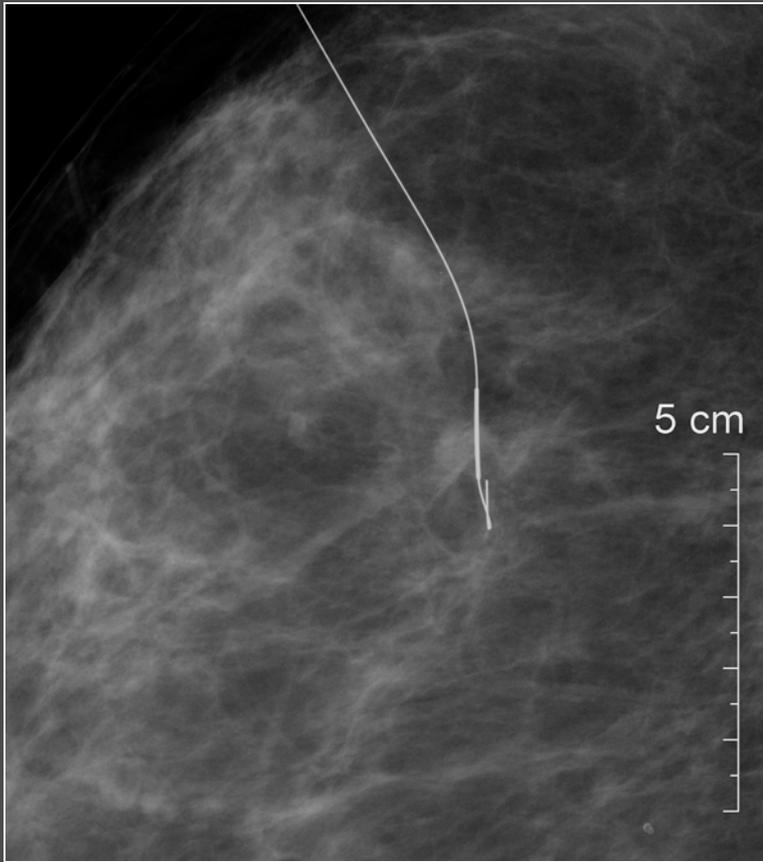


agrandissements



2960-05

2960-05



2960-05

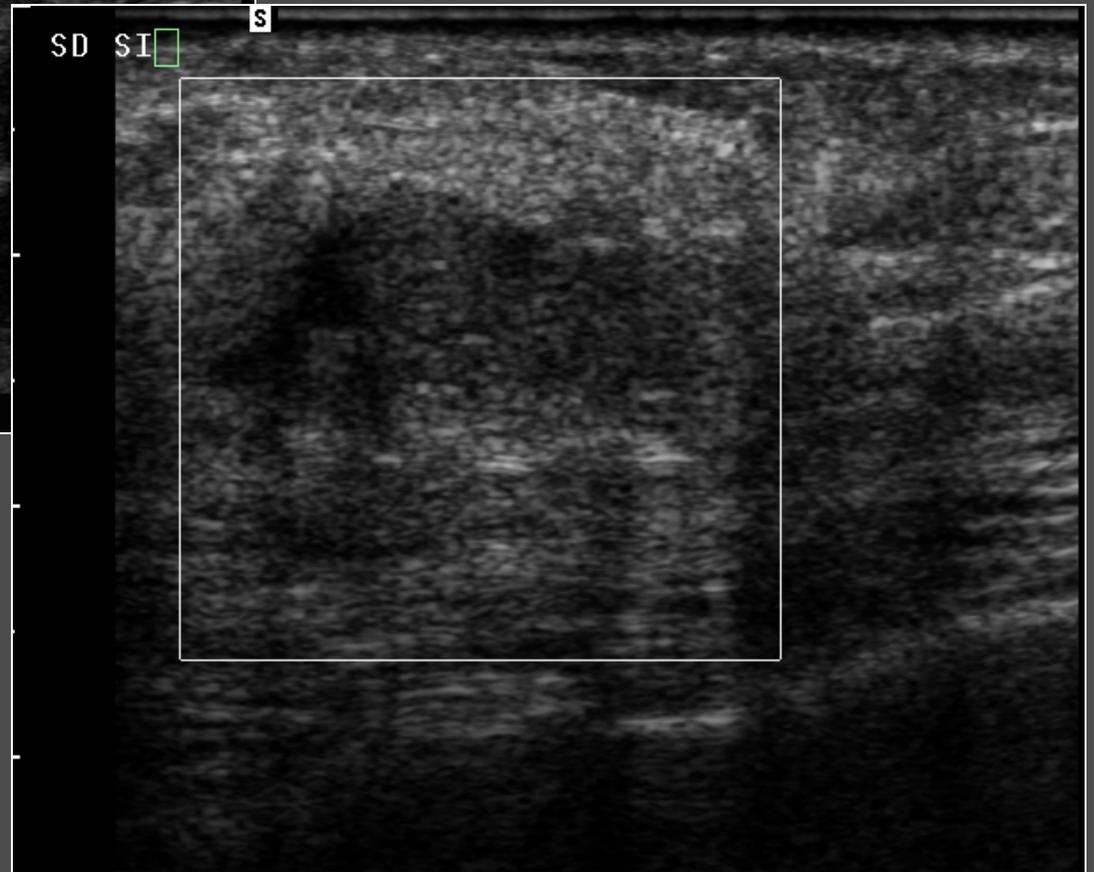
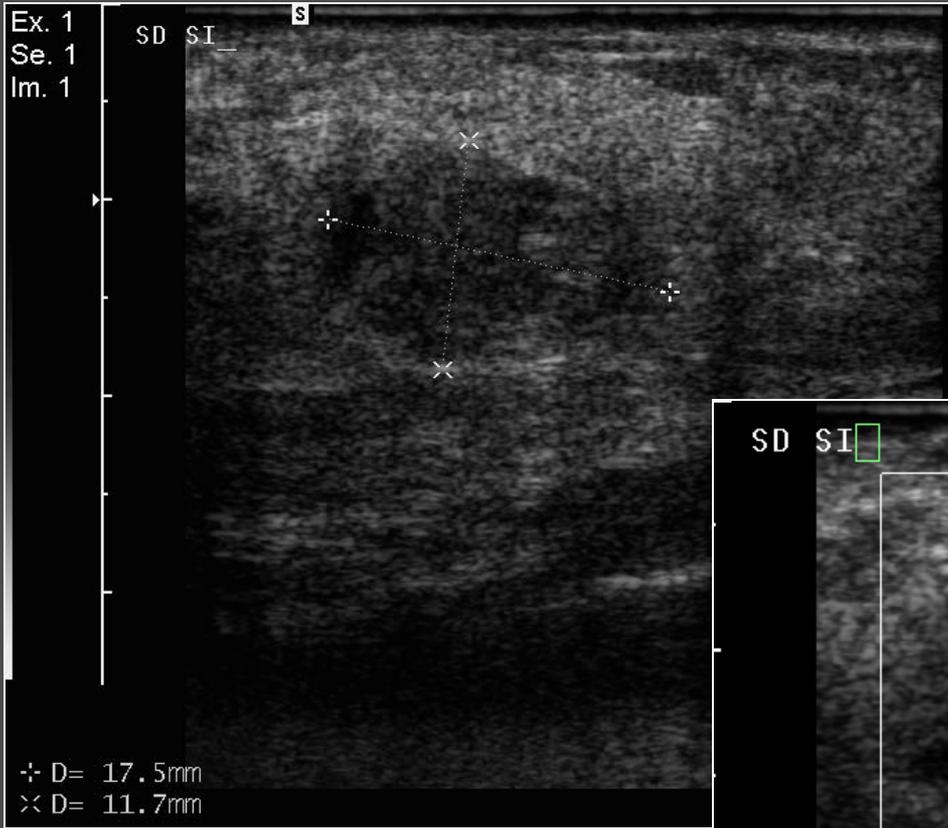
Fibromatose mammaire : lésion fibro-myoblastique  
avec remaniements inflammatoires en périphérie dans  
un environnement fibro-adipeux

Goel NB et al. Fibrous lesions of the breast : imaging-pathologic  
correlation. RadioGraphics 2005, 25 : 1547-59

1312-91

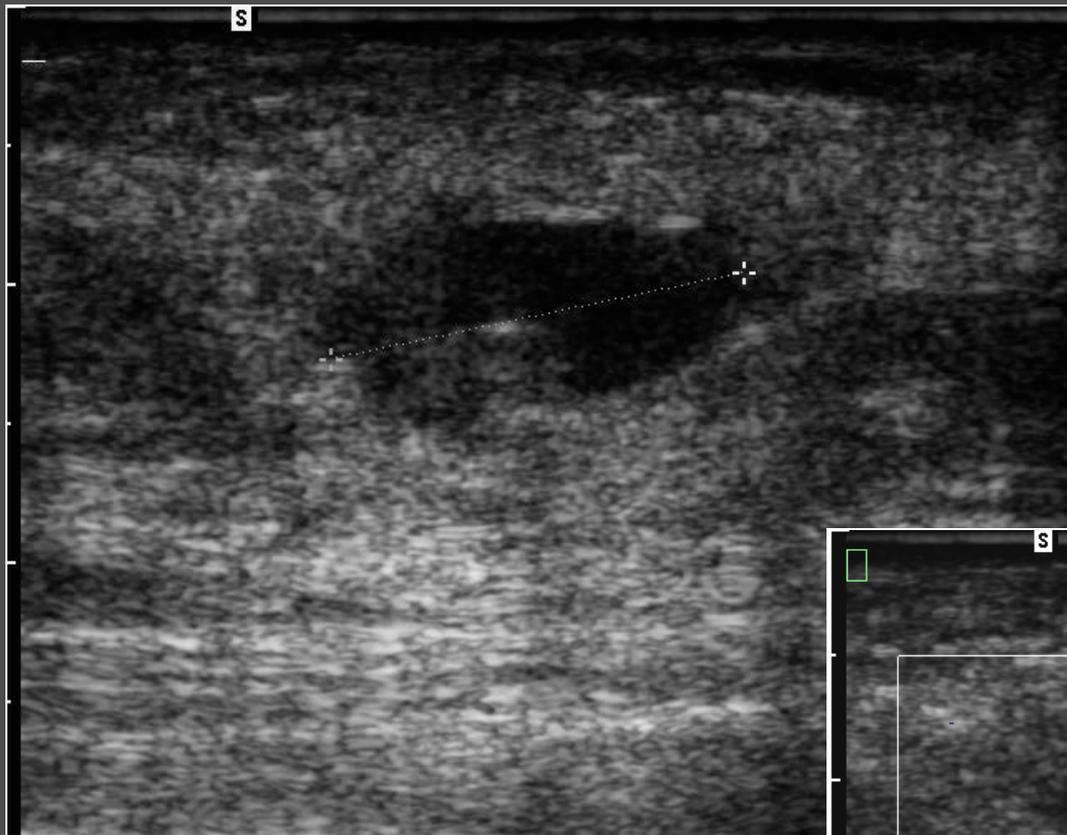
- Patiente de 50 ans
- Traumatisme récent du sein D

1312-91

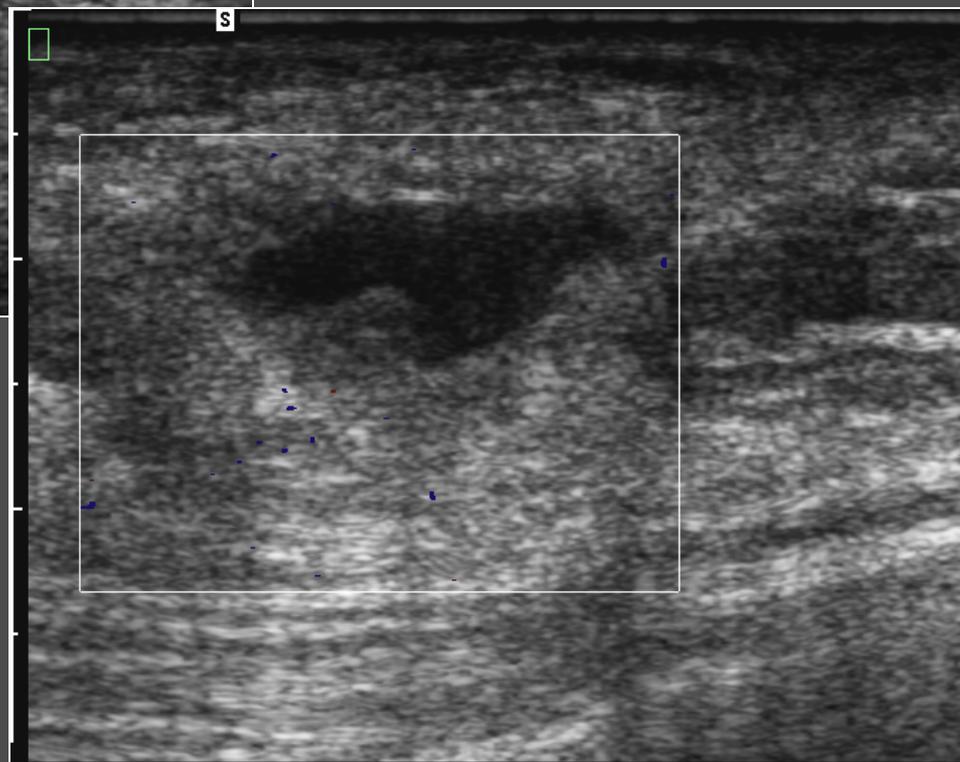


28-11-05

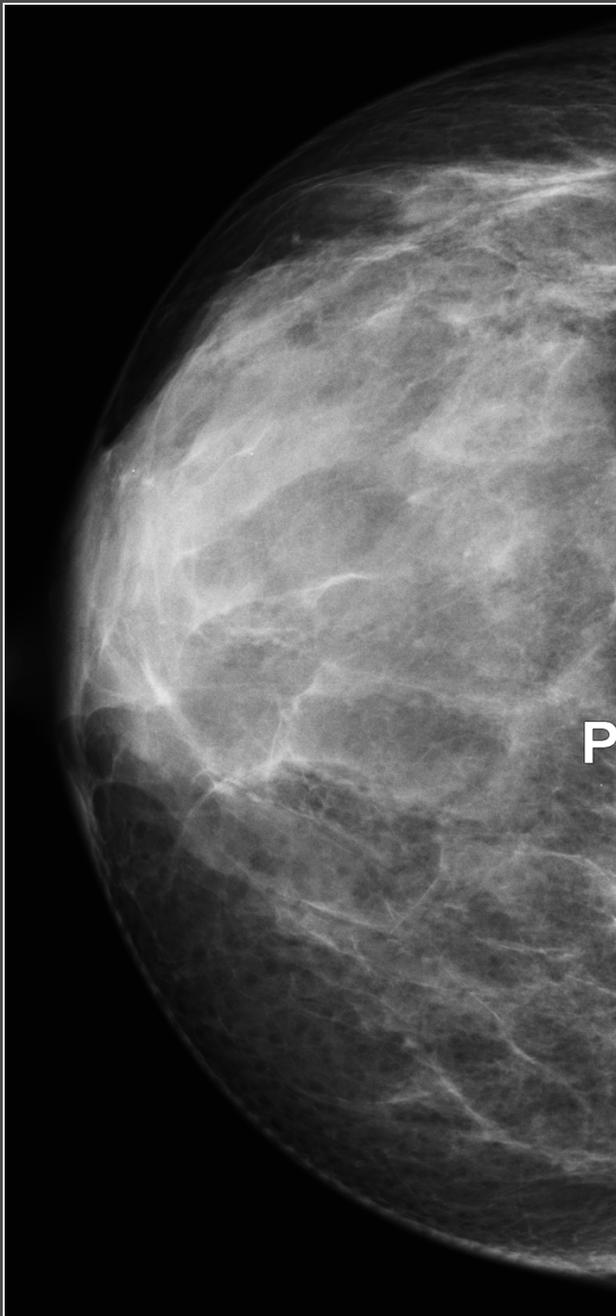
1312-91



08-12-05

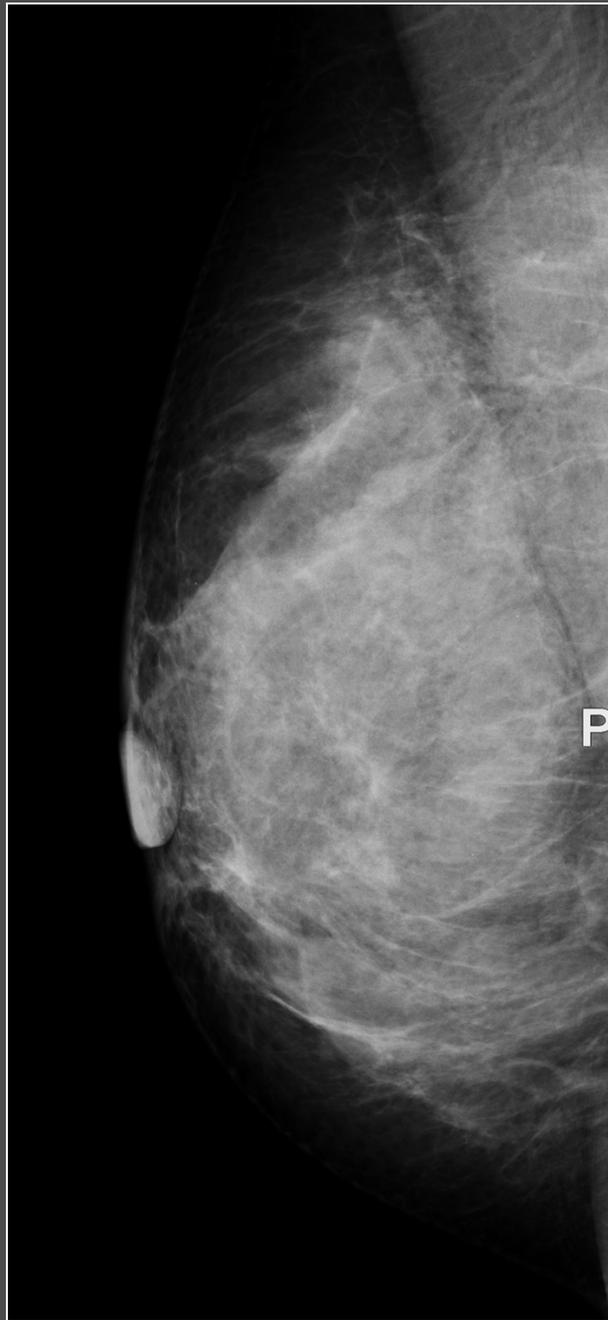
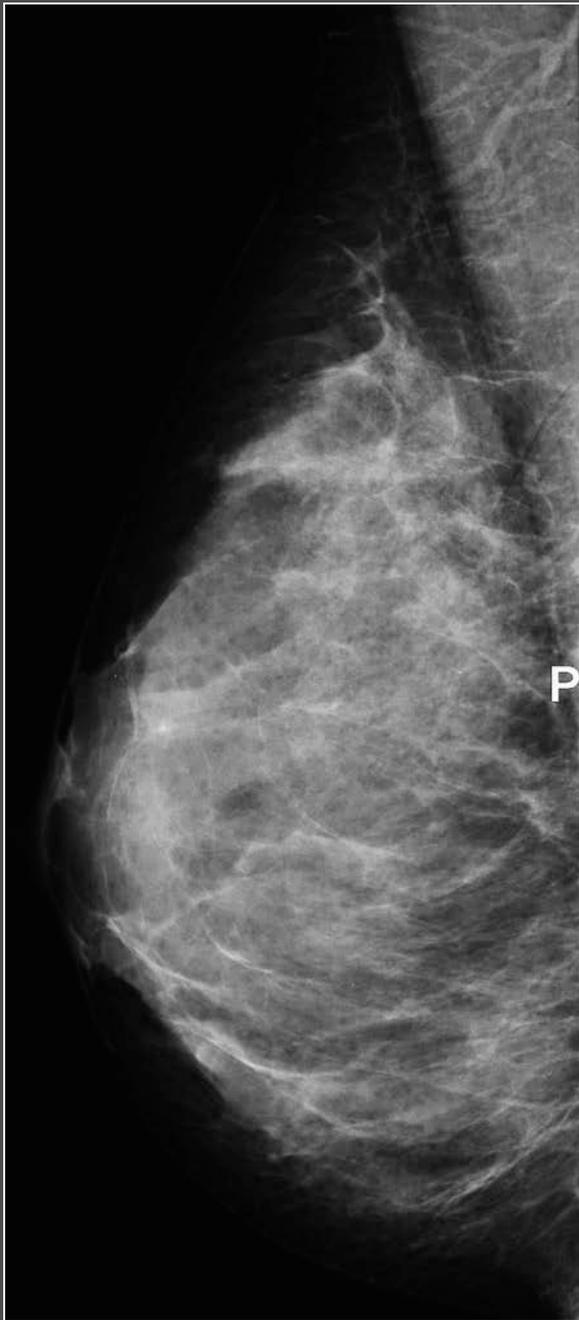


1312-91



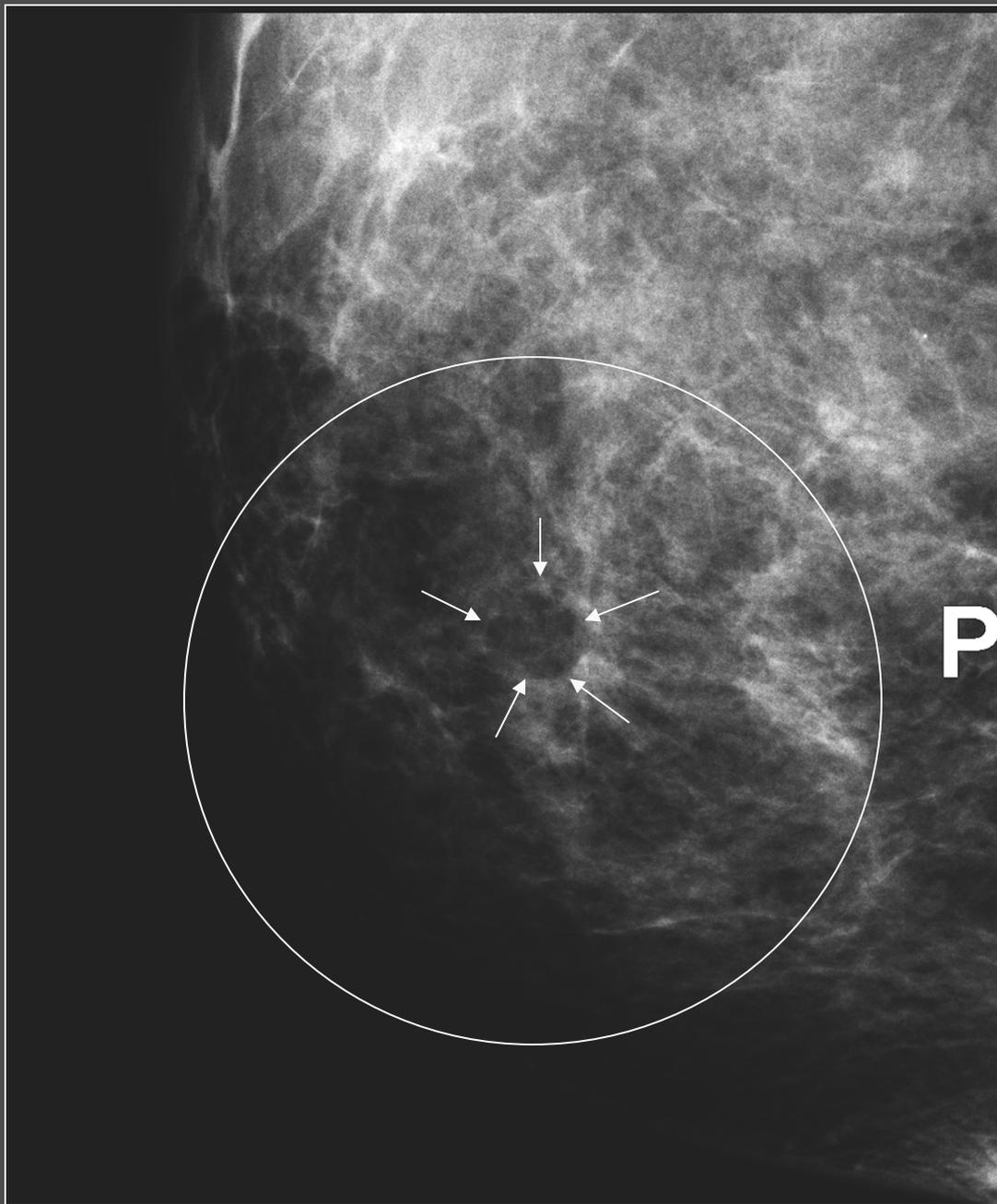
08-12-05

1312-91



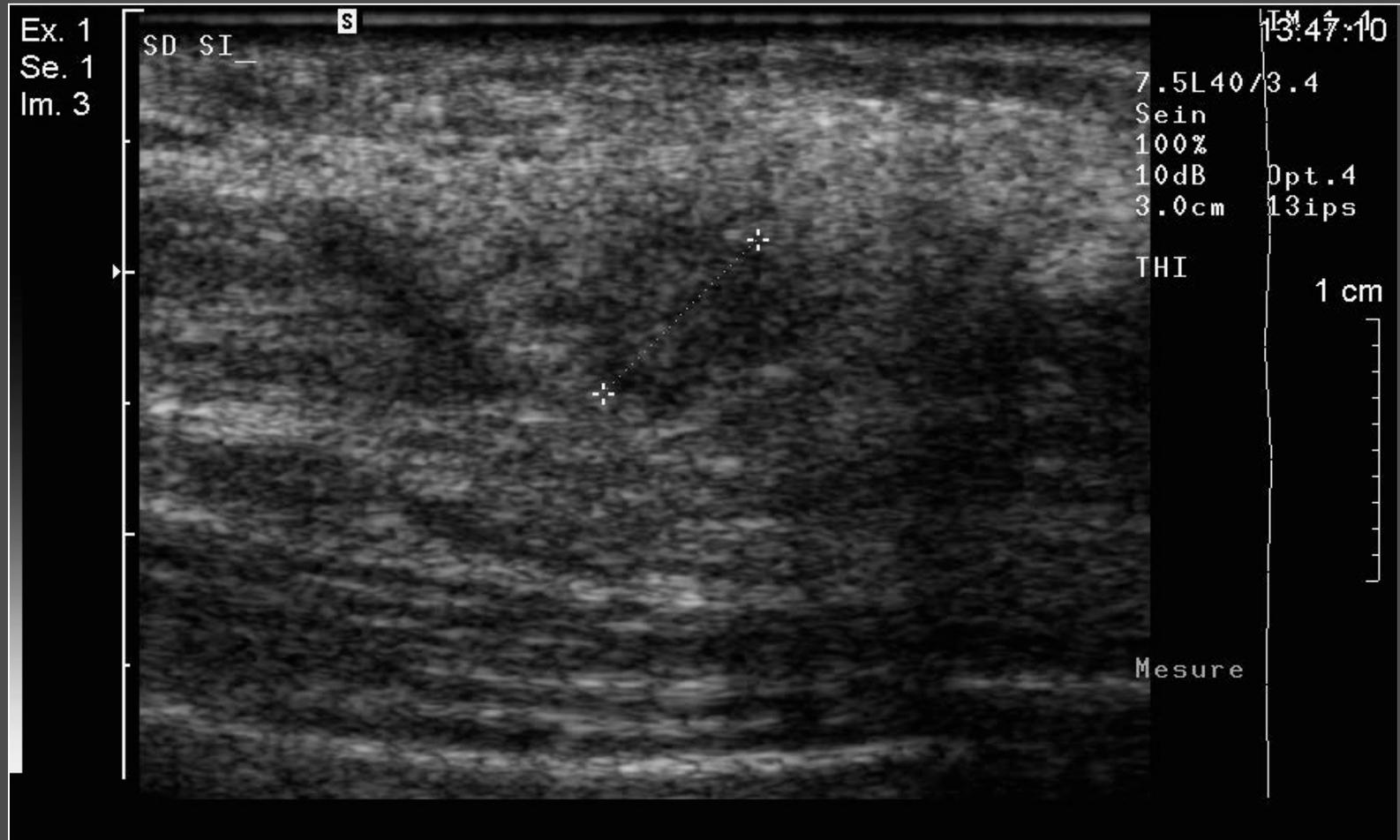
08-12-05

1312-91



08-12-05

1312-91

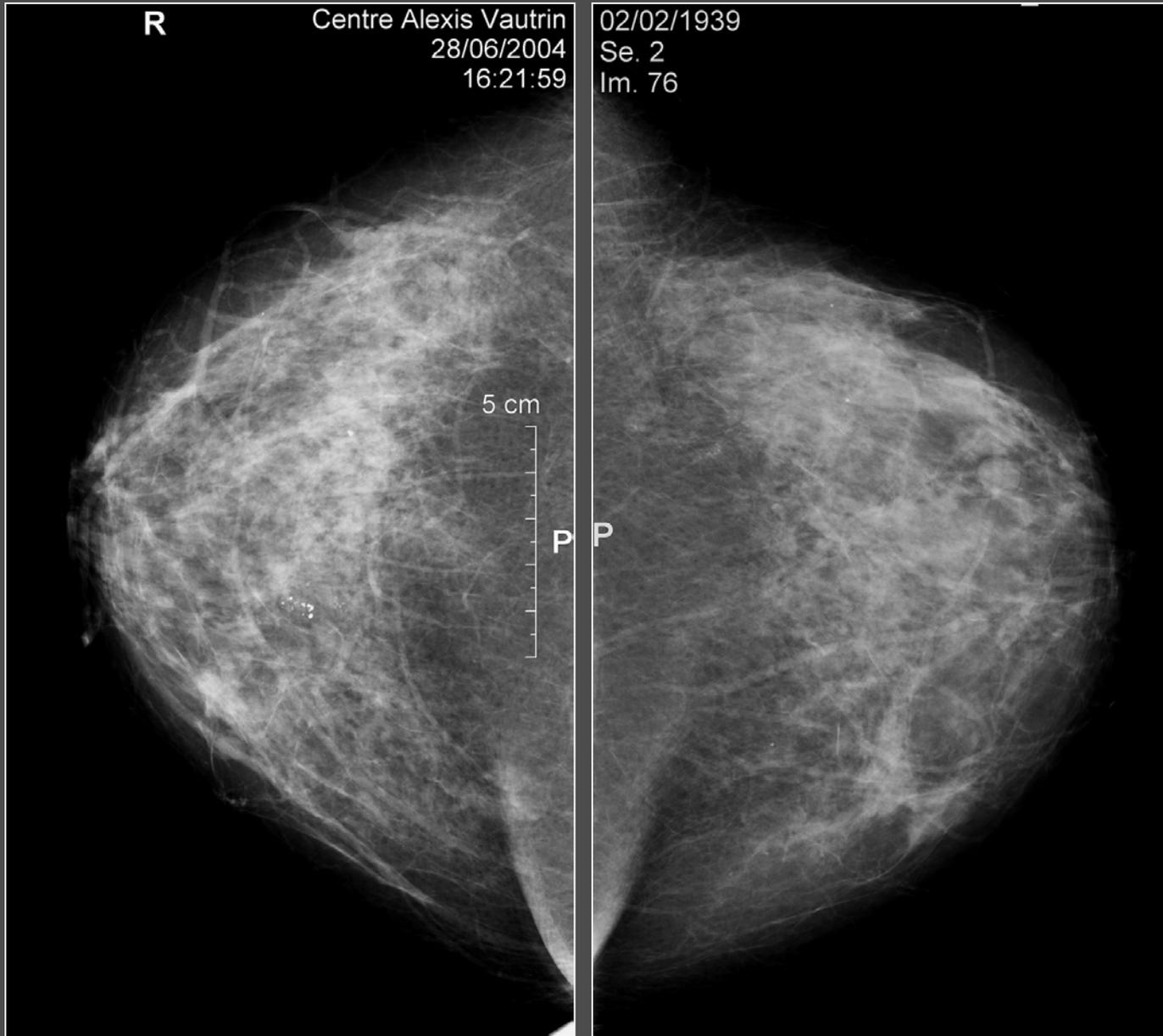


15-12-05

# 2659-94

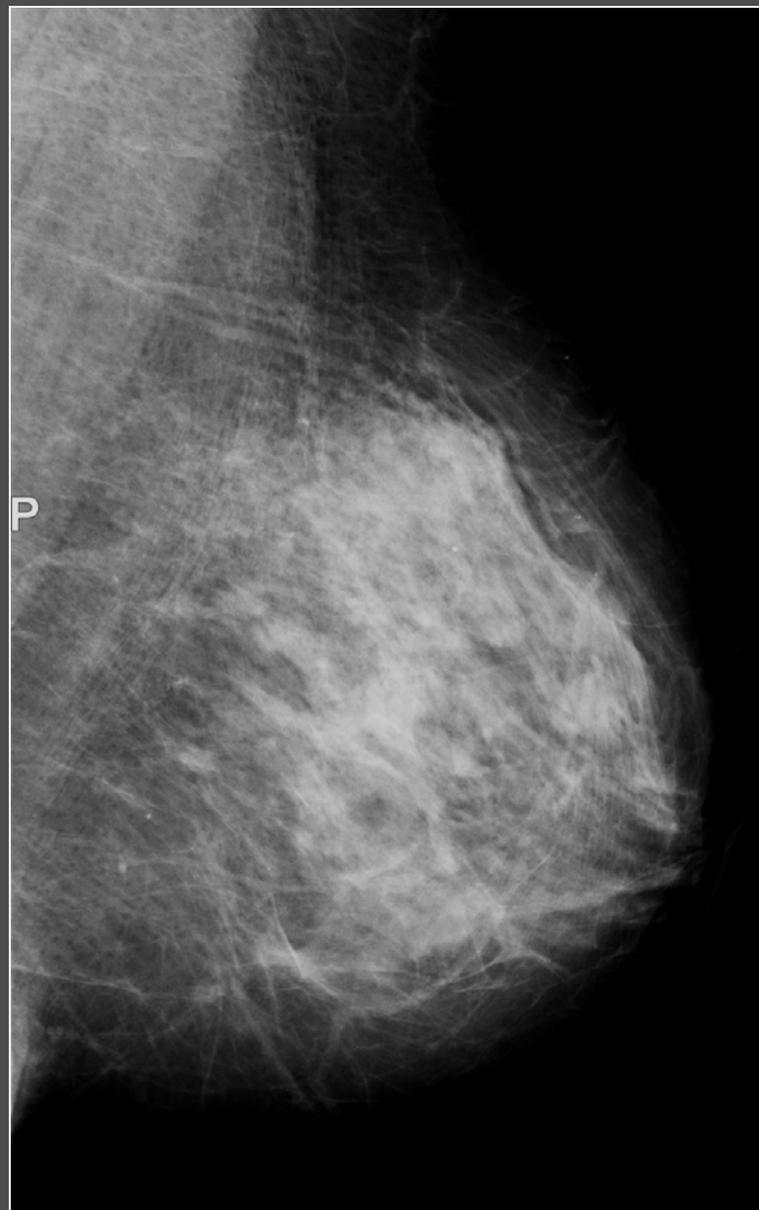
- Micro-calcifications mammaires D connues et quelques calcifications éparses à G
- Evolution des calcifications à G

2659-94

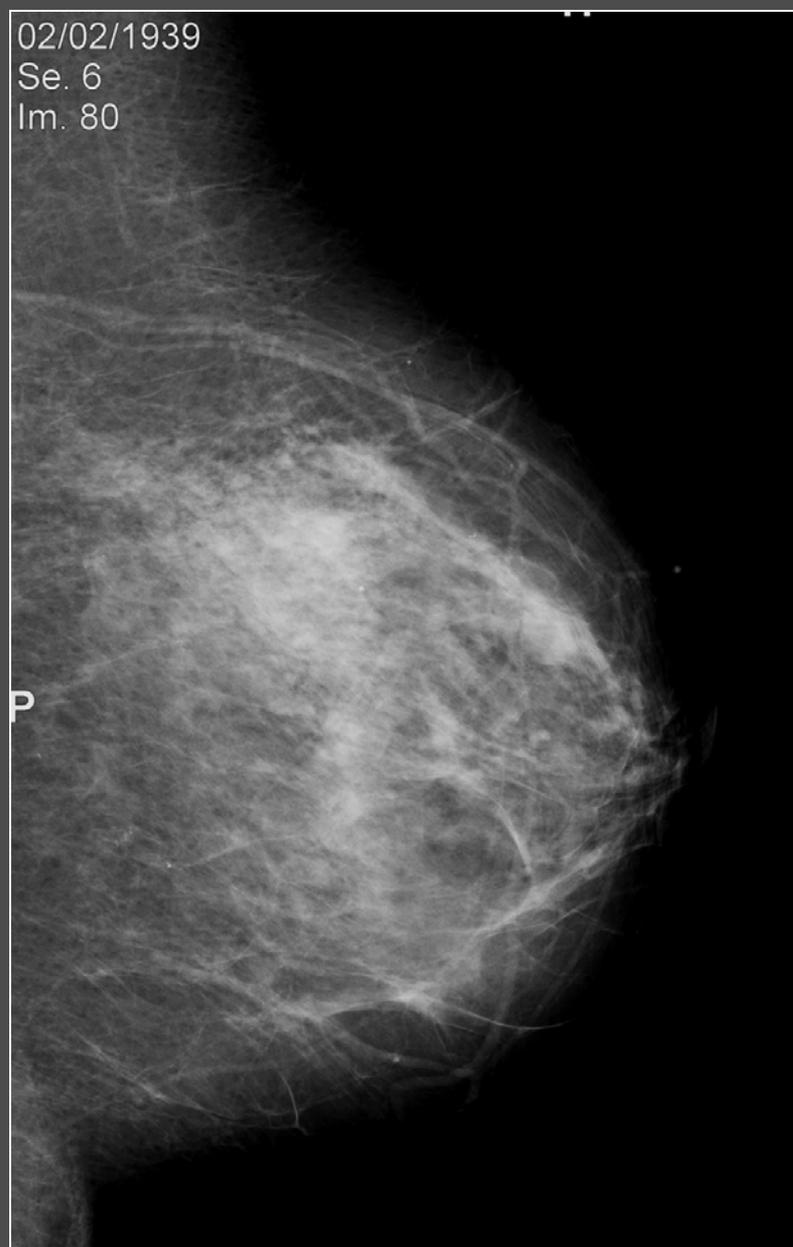
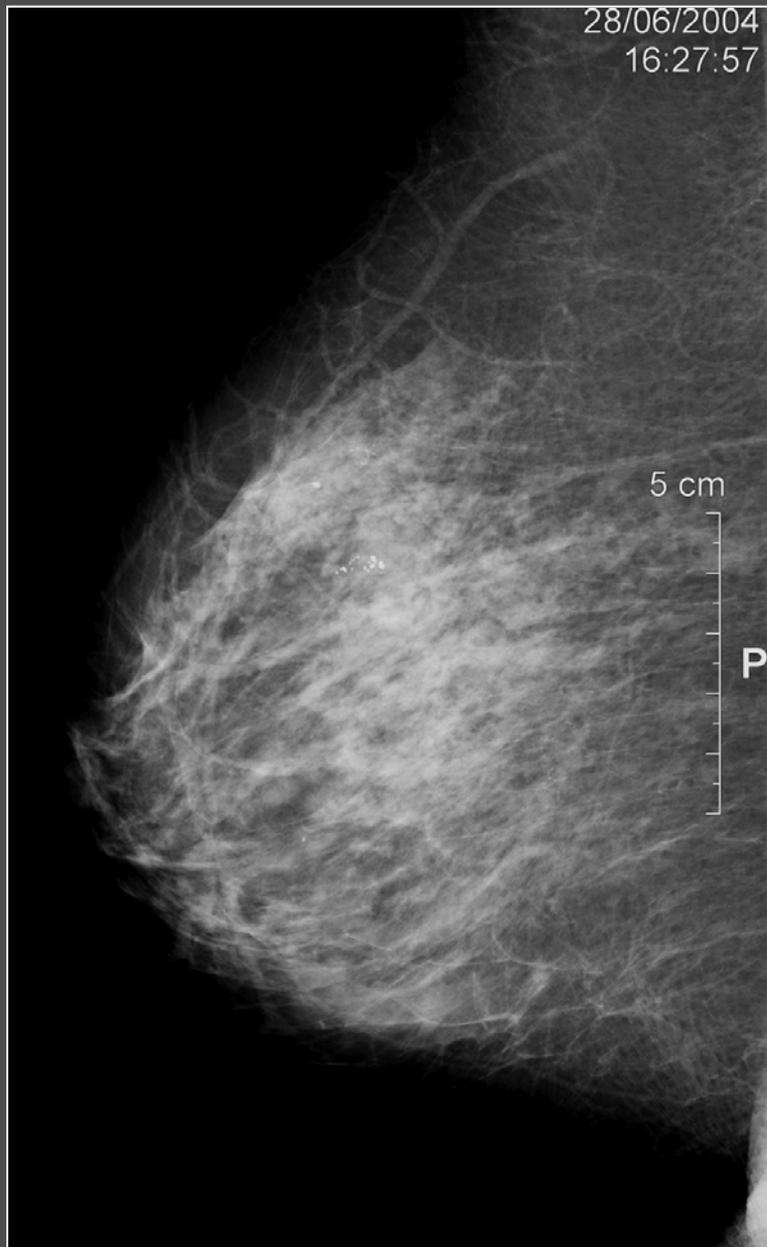


06-04

2659-94

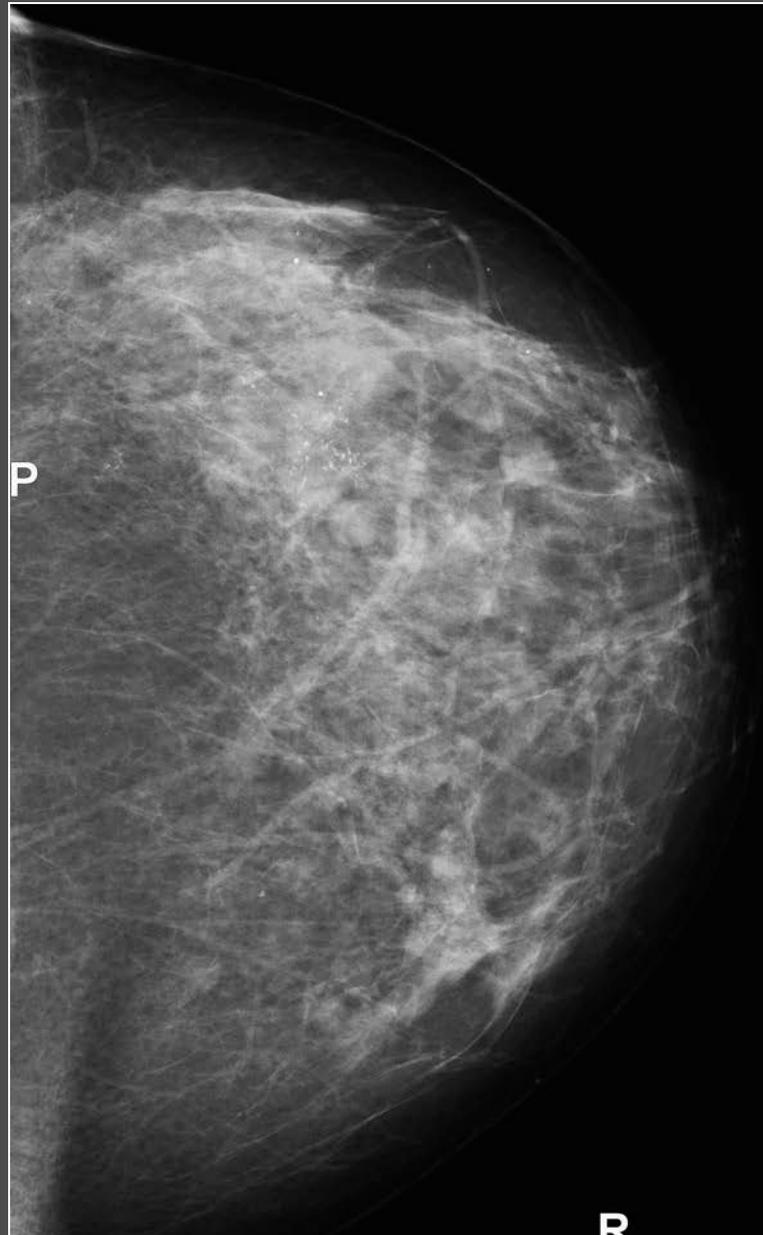
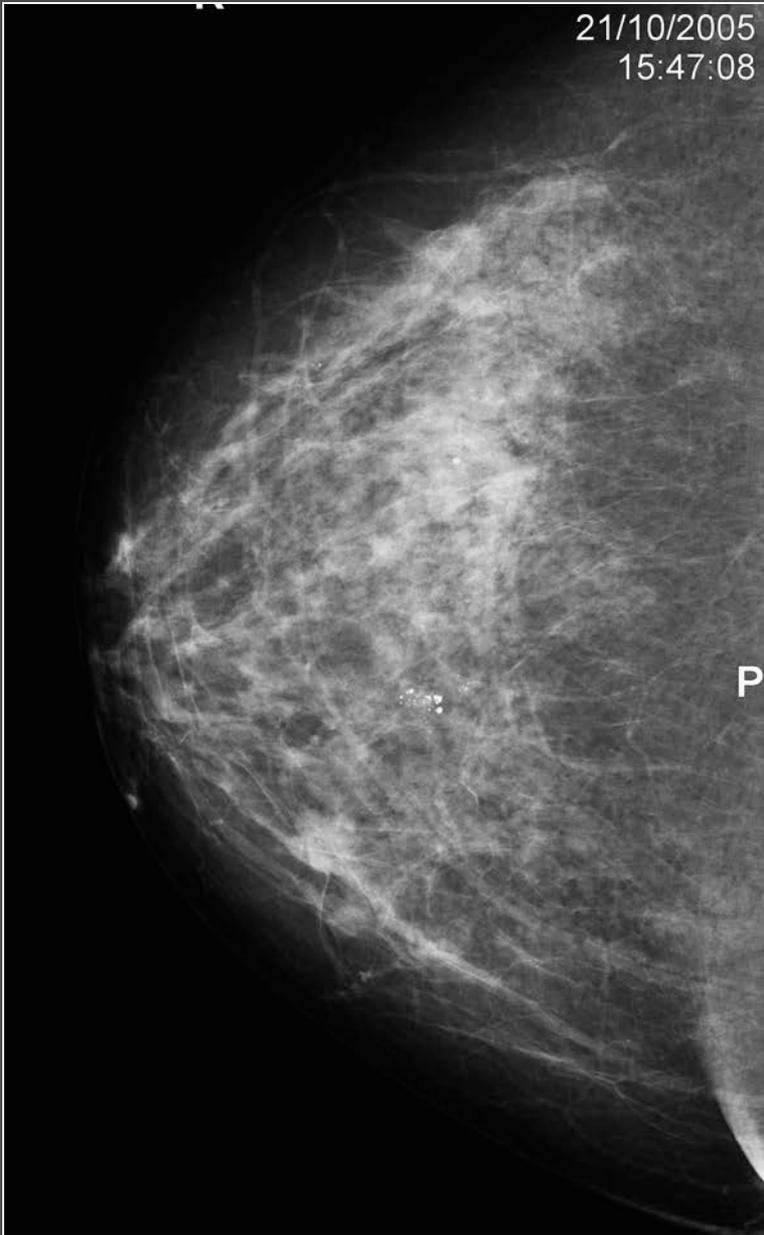


06-04



2659-94

21/10/2005  
15:47:08



10-05

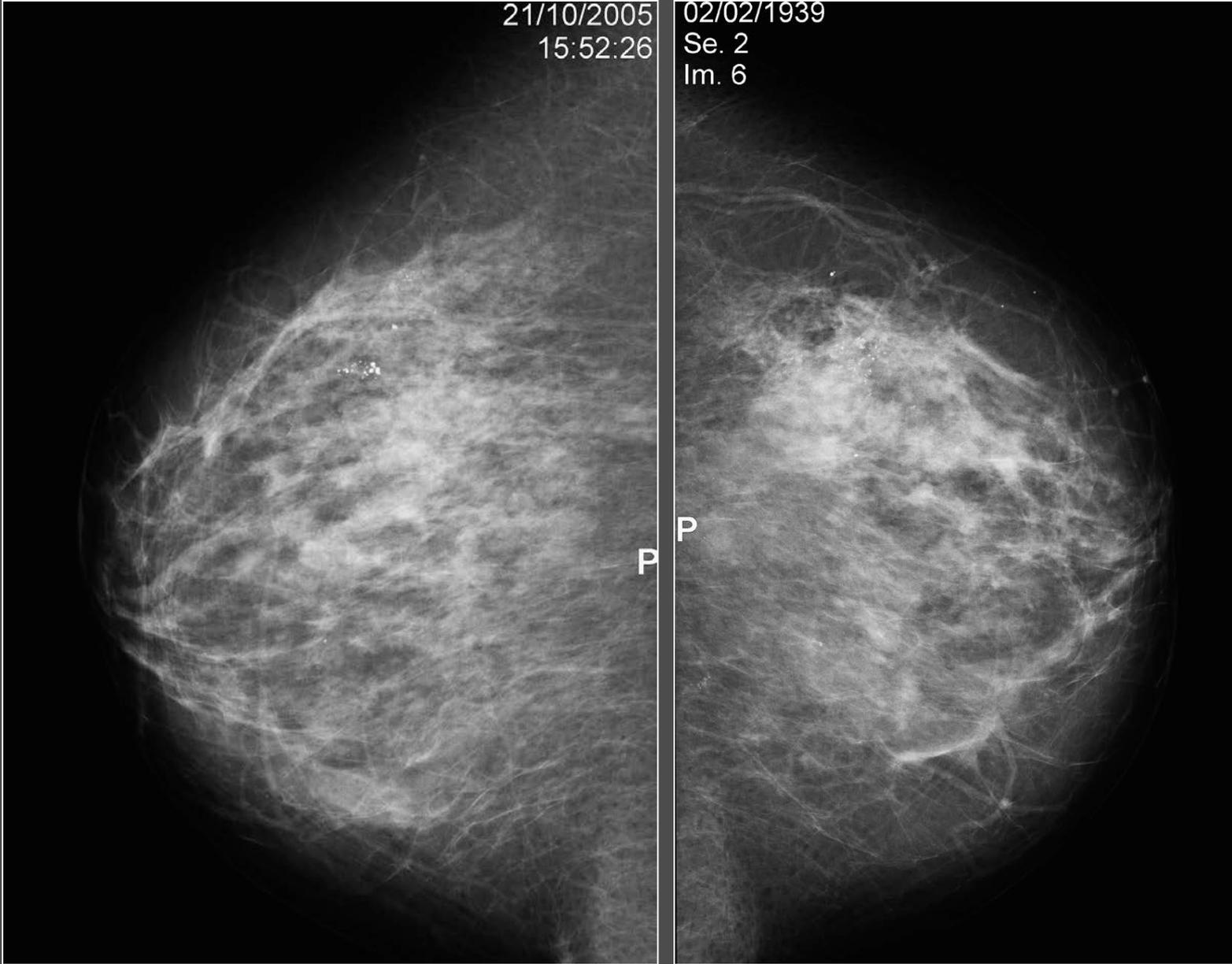
21/10/2005  
15:52:26

02/02/1939  
Se. 2  
Im. 6

P

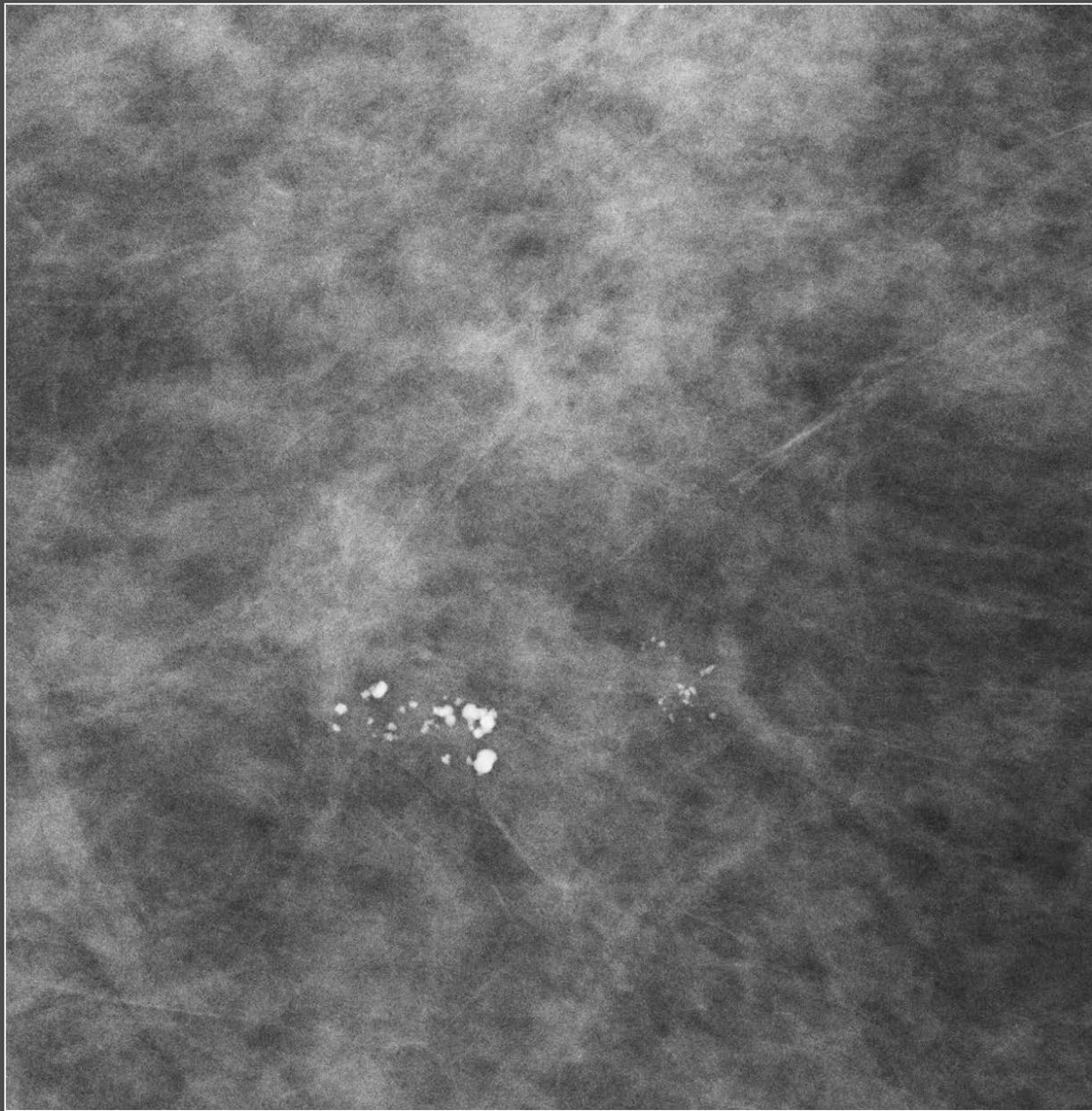
P

10-05



2659-94

Sein D



10-05

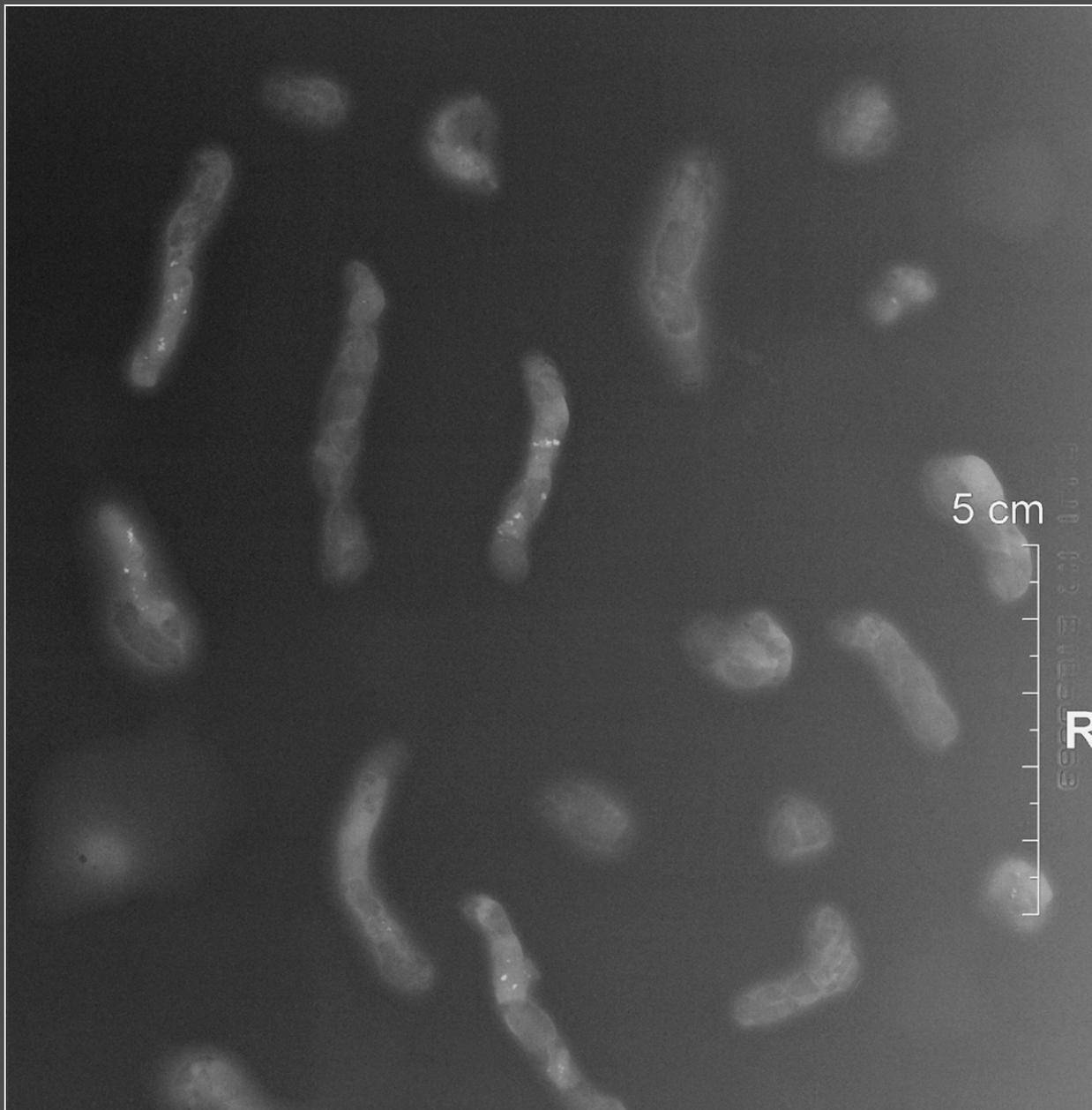
2659-94

Sein G

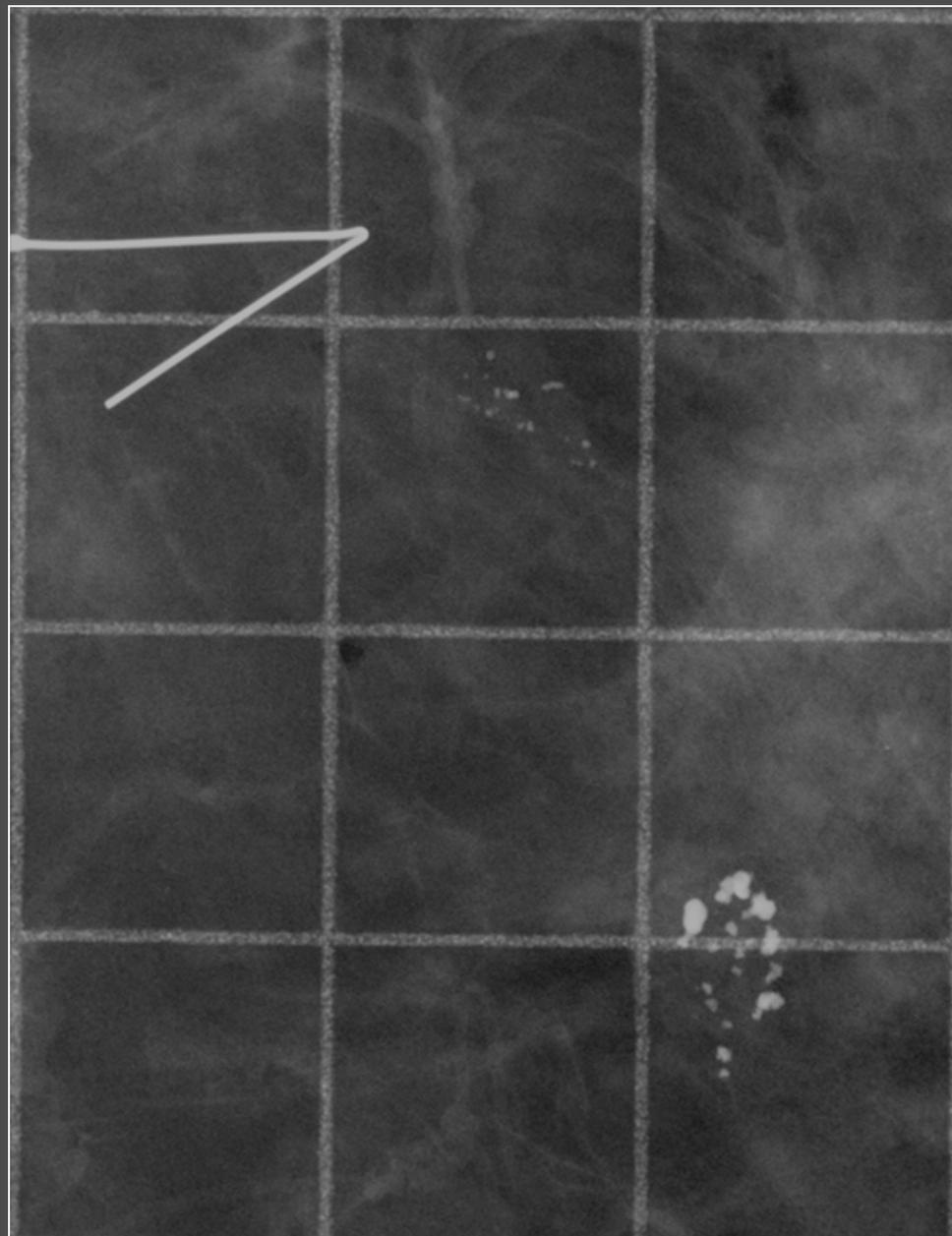
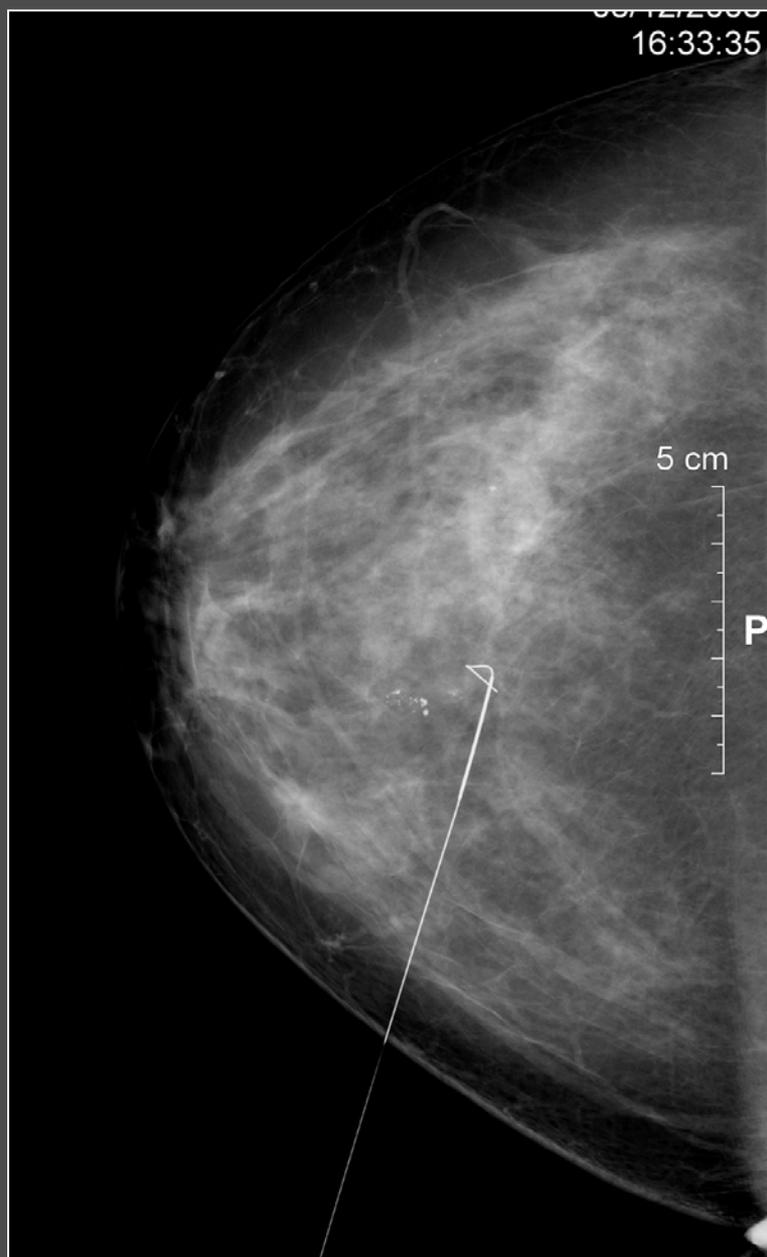


10-05

2659-94



10-05



A gauche carcinome canalaire infiltrant avec composante intracanaulaire de haut grade multifocale

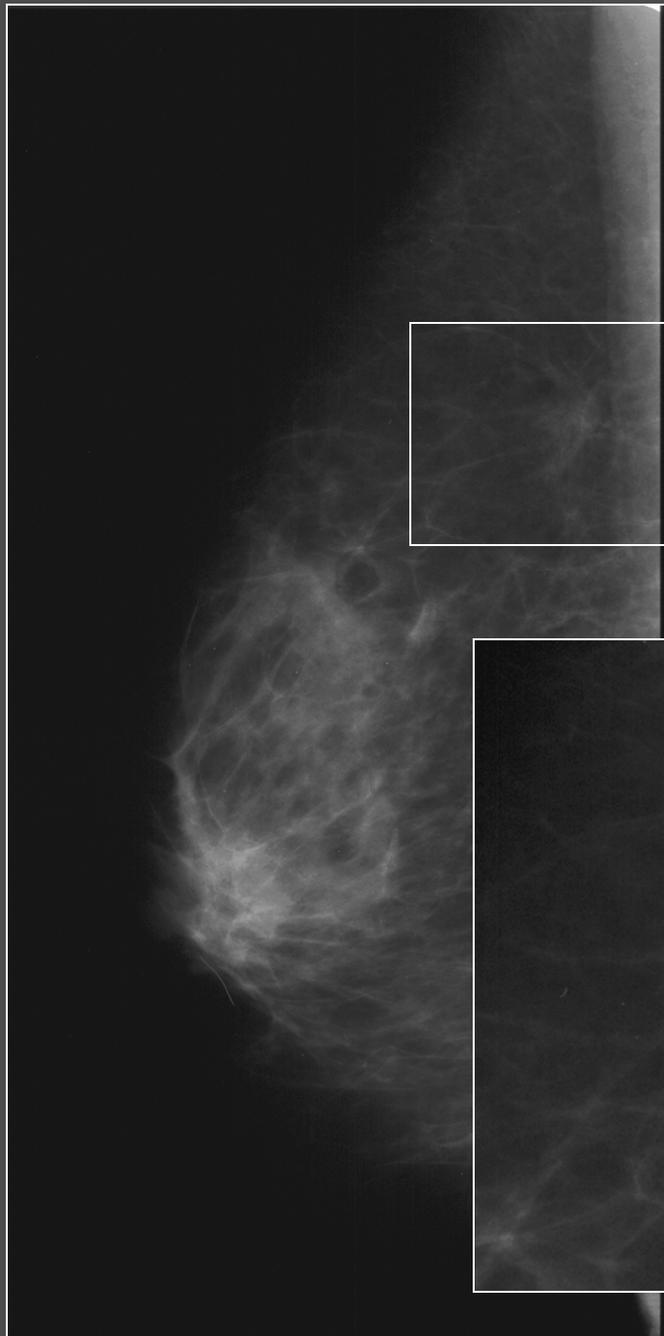
A droite fibroadénome et adénose sclérosante avec présence de micro-calcifications

# 2810-05

- Anomalie visible uniquement sur l'incidence oblique du sein D

2810-05

Mammographie  
initiale



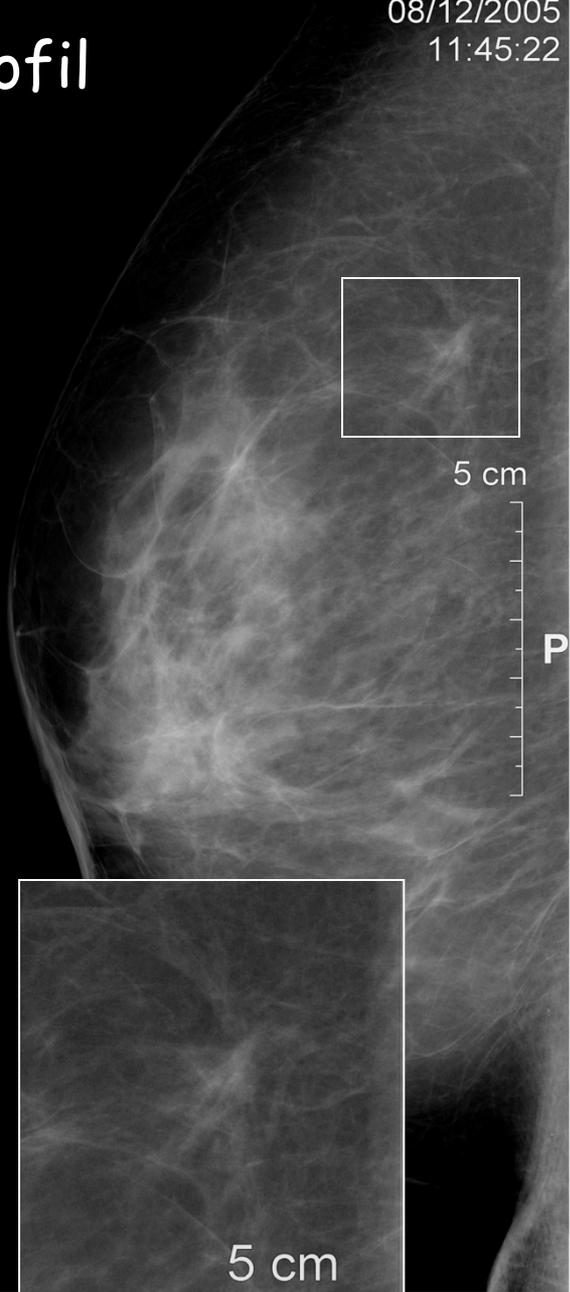
2810-05



Échographie  
négative

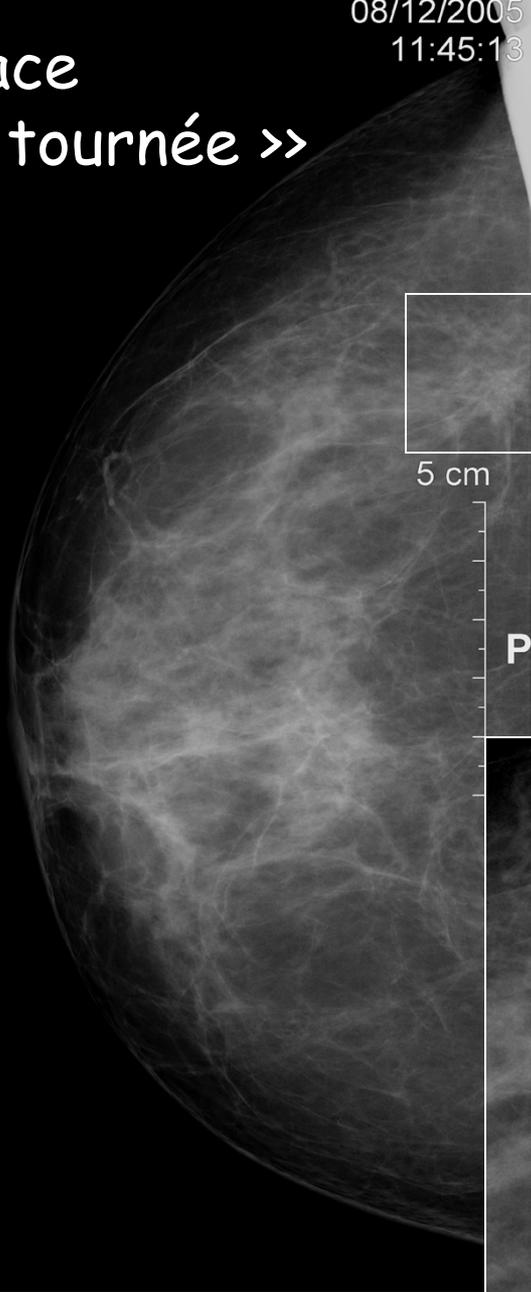
HR  
profil

CAV NANCY  
08/12/2005  
11:45:22



R  
Face  
<< tournée >>

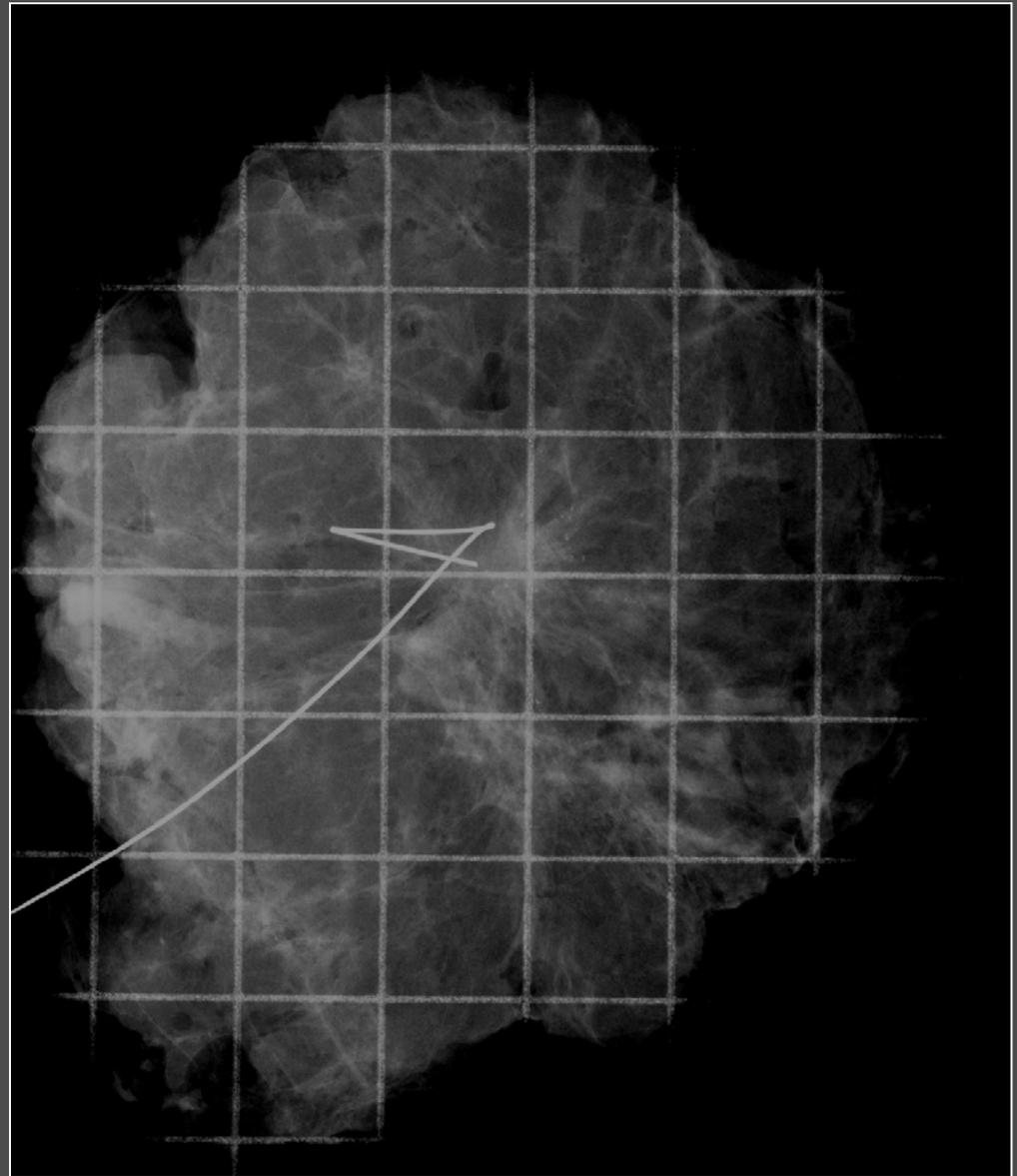
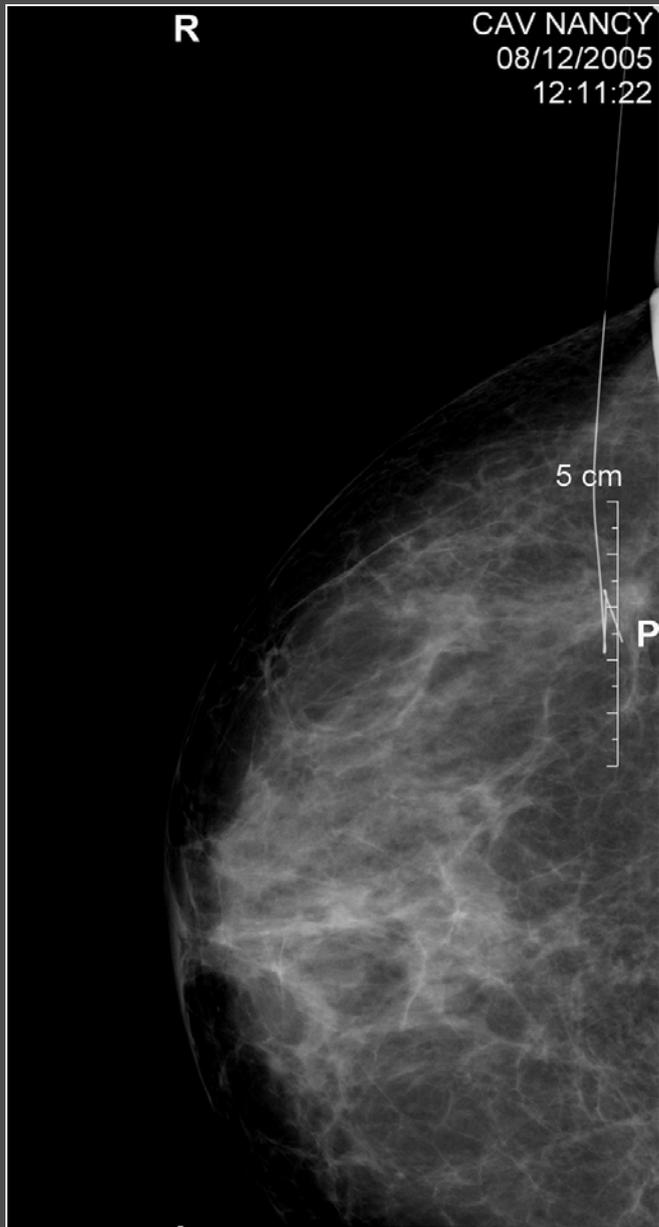
CAV NANCY  
08/12/2005  
11:45:13



2810-05

Clichés  
complémentaires

2810-05

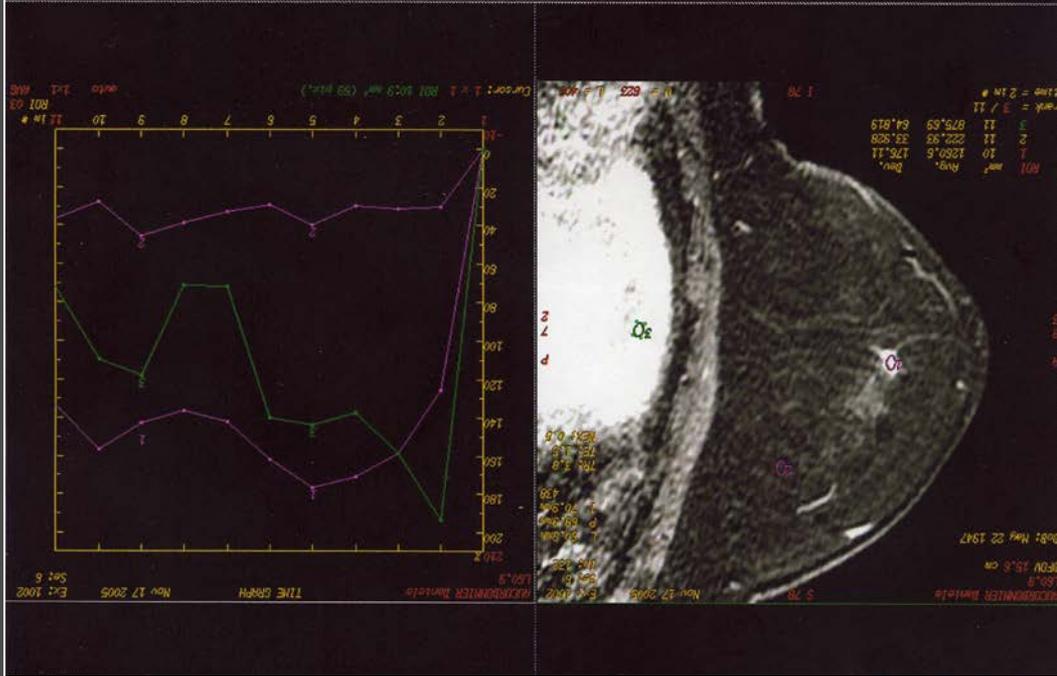
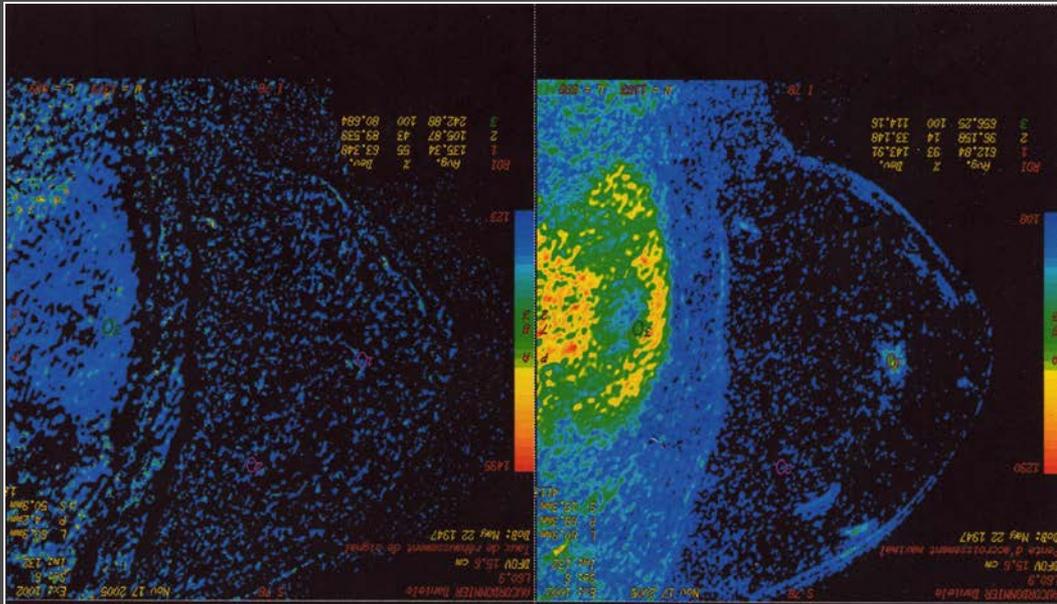


Aschoff avec 2 microfoyers de CCI et  
à des lésions de CIC étendues sur 2  
cm

# 3180-05

- ❑ Patiente de 58 ans
- ❑ Biopsie mammaire G en 1999 pour lésion bénigne
- ❑ Mastodynies et densification à la limite des deux quadrants externe du sein G
- ❑ Antécédents : cancer du sein chez la mère et deux sœurs vers l'âge de 50 ans
- ❑ Mammographie et échographie mammaire négatives
- ❑ Examen IRM mammaire bilatéral

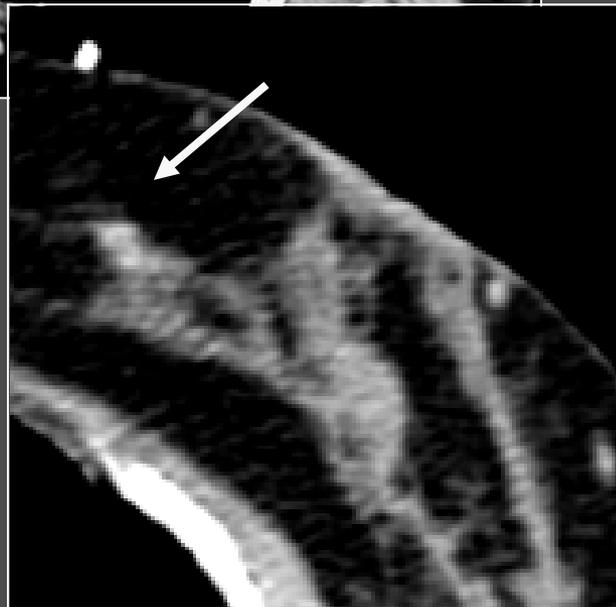
# 3180-05





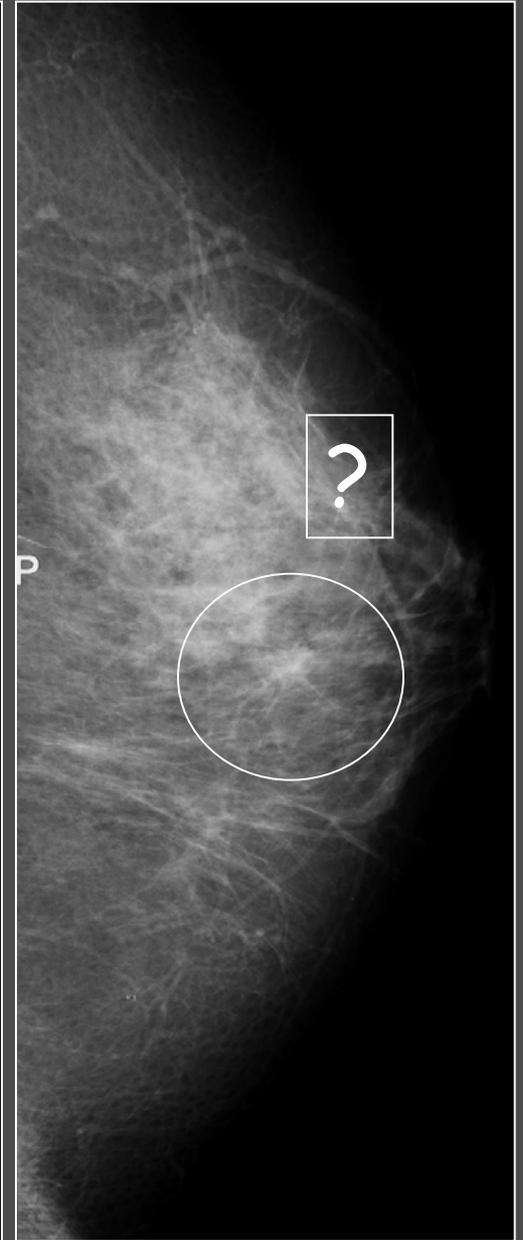
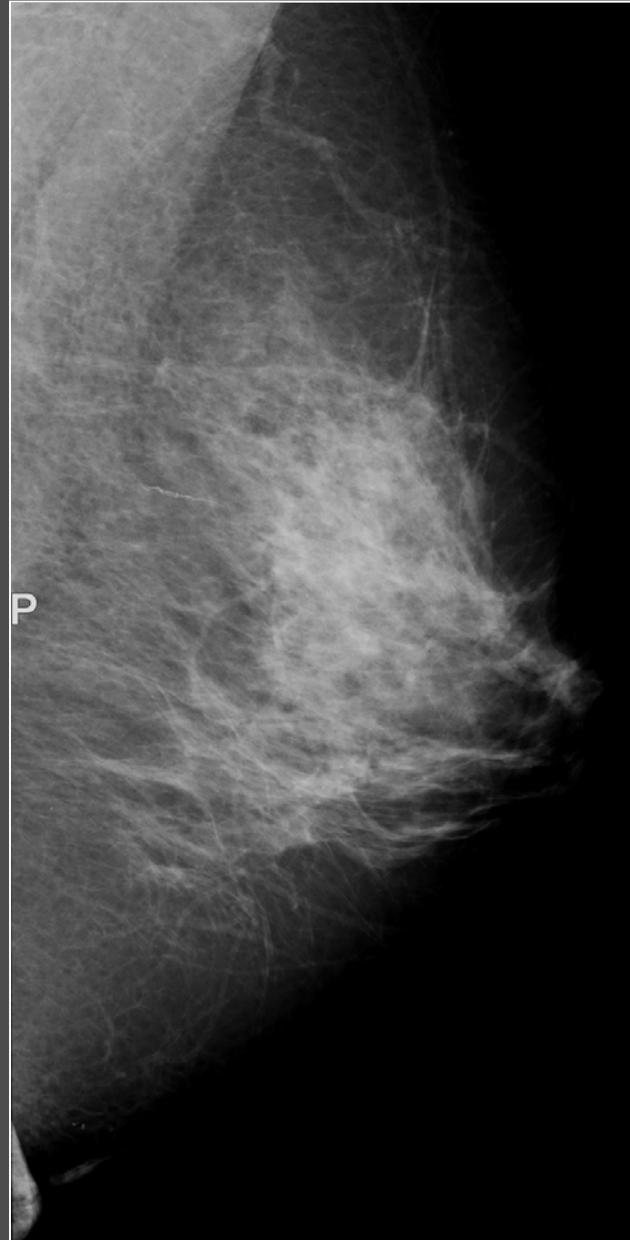
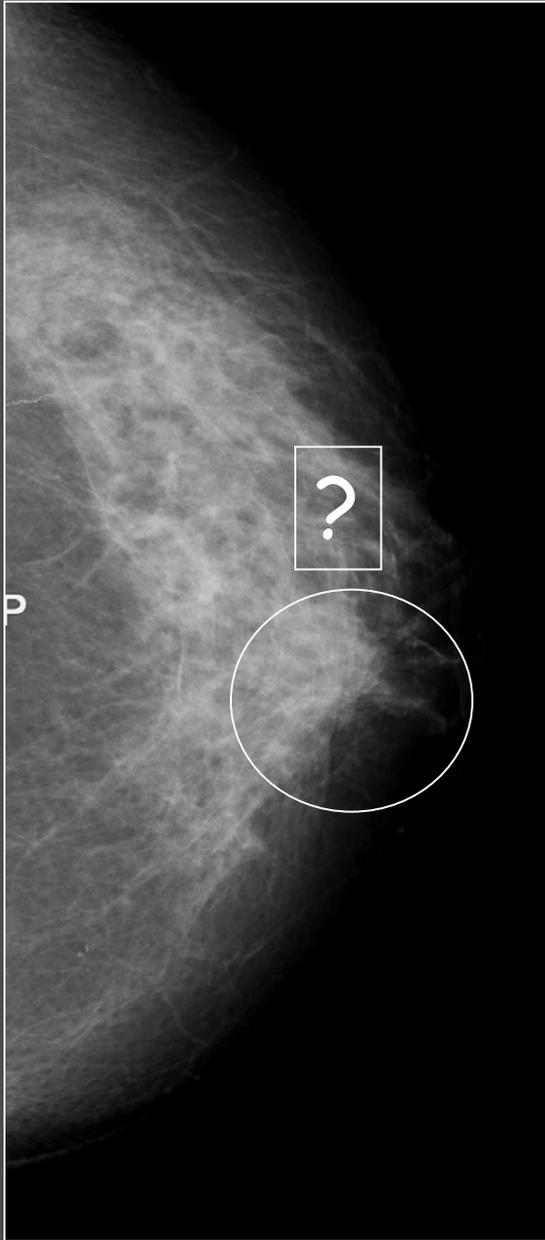
Inj. CONTRAST

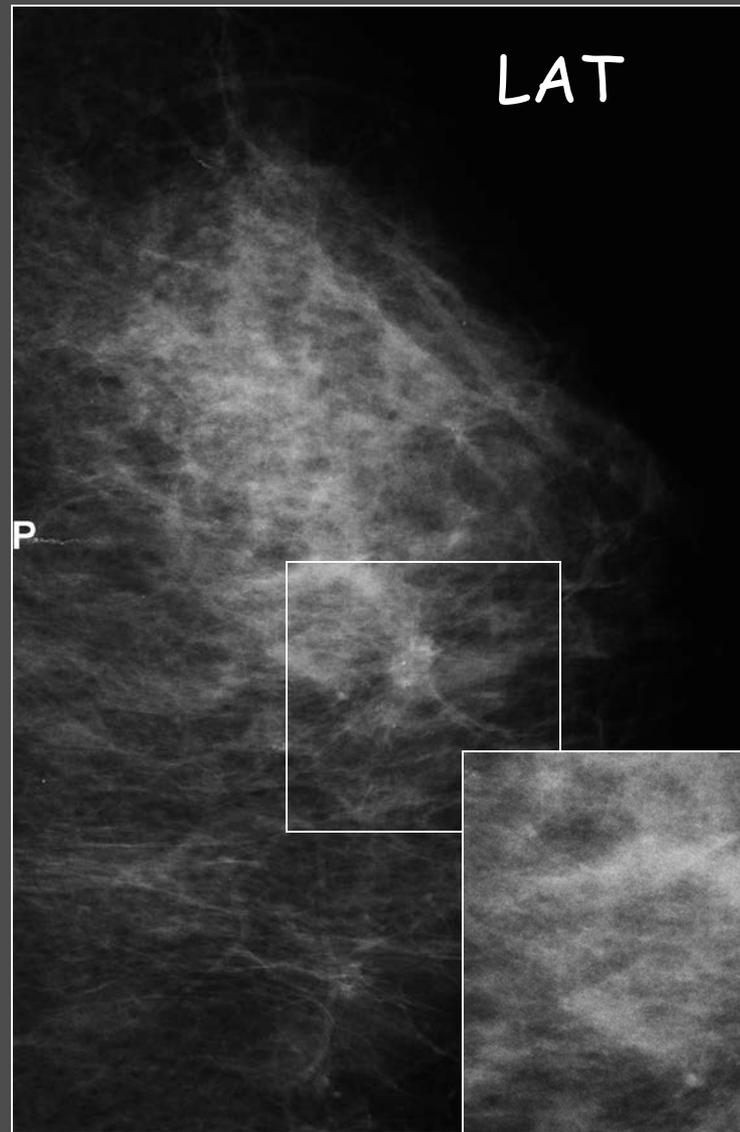
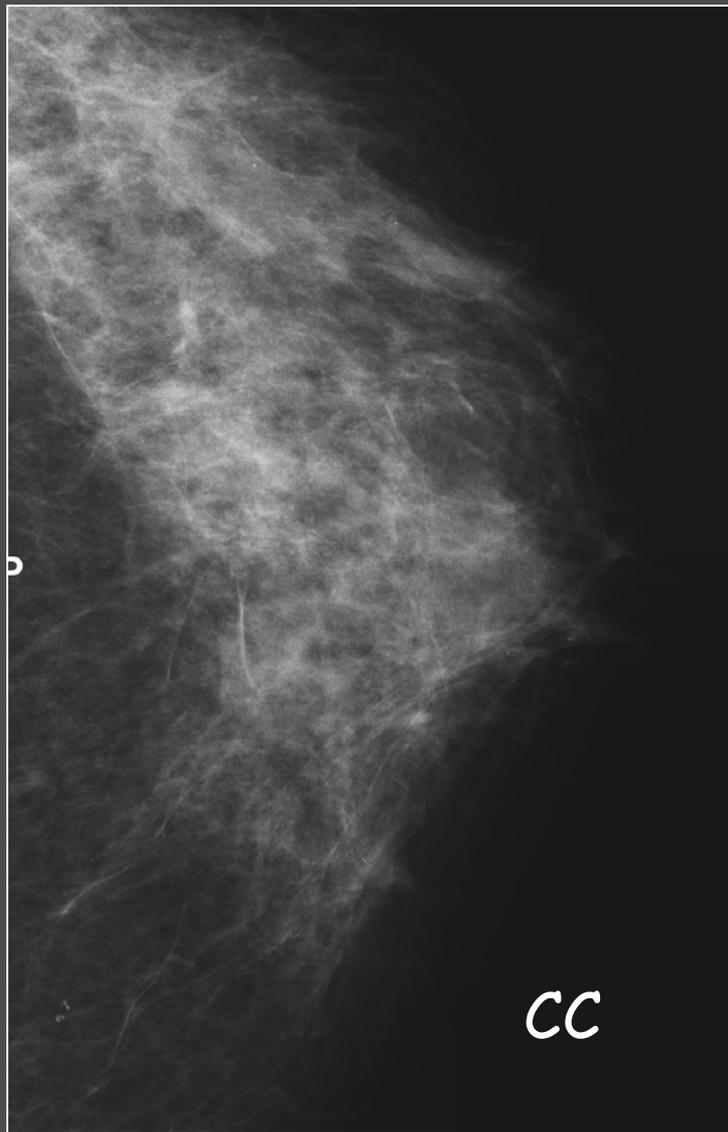
3180-05



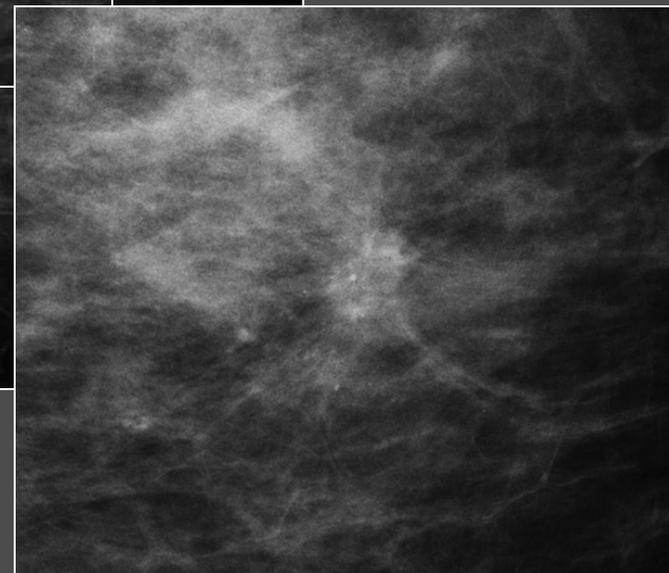
Nouvelle mammographie

3180-05



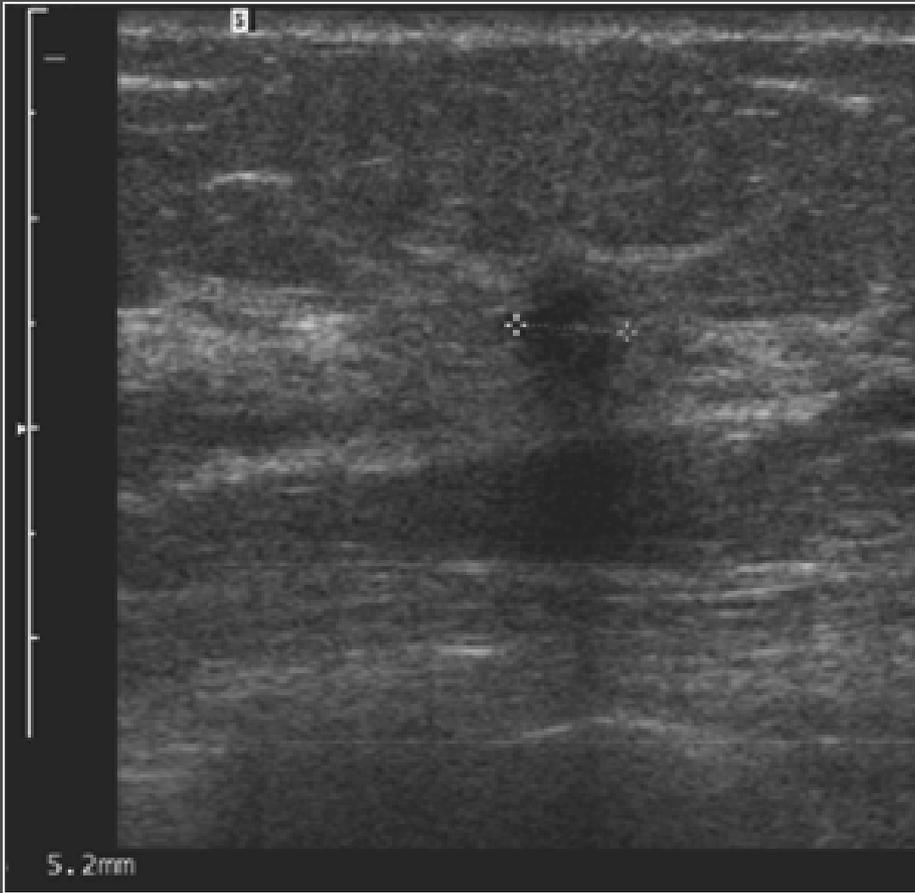


3180-05



Agrandissements centrés  
Agrandissements géométriques

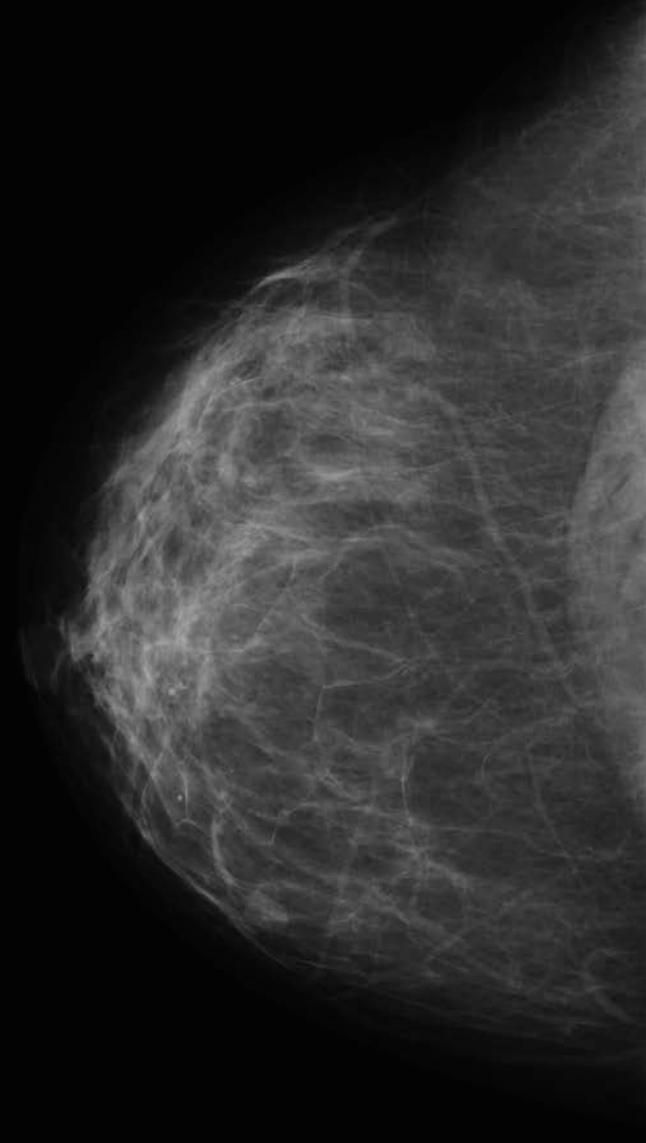
3180-05



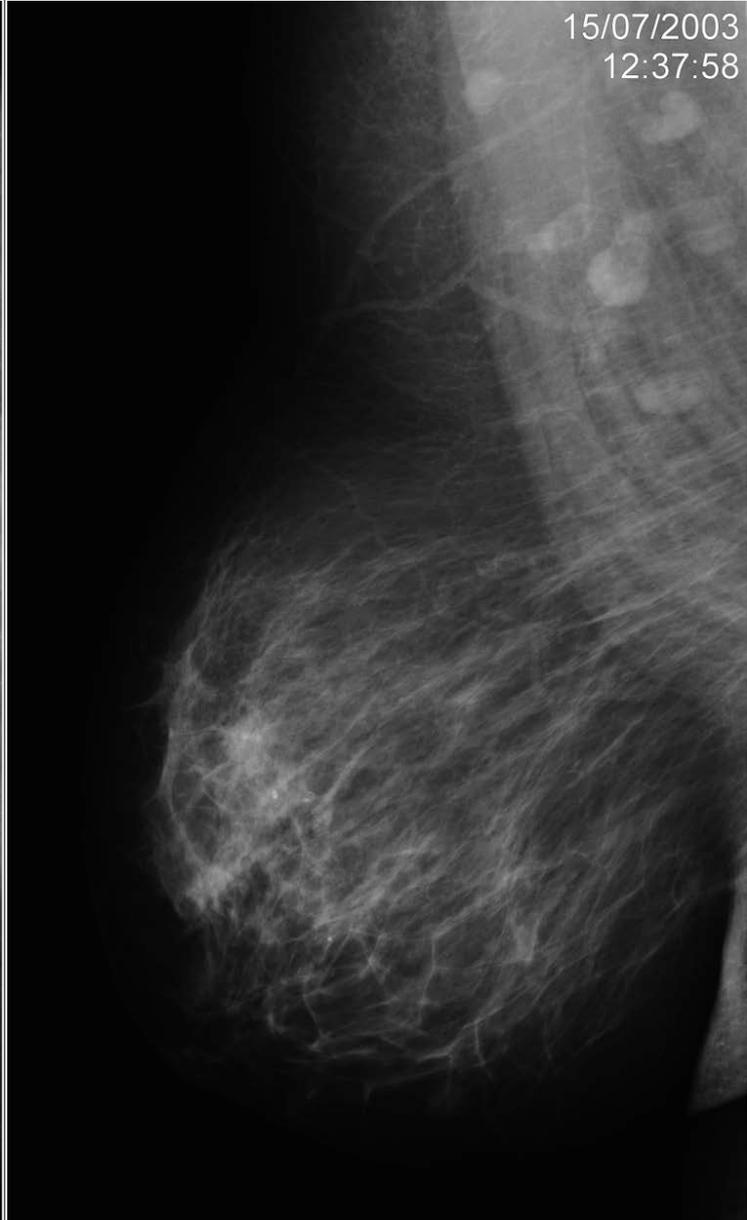
774-96

774-95

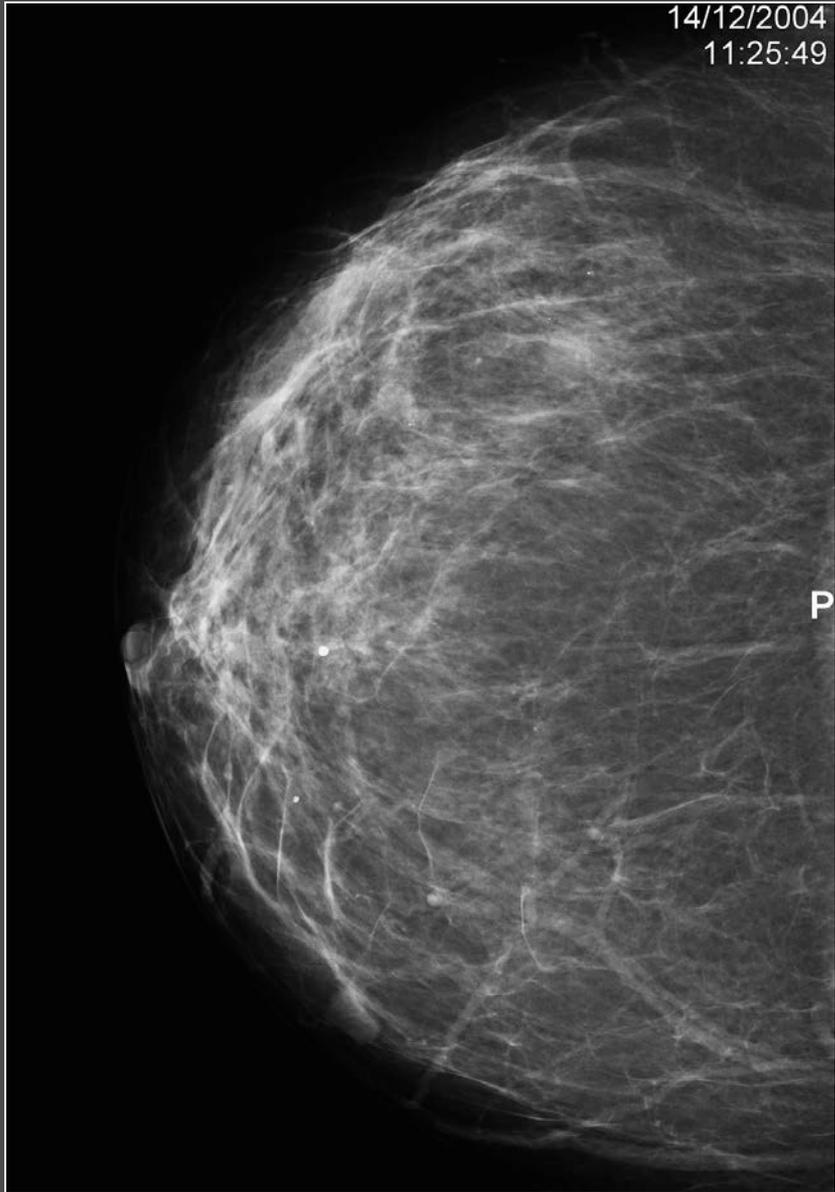
15/07/2003  
12:35:09



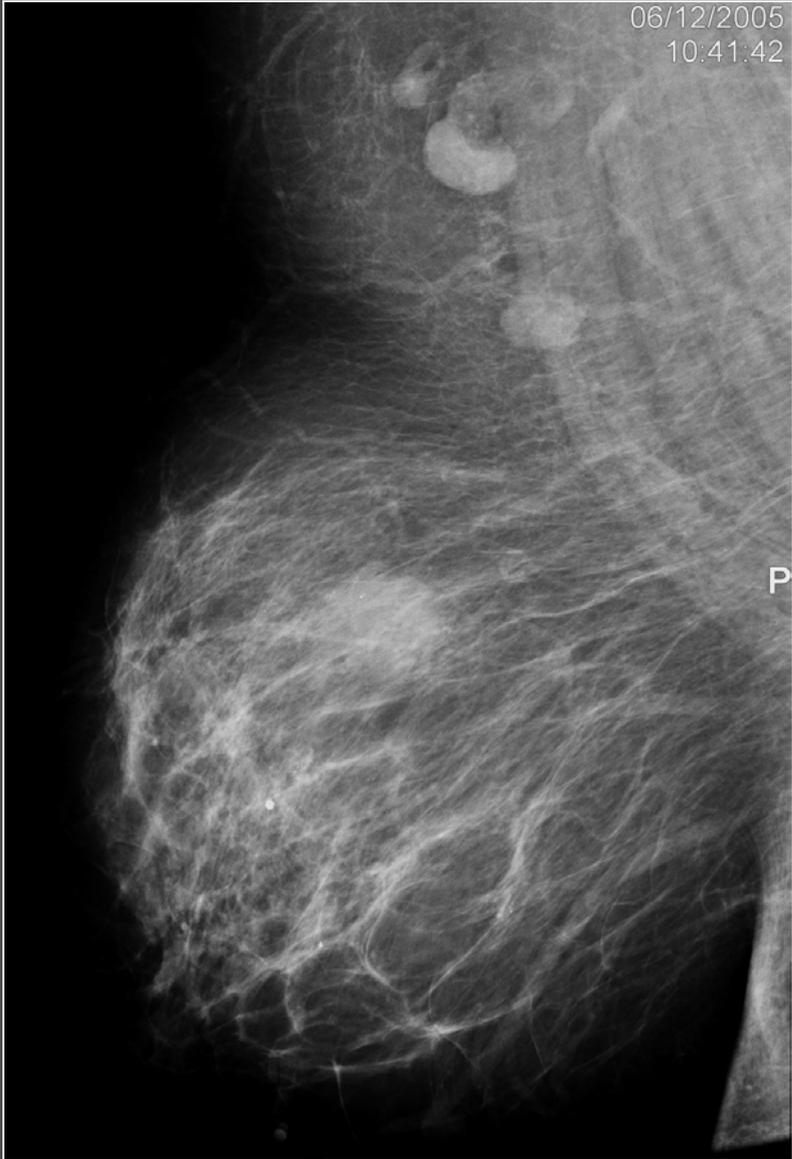
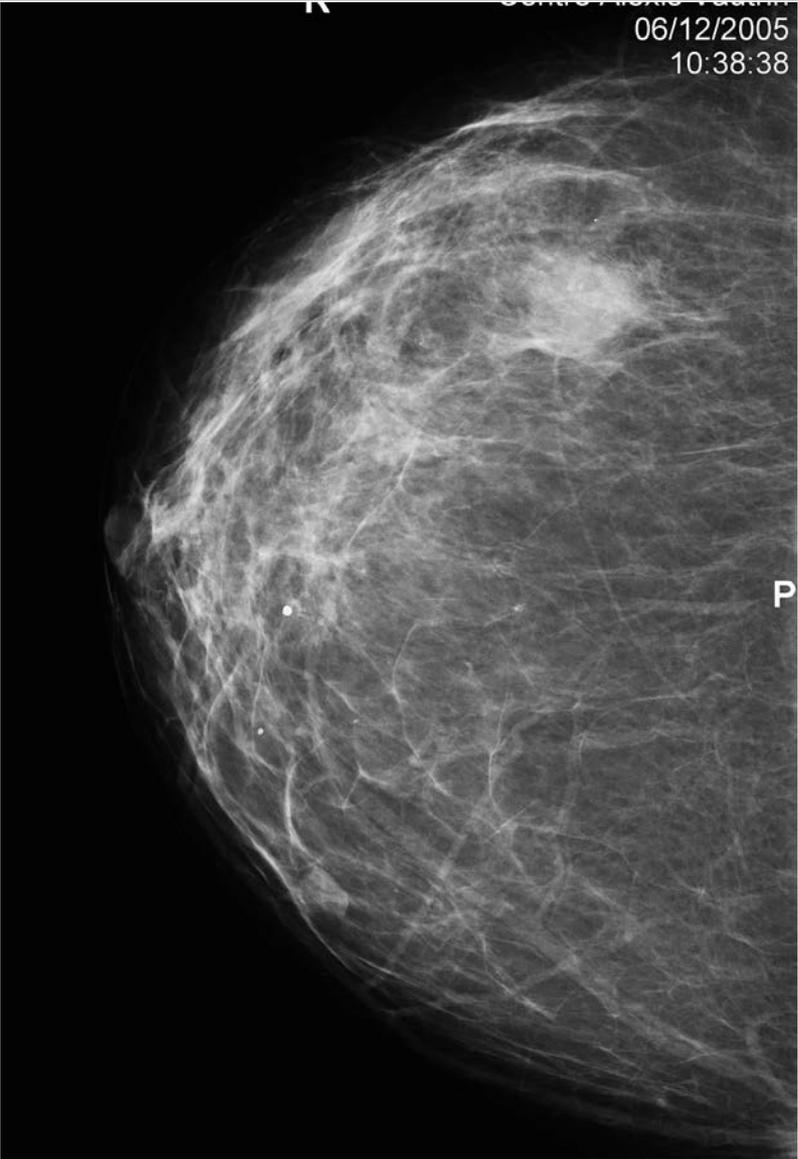
15/07/2003  
12:37:58



774-95

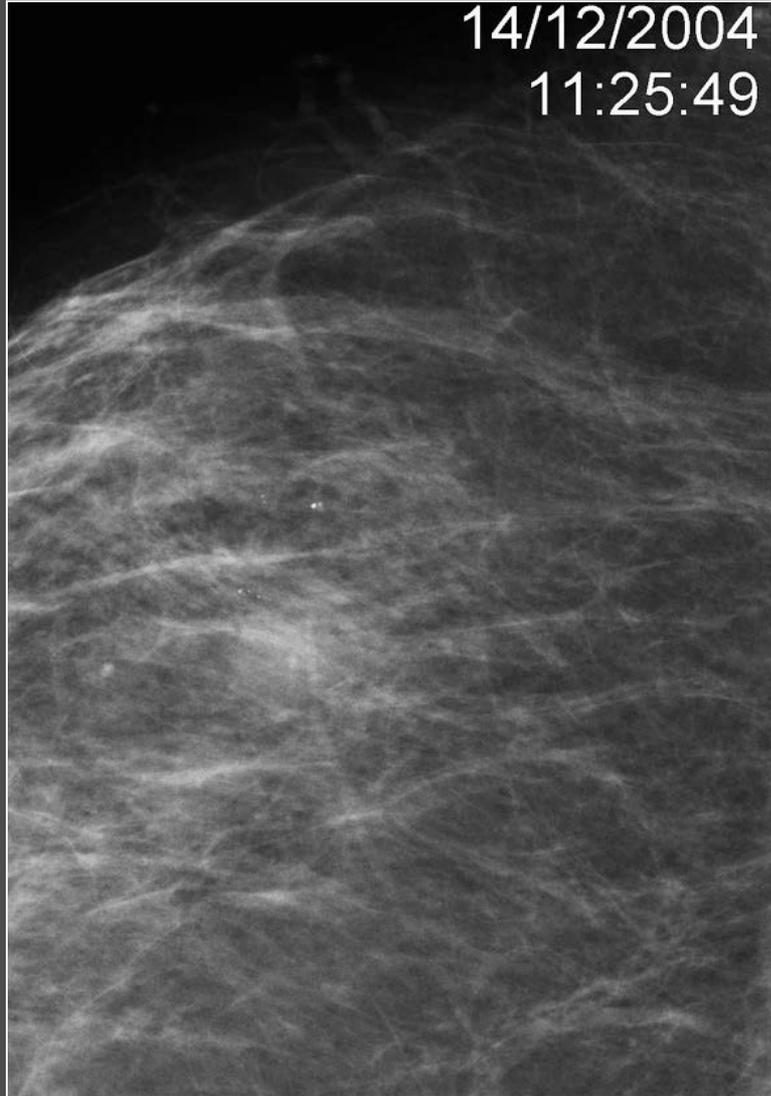


774-95

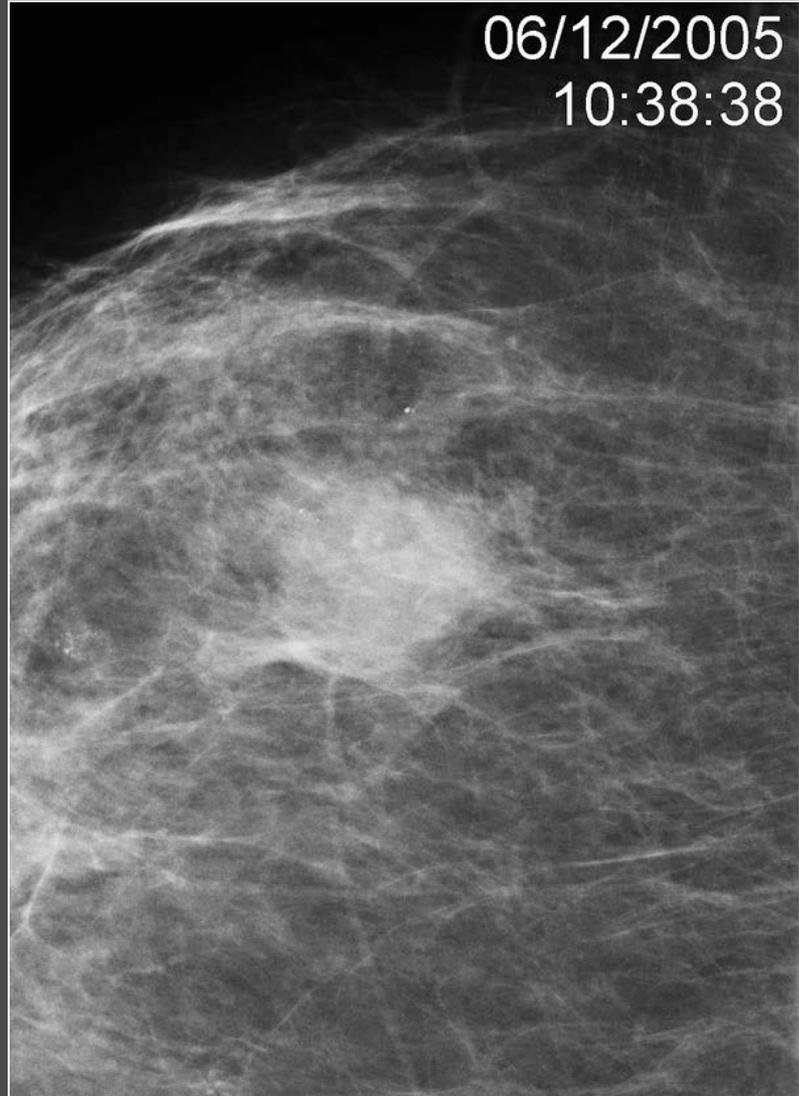


774-95

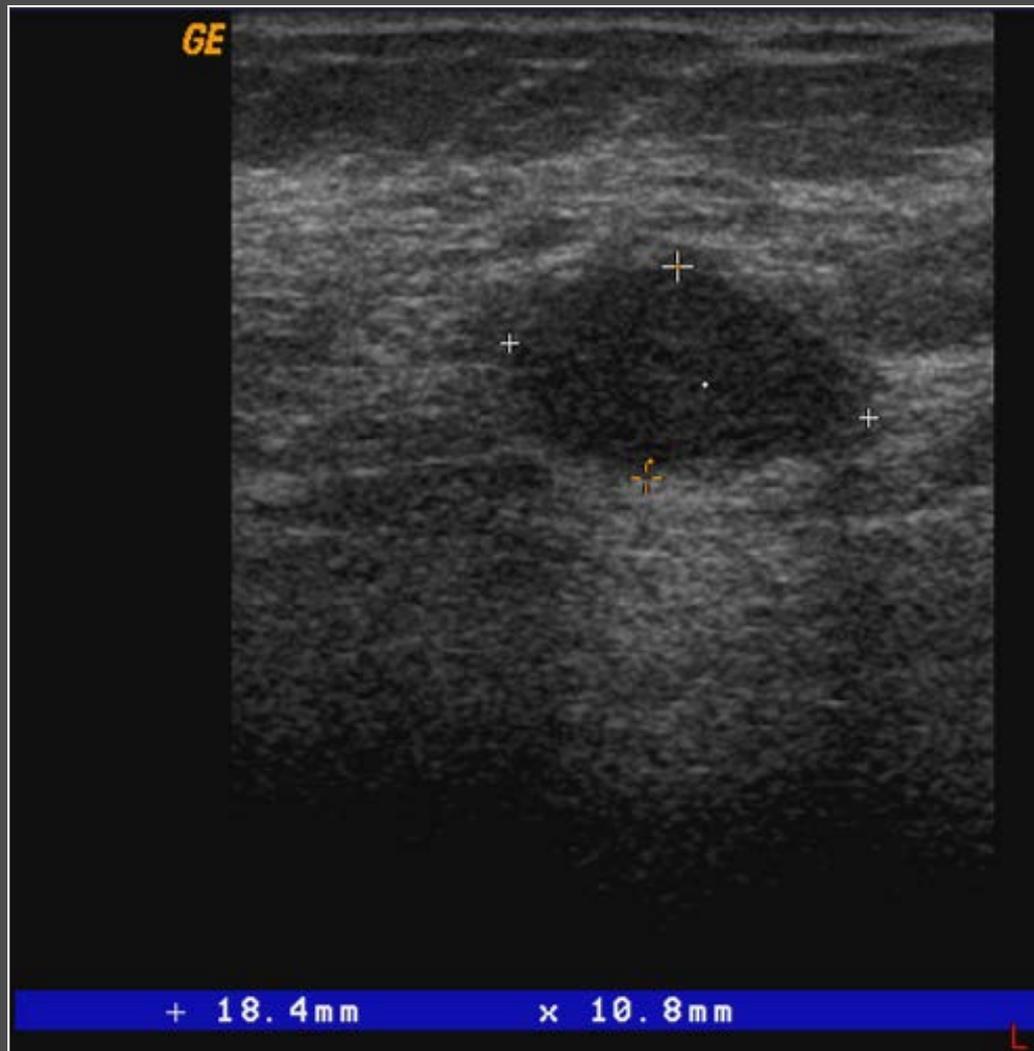
14/12/2004  
11:25:49



06/12/2005  
10:38:38



774-95



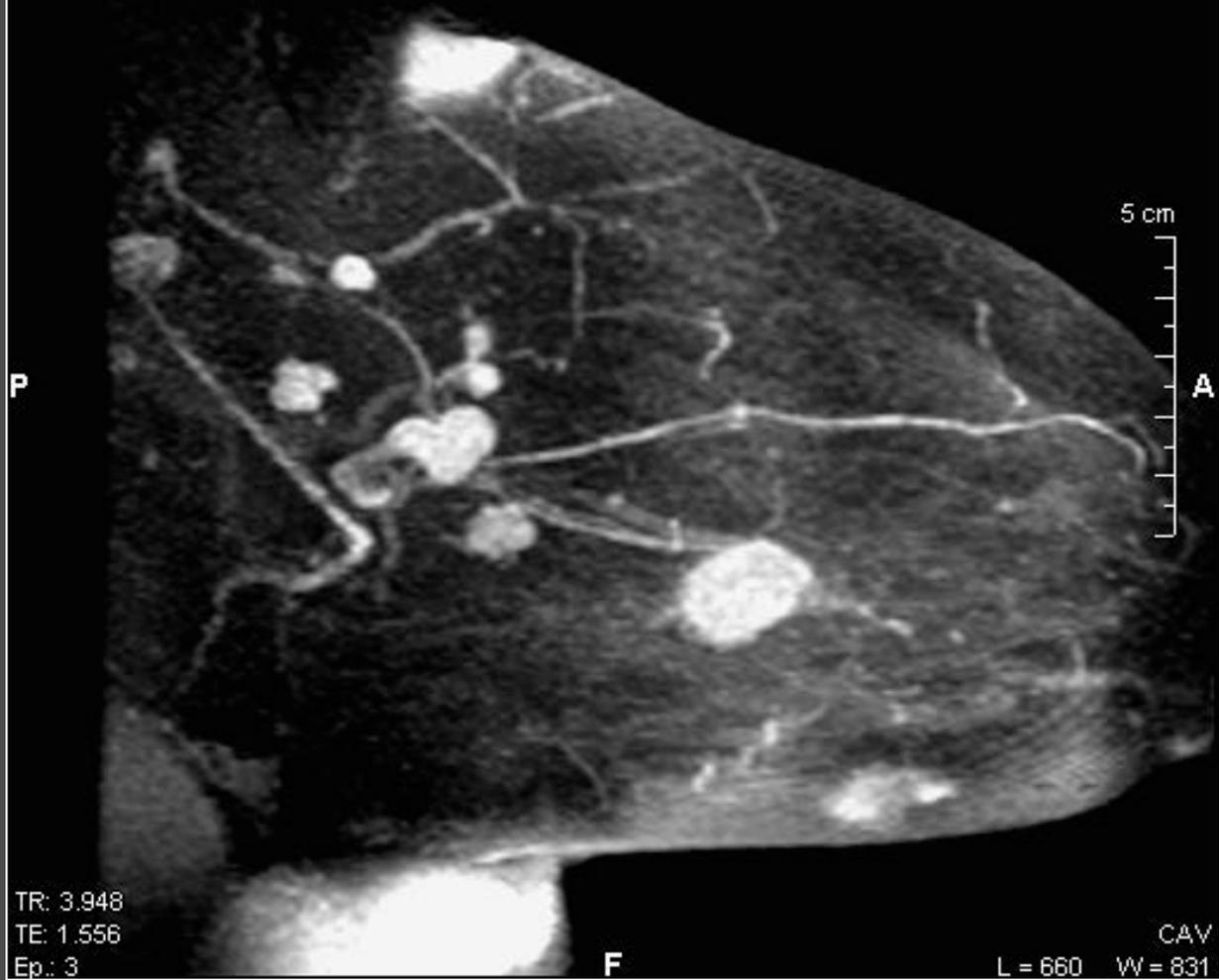
774-95

Carcinome mammaire multifocal

774-95

09/10/1949  
Ex. 3386  
Se. 400  
Im. 3

14/12/2005  
10:26:18



TR: 3.948  
TE: 1.556  
Ep.: 3

CAV  
L = 660 W = 831

1363-96

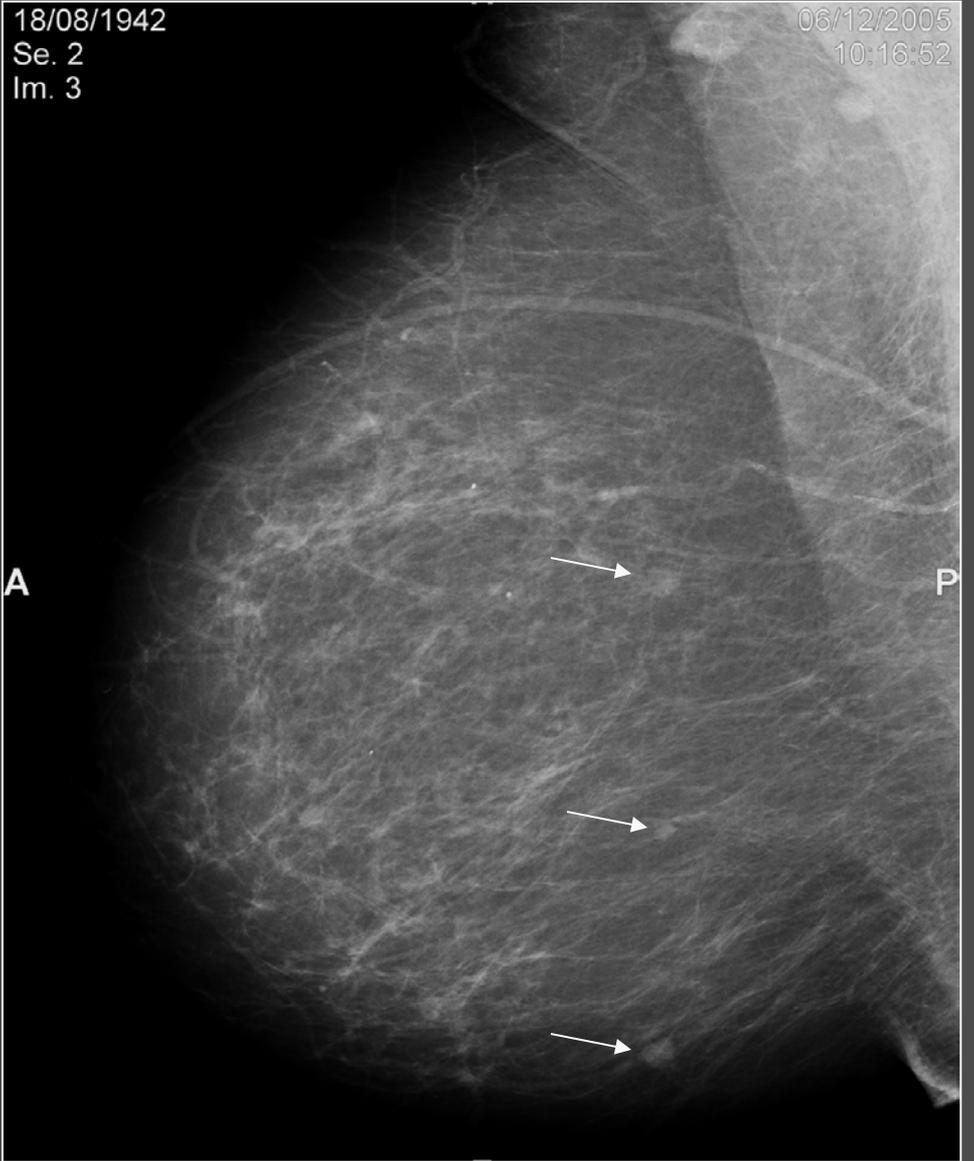
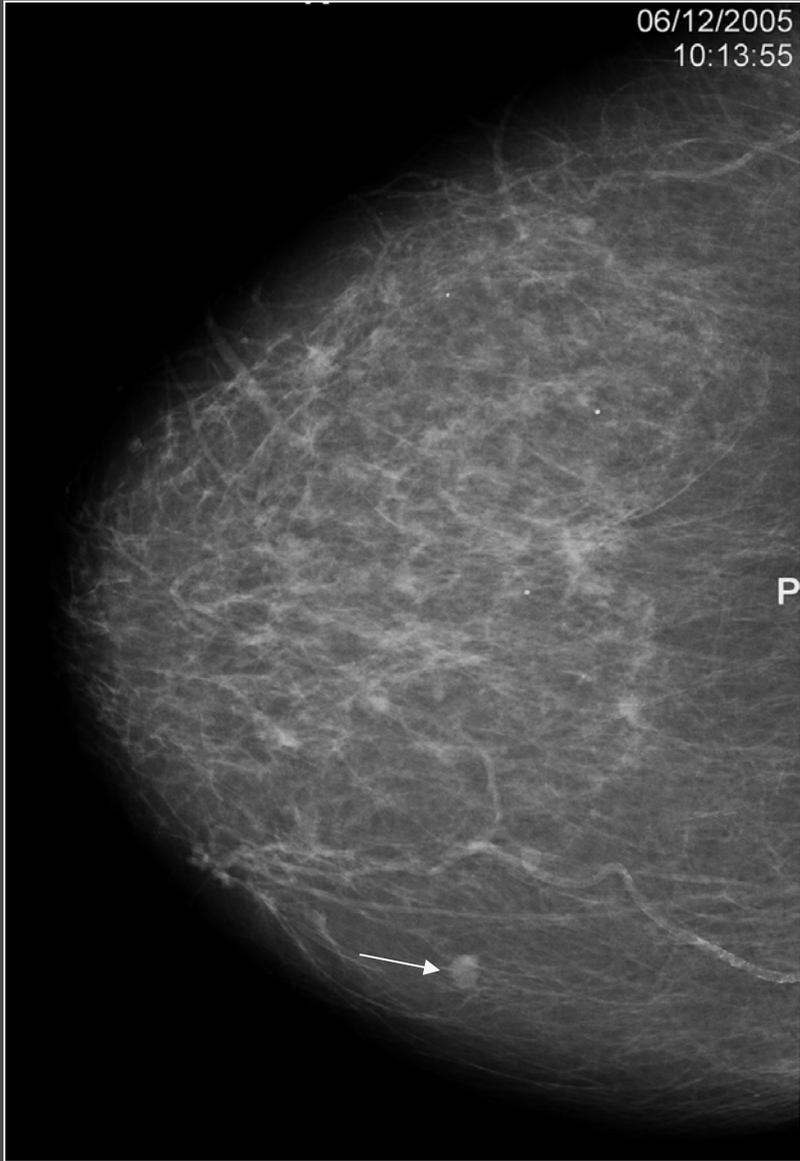
- ❑ Mammographie systématique
- ❑ Masses multiples

1363-96

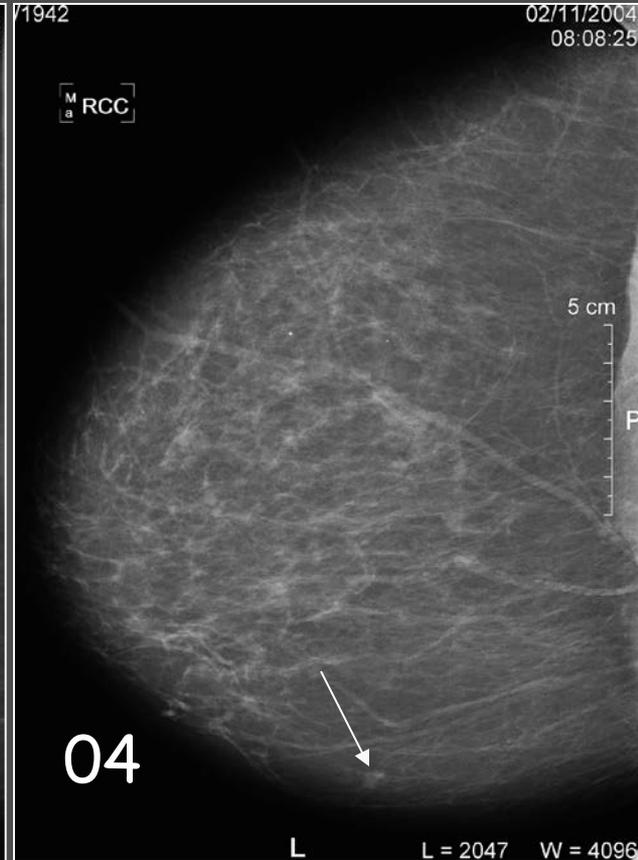
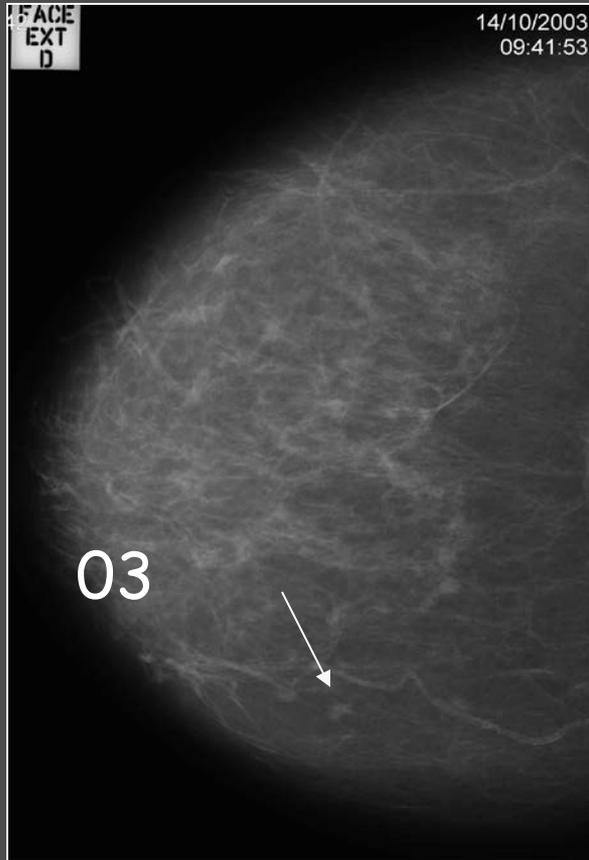
06/12/2005  
10:13:55

18/08/1942  
Se. 2  
Im. 3

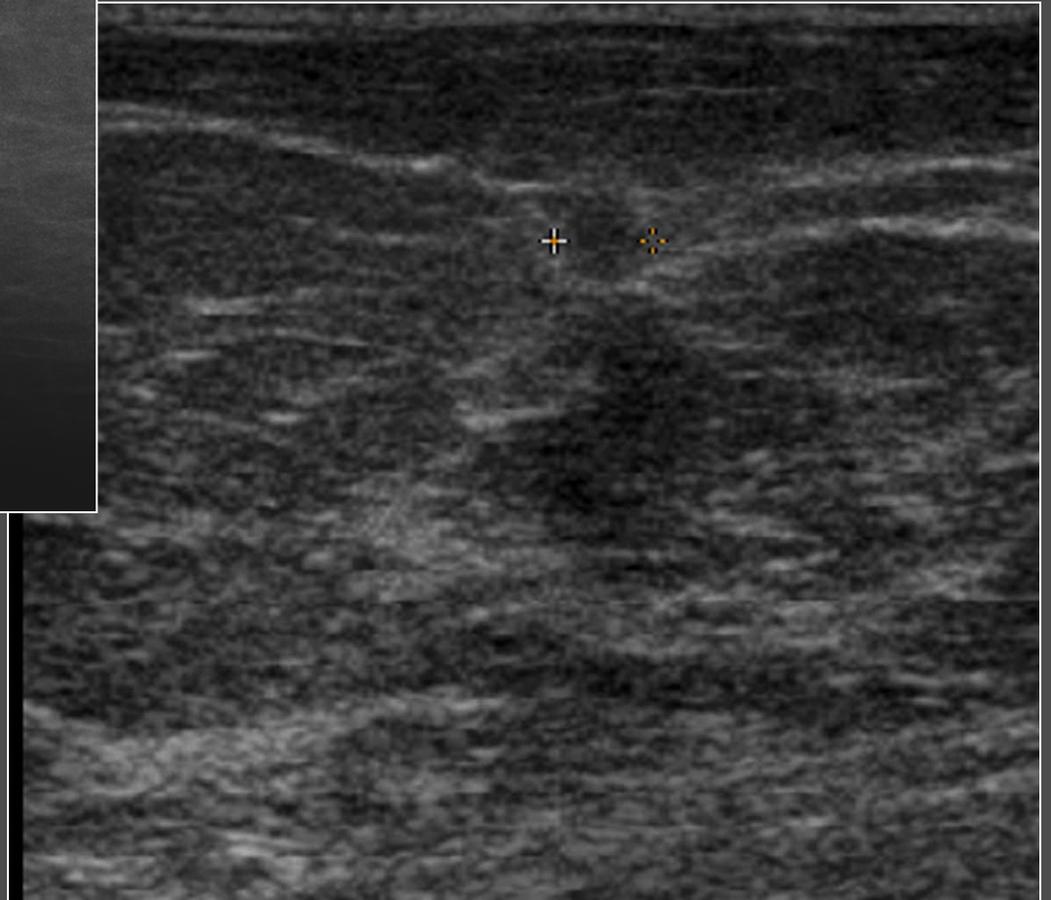
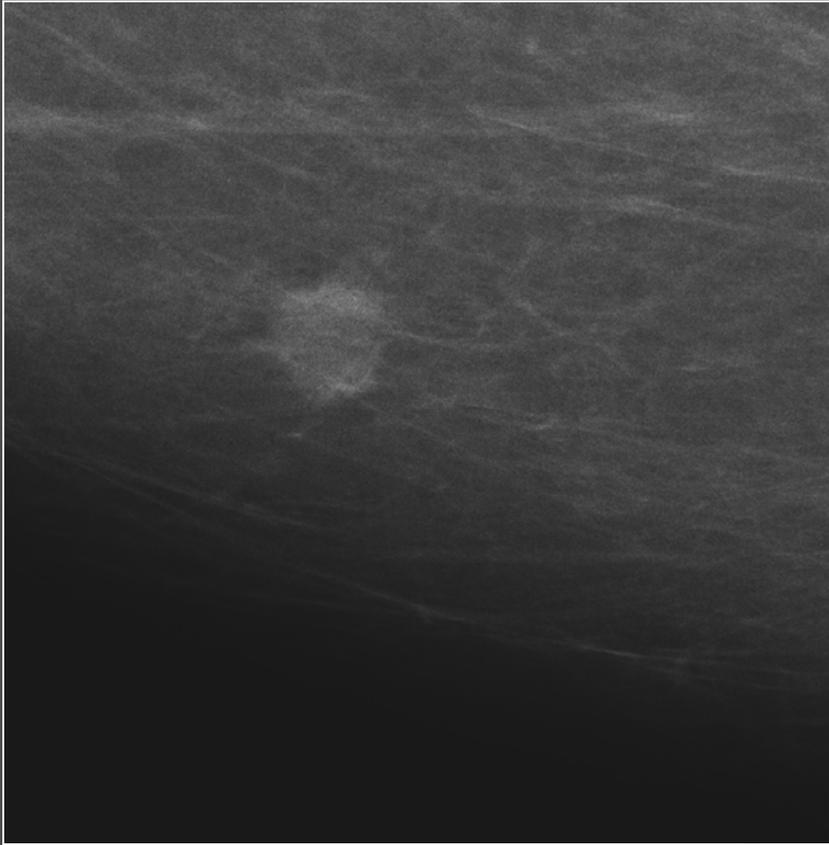
06/12/2005  
10:16:52



1363-96



1363-96



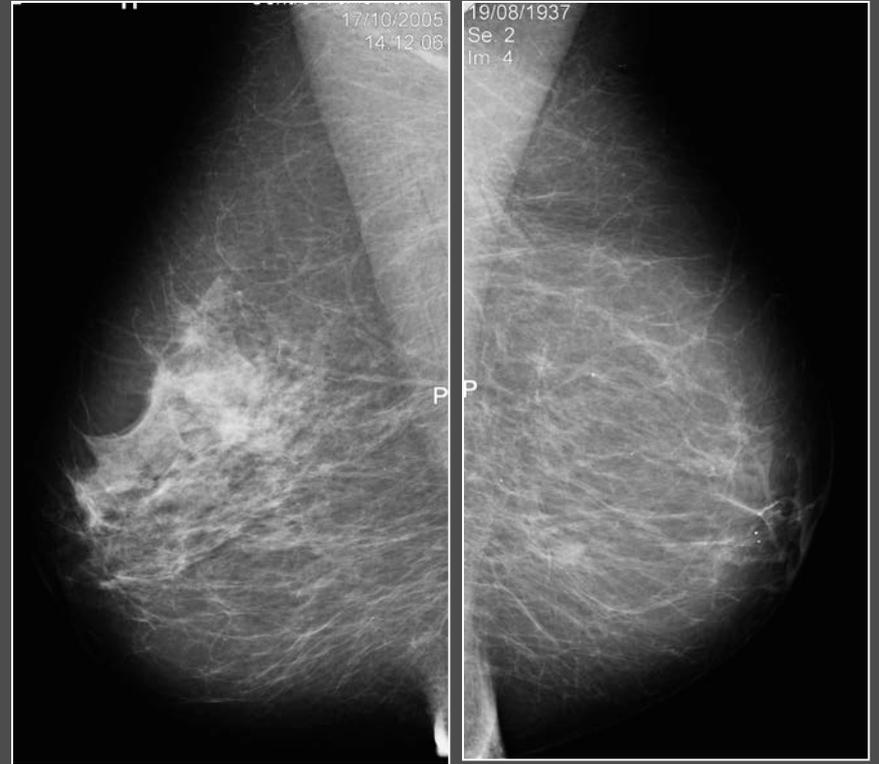
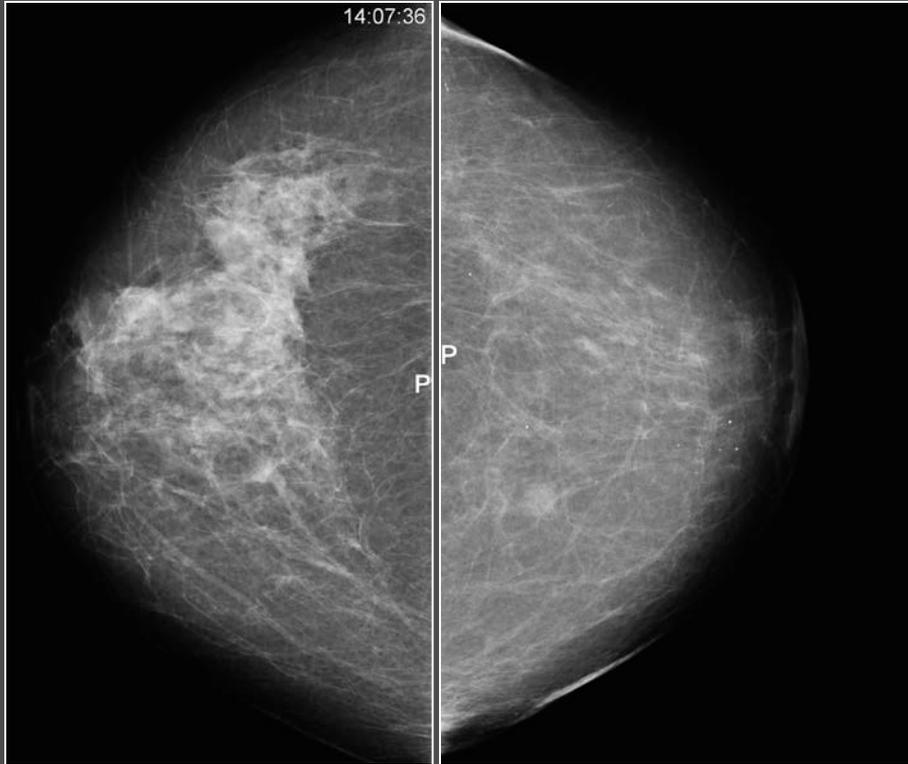
1363-96

CCI de TYPE APOCRINE

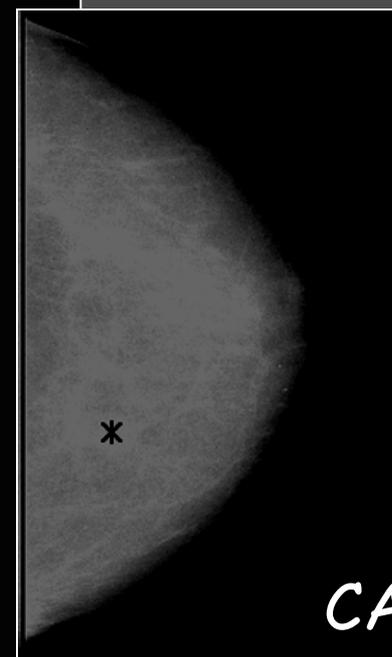
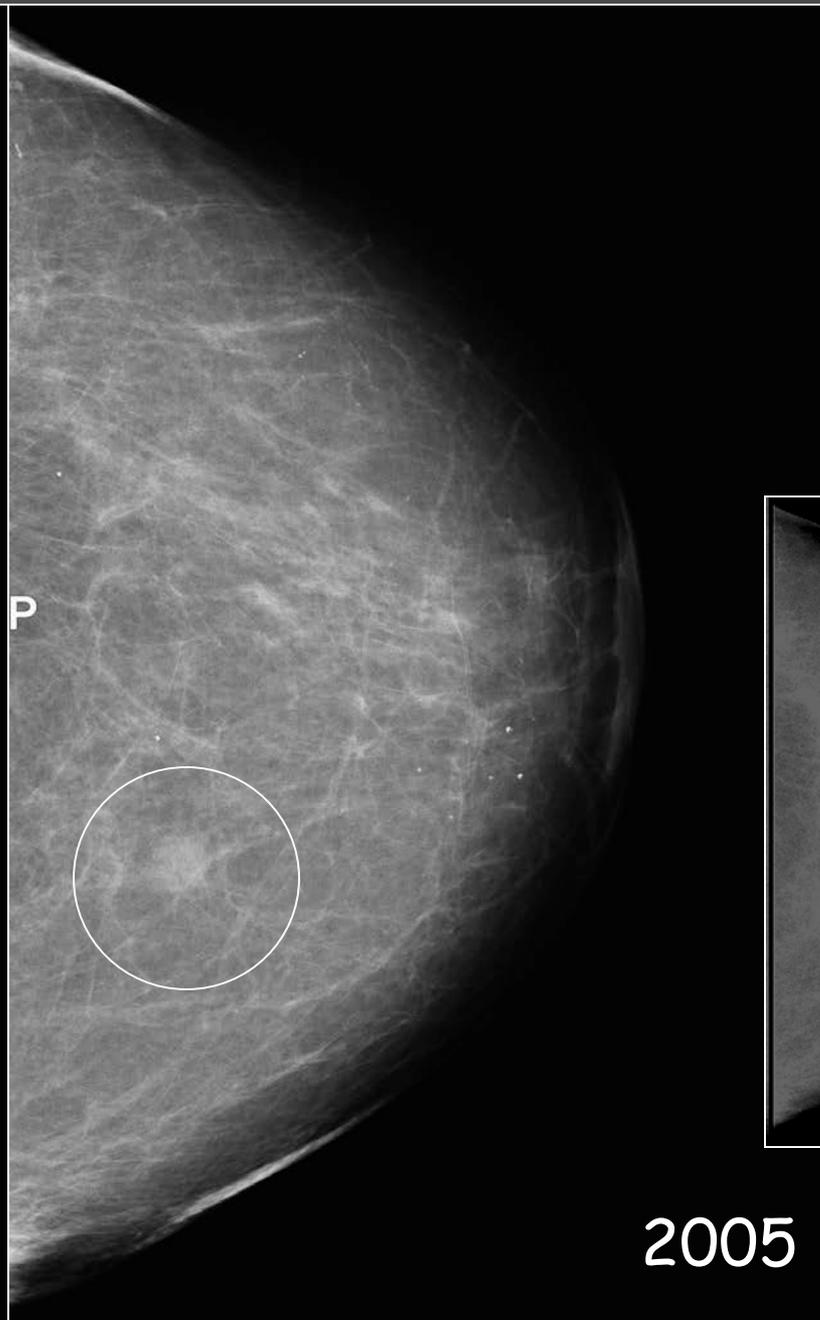
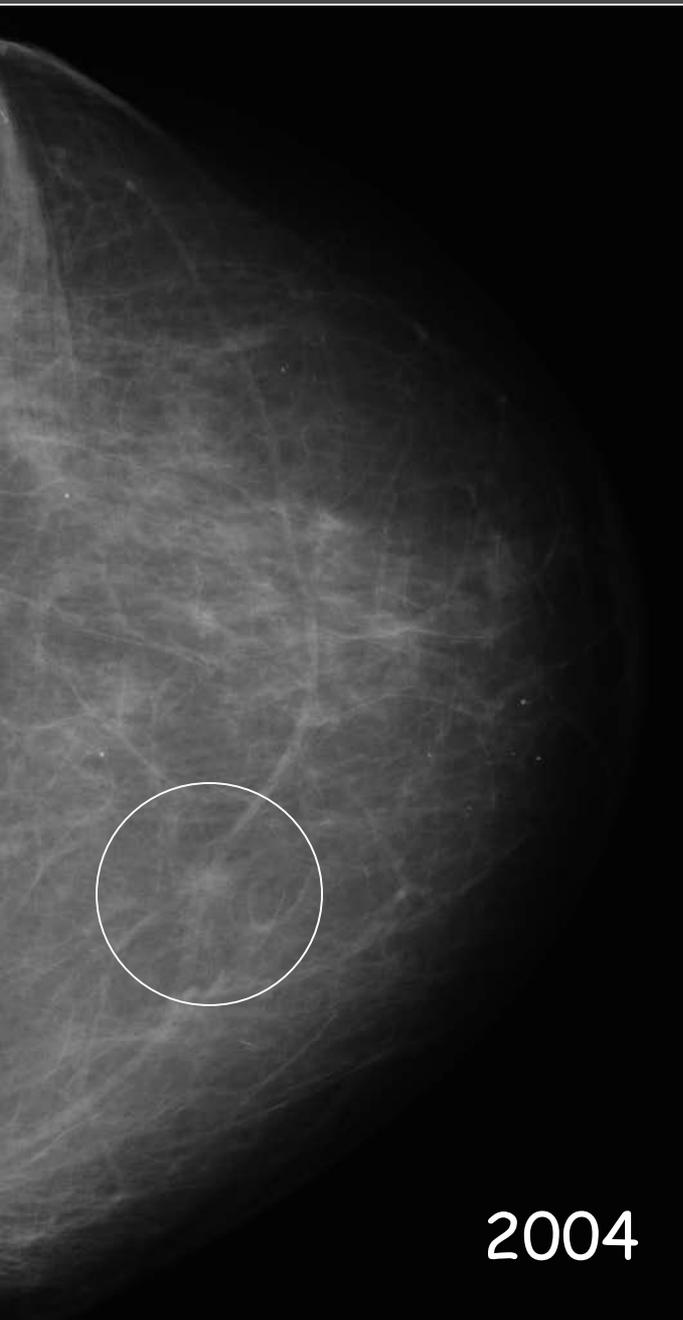
# 866-92

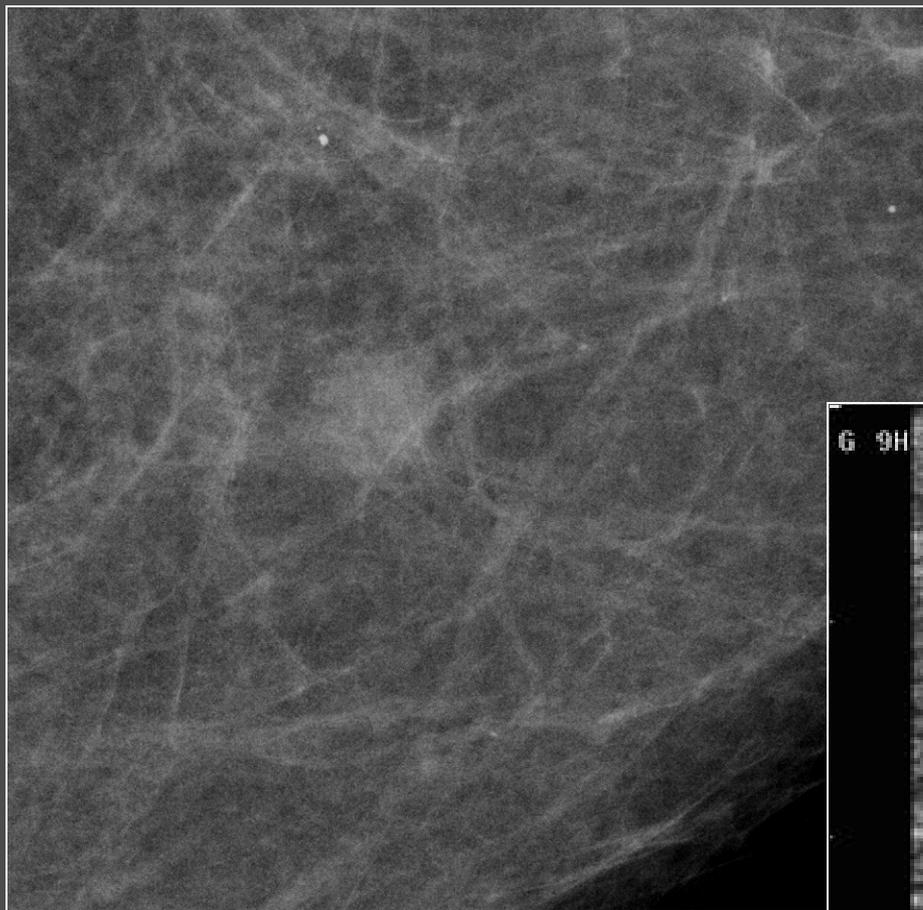
- Patiente née en 1937 traitée à l'âge de 54 ans pour un carcinome mammaire D de T1N0
- Surveillance mammaire en 2004 et en 2005

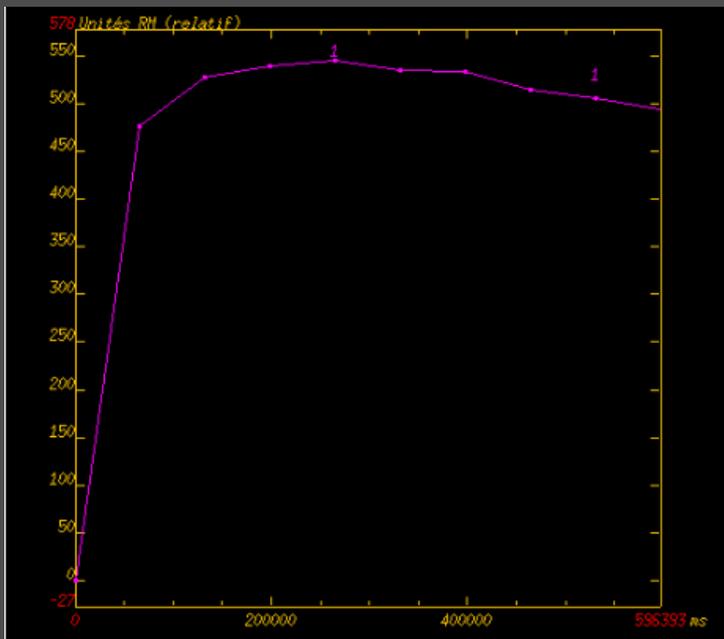
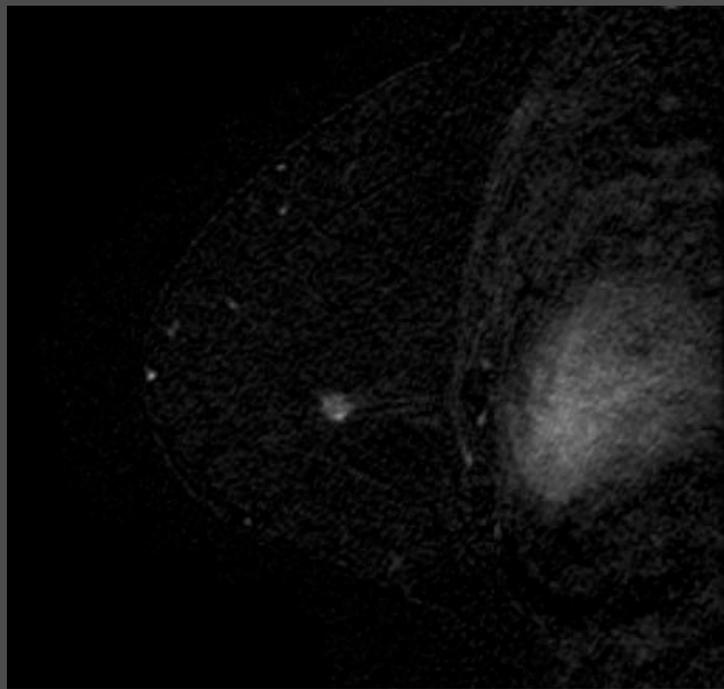
866-92



866-92

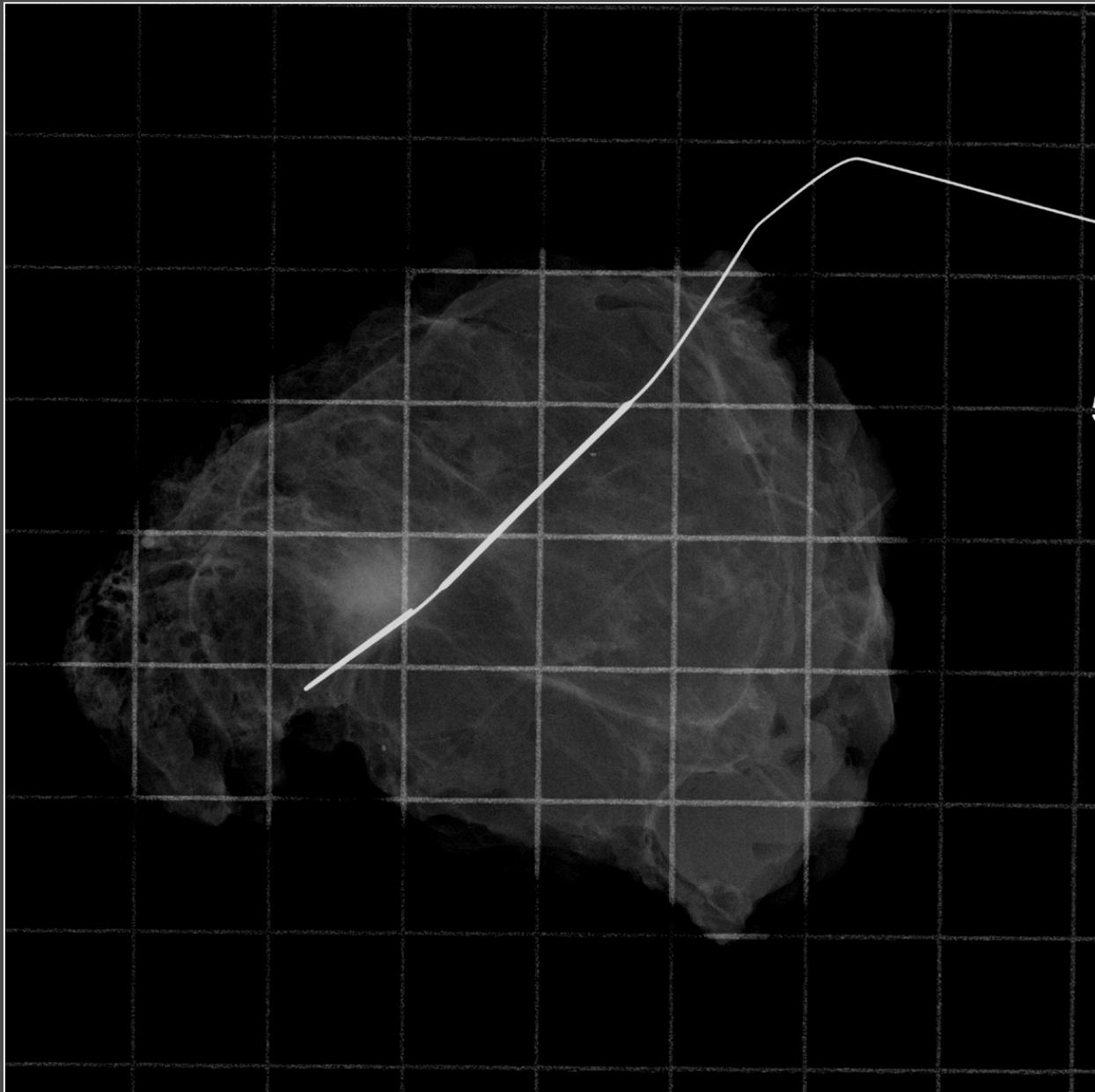






866-92

866-92



866-92

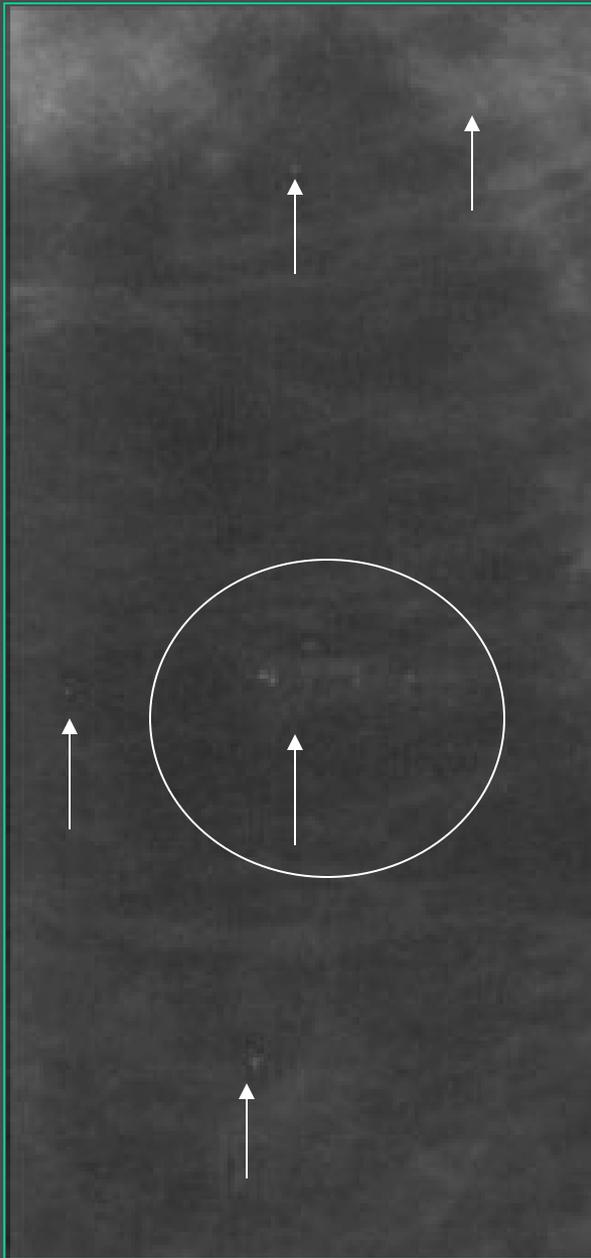
TUMORECTOMIE :  
CARCINOME CANALAIRE INFILTRANT  
ASSOCIE A DE LA METAPLASIE CYLINDRIQUE  
ET A UN FOYER INFRA-MILLIMETRIQUE DE  
CCIS SITUE SUR UNE DES BERGES

MASTECTOMIE AVEC RECONSTRUCTION  
IMMEDIATE

# 3491-04

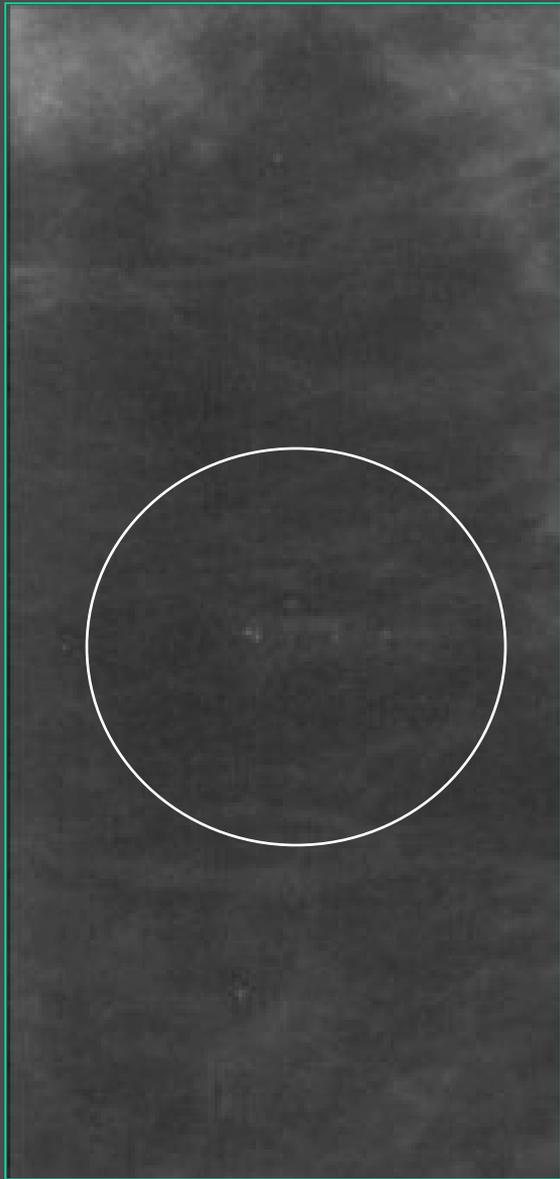
- Patiente de 58 ans
- THS
- Pas d'antécédent familial de cancer du sein
- Mammographie normale en 1999
- Quelques calcifications présentes en 06/03

3491-04

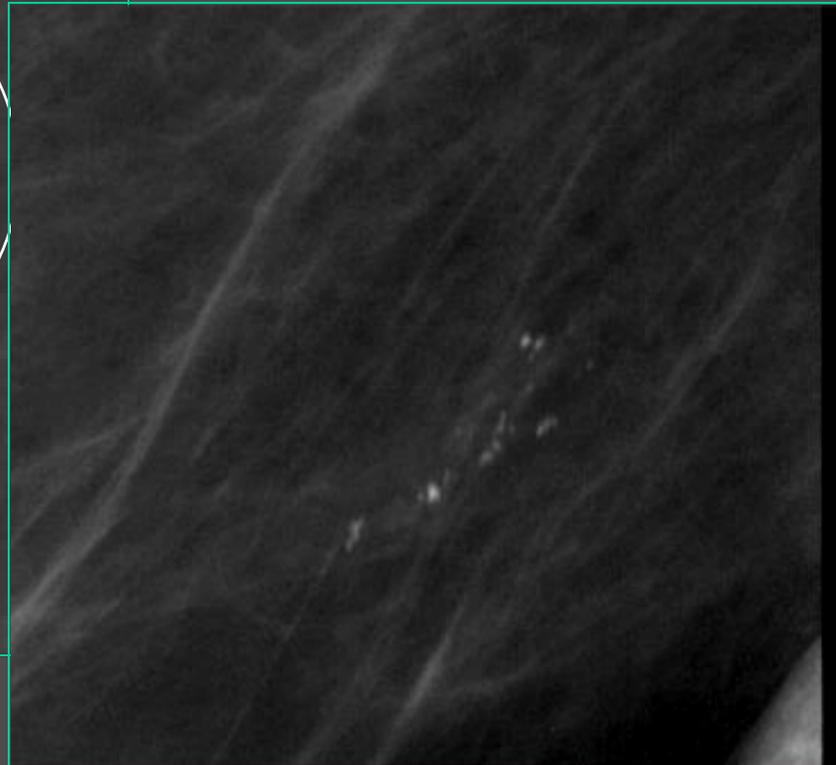


Nombre ?  
Rondes punctiformes ?  
Conduite à tenir ?





Évolution en 6 mois  
(passage de rondes  
punctiformes en très  
petit nombre à fines  
polymorphes)

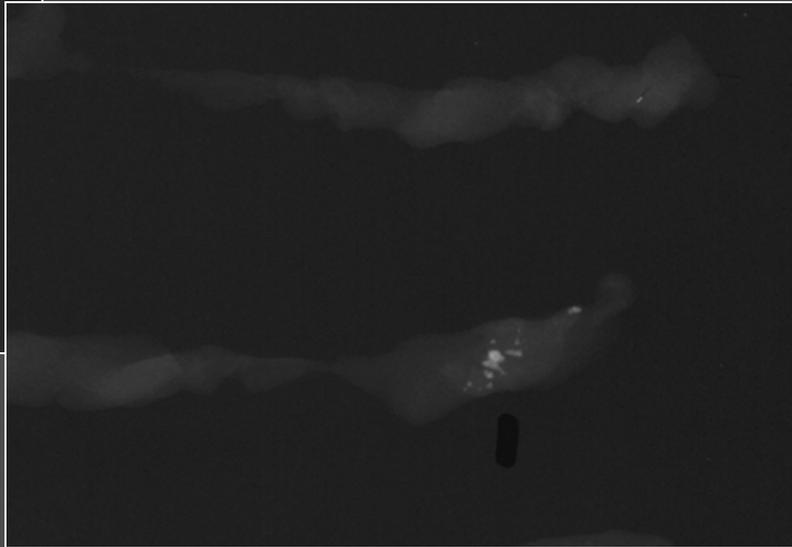
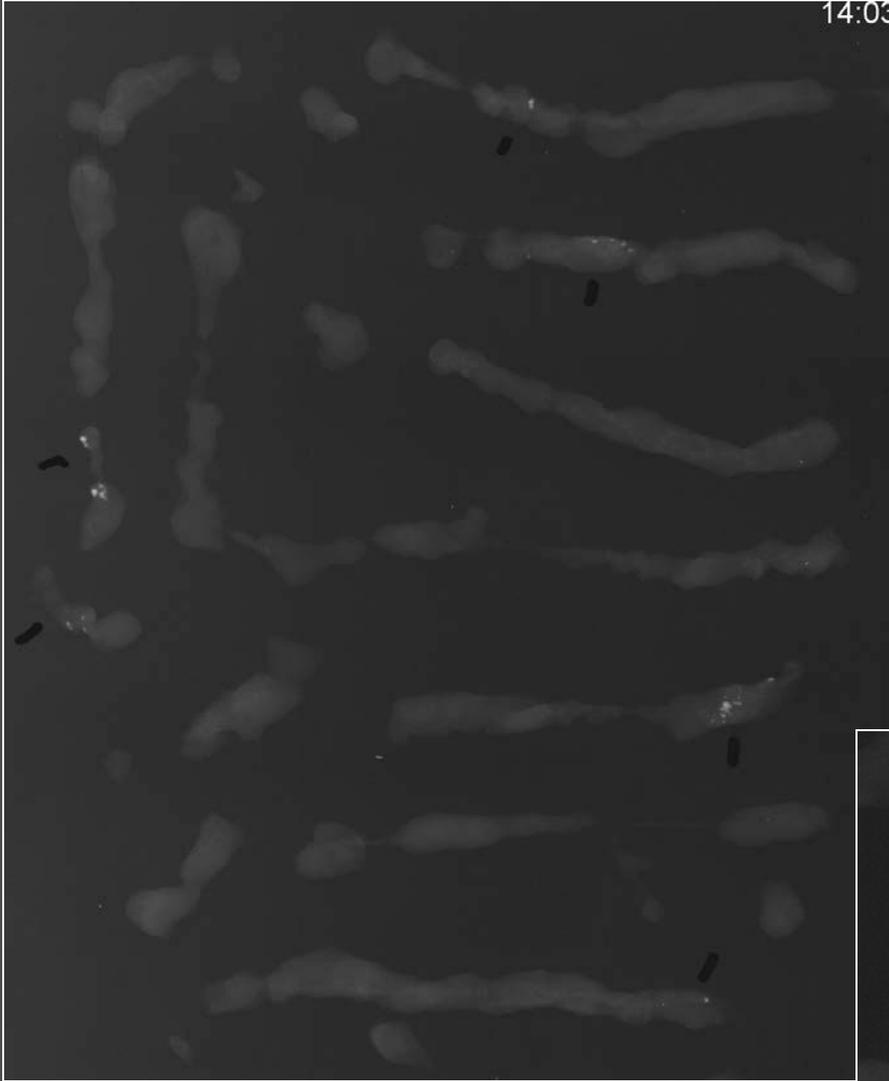


3491-04

14:03

3491-04

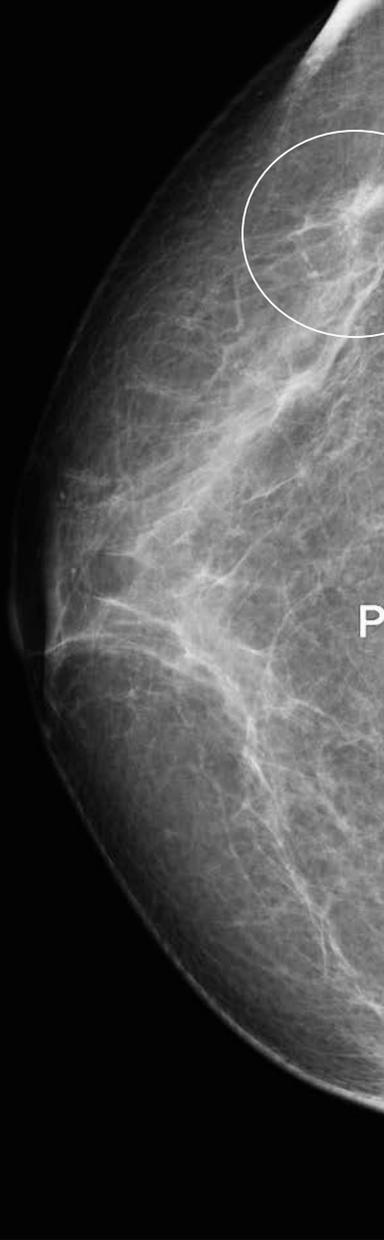
Mammotome :  
FIBROADENOME



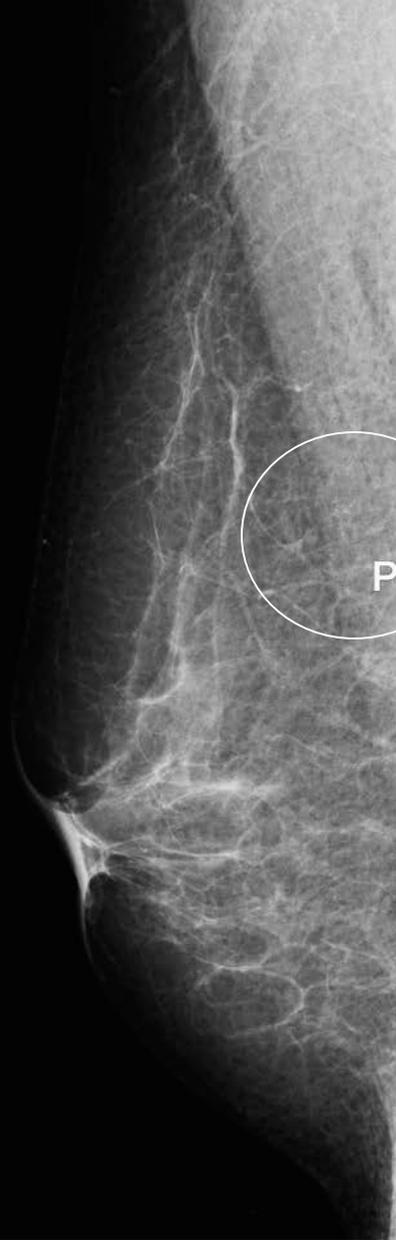
# 2838-05

- ❑ Patiente de 54 ans
- ❑ Hystérectomie et ovariectomie en 2003
- ❑ Pas de THS
- ❑ Pas d'antécédent familial de carcinome mammaire
- ❑ Examen clinique normal
- ❑ Apparition sur le 3ème examen mammographique d'un petit foyer de microcalcifications S.EXT du sein D à la limite de la visibilité sur les clichés standard .

Centre Alexis Vautrin  
18/11/2005  
16:51:40



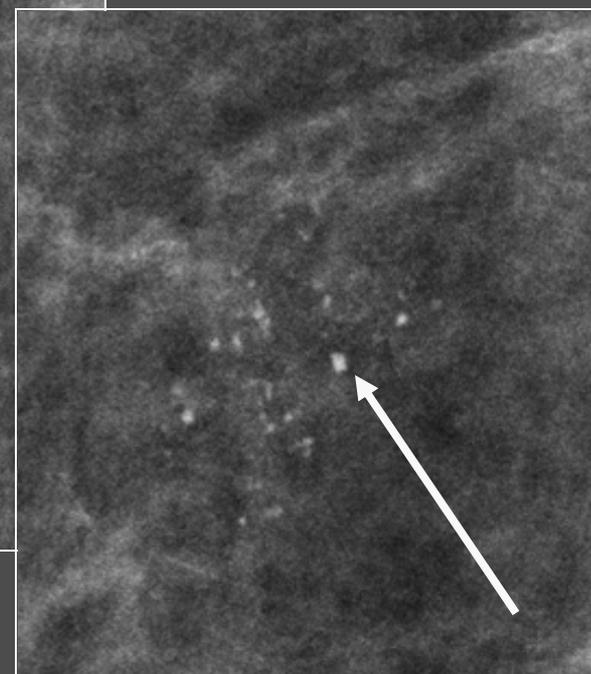
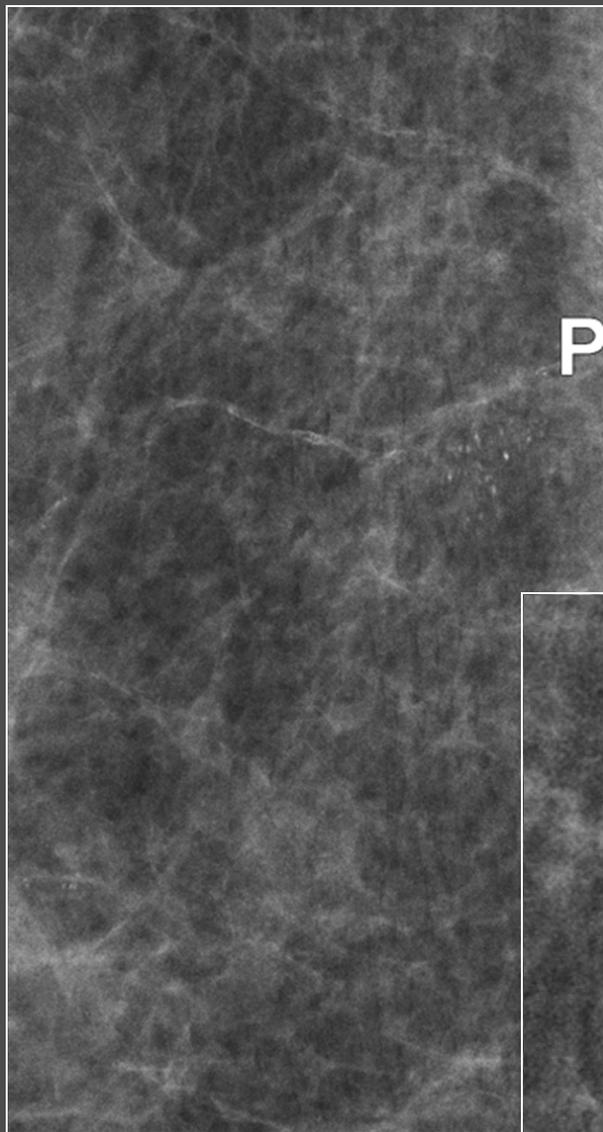
Centre Alexis Vautrin  
18/11/2005  
16:53:03



Centre Alexis Vautrin  
18/11/2005  
16:54:19



2838-05



Agrandissements géométriques

Classification finale BI-RADS III

Foyer de très petite taille

Pas de possibilité de biopsies per-cutanées

Présence d'un cristal de Weddelite

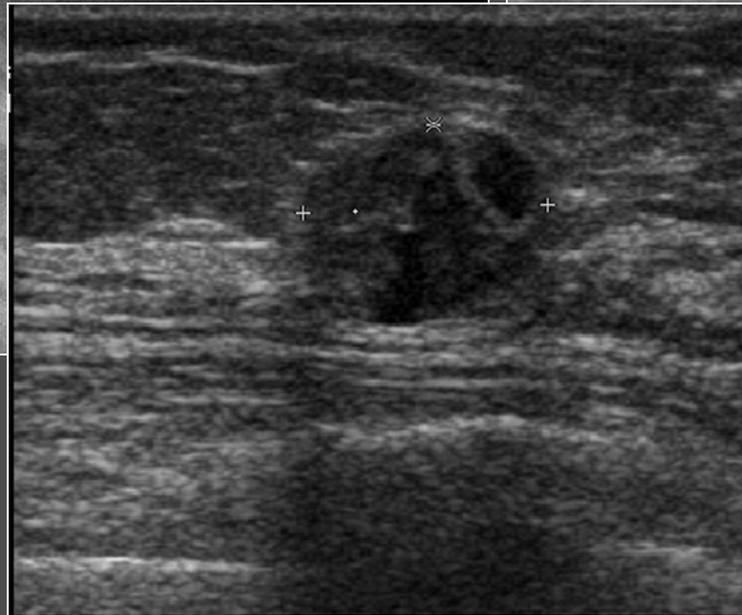
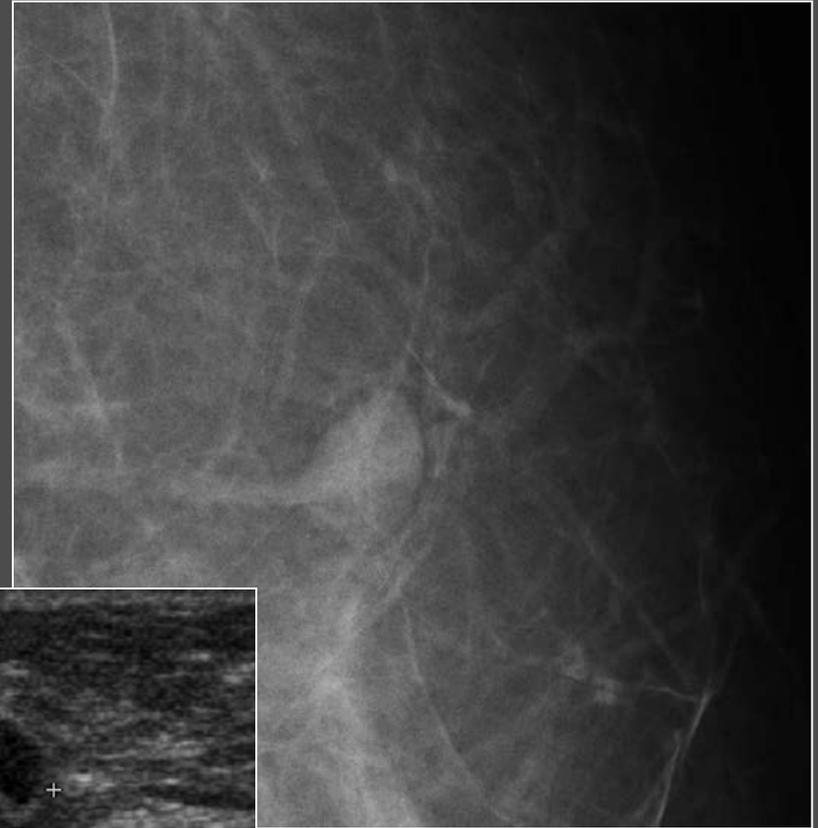
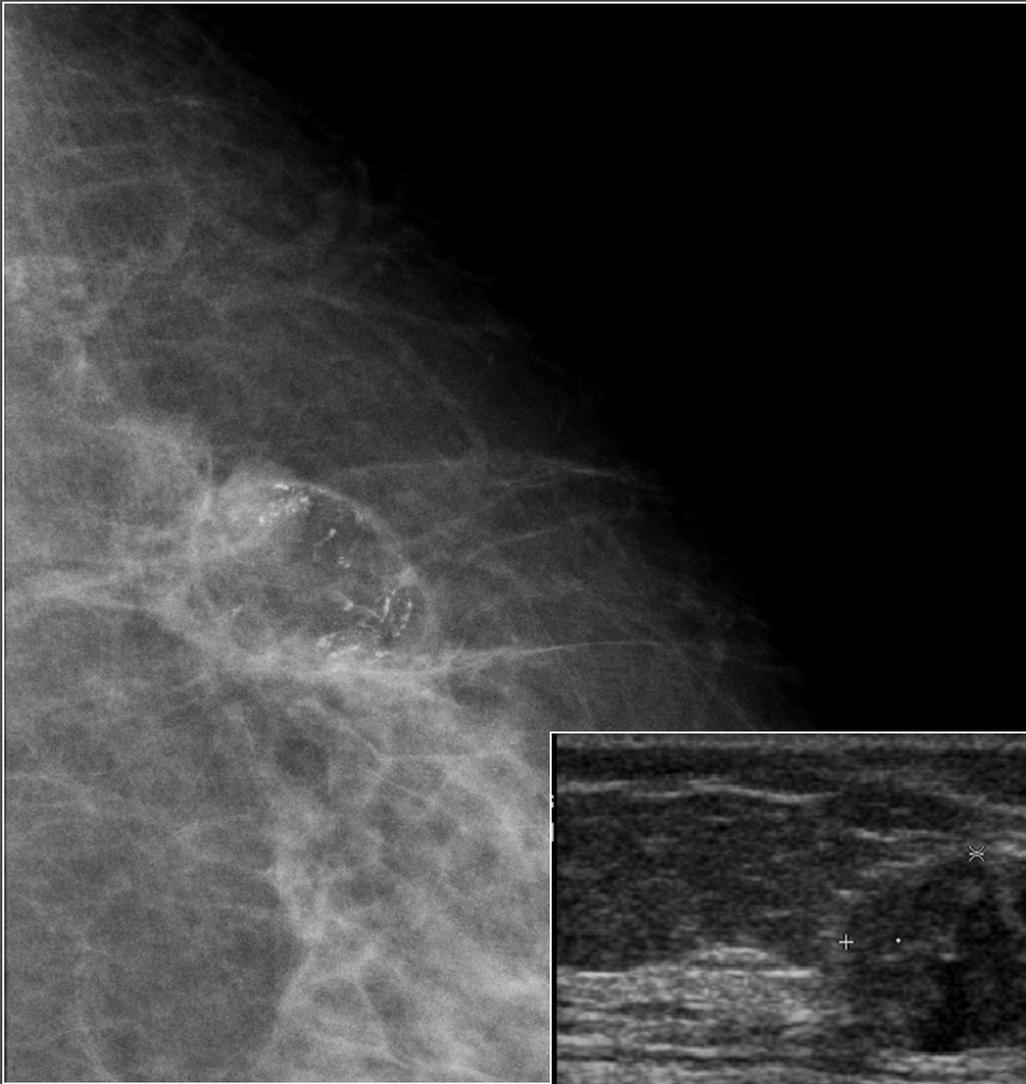
# 1929-72

- Patiente de 48 ans ayant subi une mastectomie pour un carcinome mammaire D en 2003 (adénectomies multiples bilatérales et découvertes de 3 foyers de carcinome mammaire infiltrant D à l'histologie)
- Induration dans la partie supérieure du sein G en 2004

1929-72



1929-72



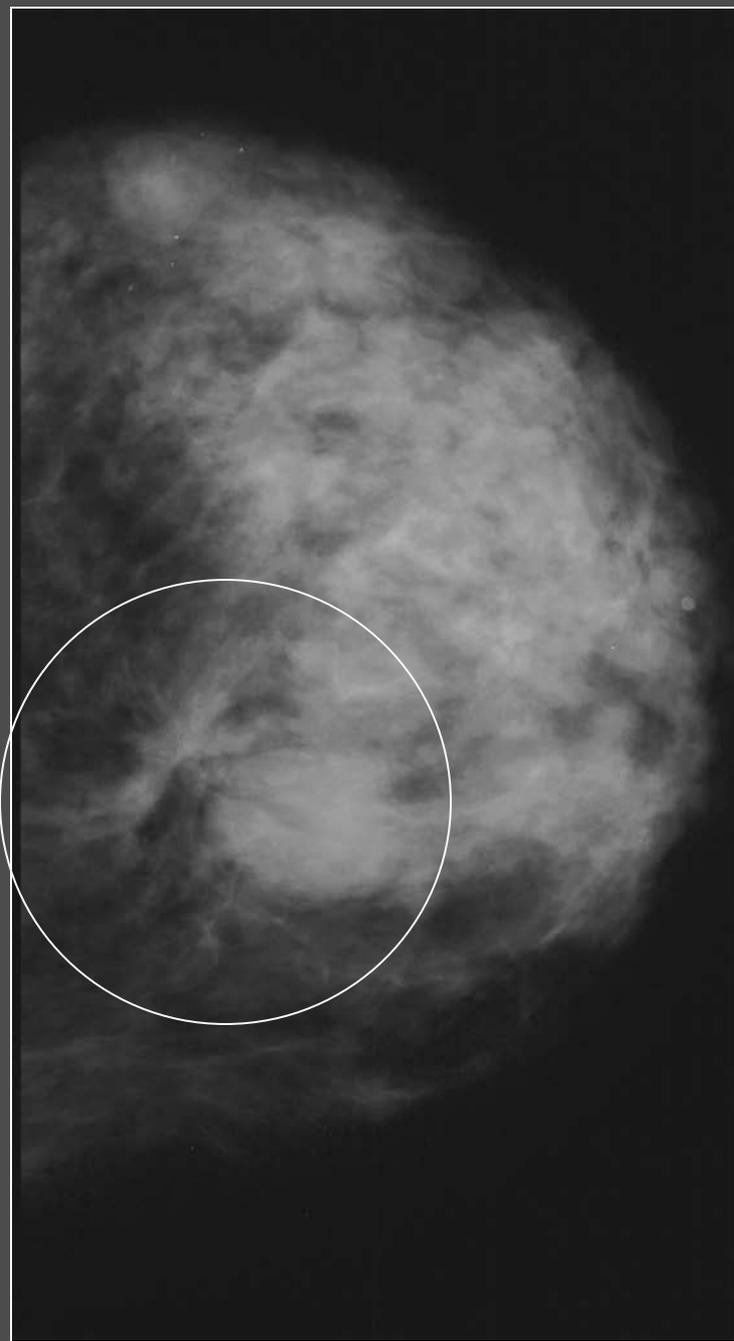
1929-72

Cytostéatonécrose consécutive à un  
hématome post chirurgical

Ganglion du prolongement axillaire

# 2489-98

- ❑ Patiente de 44 ans
- ❑ Pas d'antécédent familial de cancer du sein mais mère décédée à 56 ans d'un cancer généralisé
- ❑ Sous progestatifs depuis 3 mois
- ❑ Intervention pour un nodule du sein G 10 ans auparavant (anomalies bénignes)
- ❑ Impression de masse du QSInt du sein G depuis 3 mois
- ❑ Bilan mammographique considéré comme stable
- ❑ Echographie : seins hétérogènes et multiples kystes

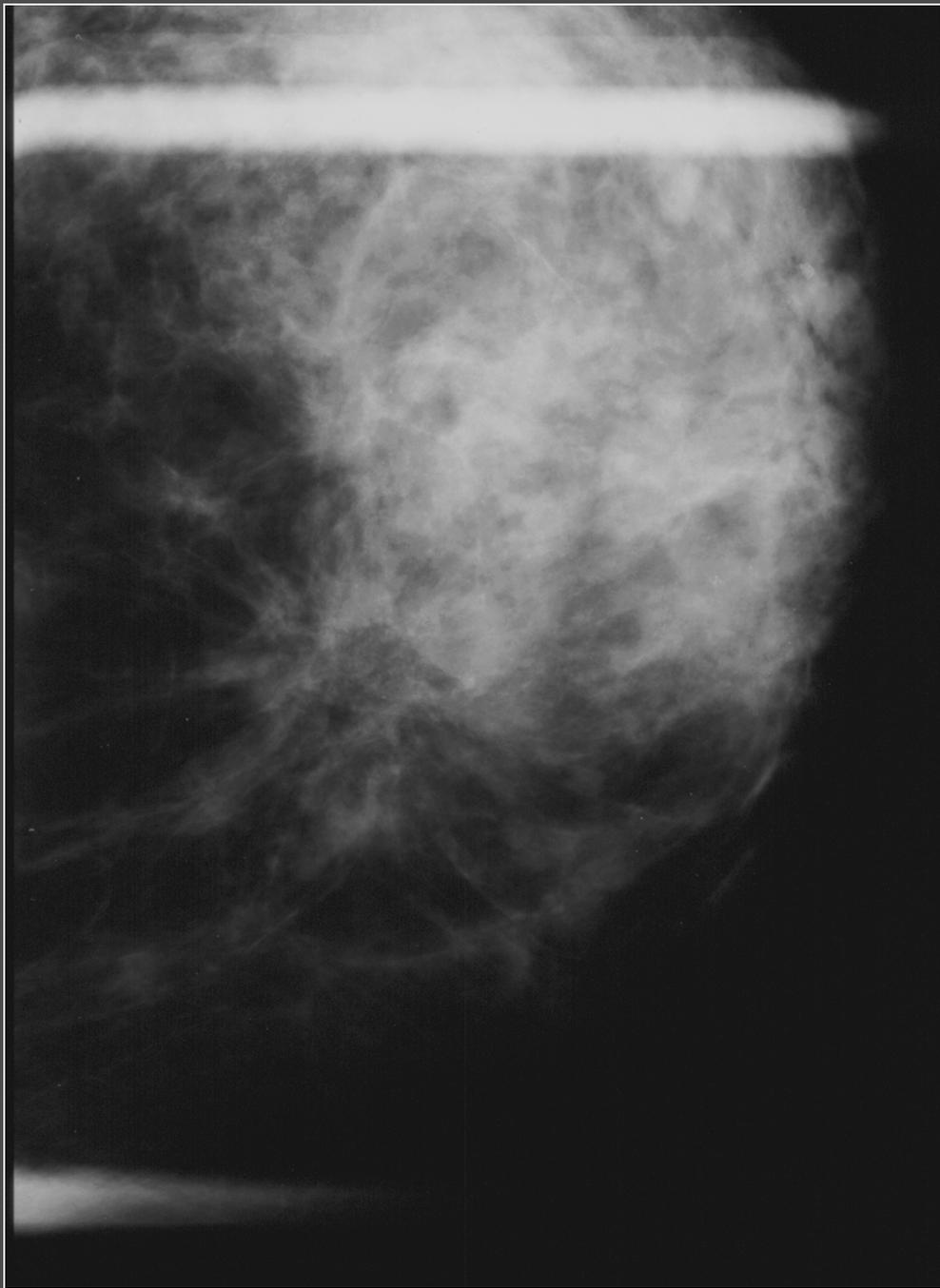


Masses à  
contour net

Microcalcif.  
éparses

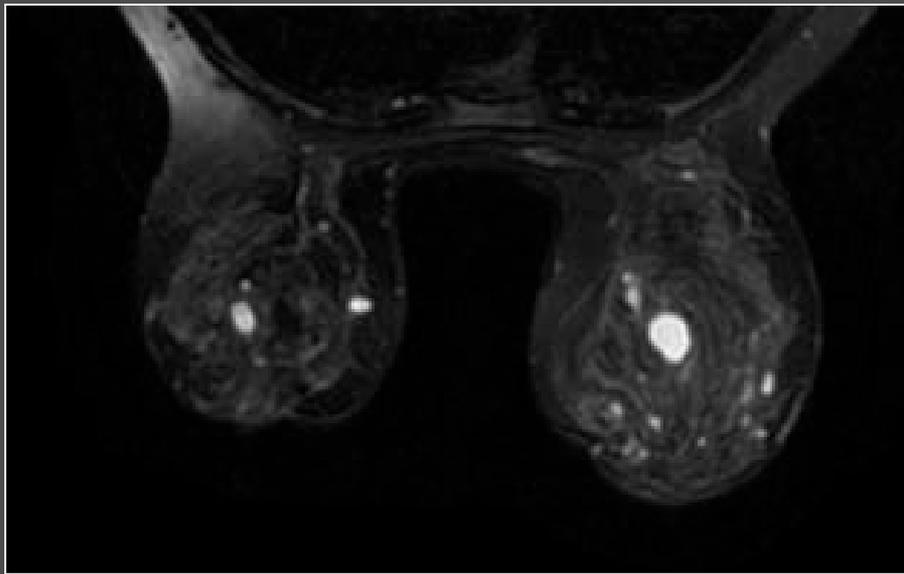
Anomalie focale  
d'architecture

2489-98

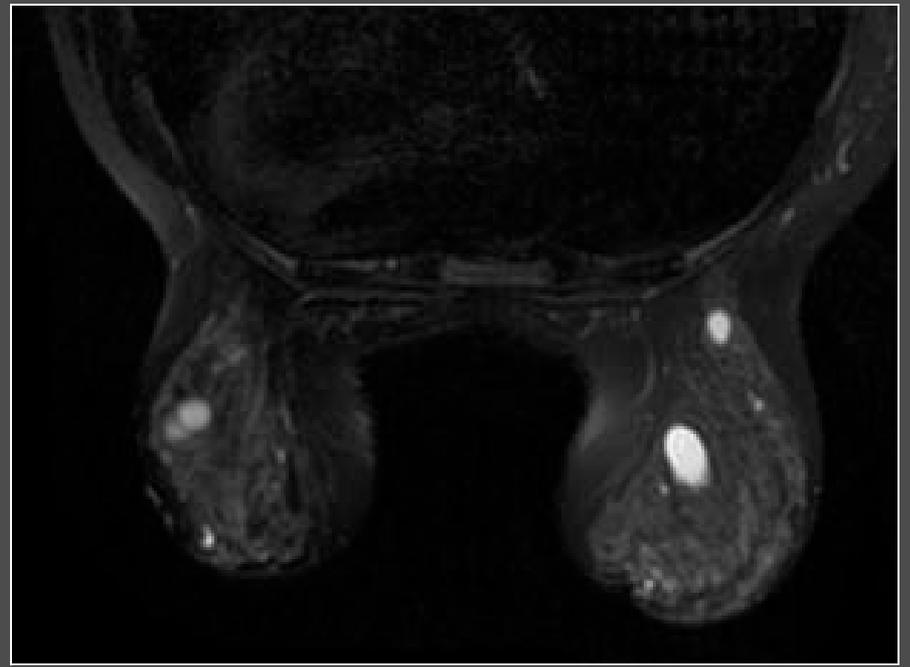
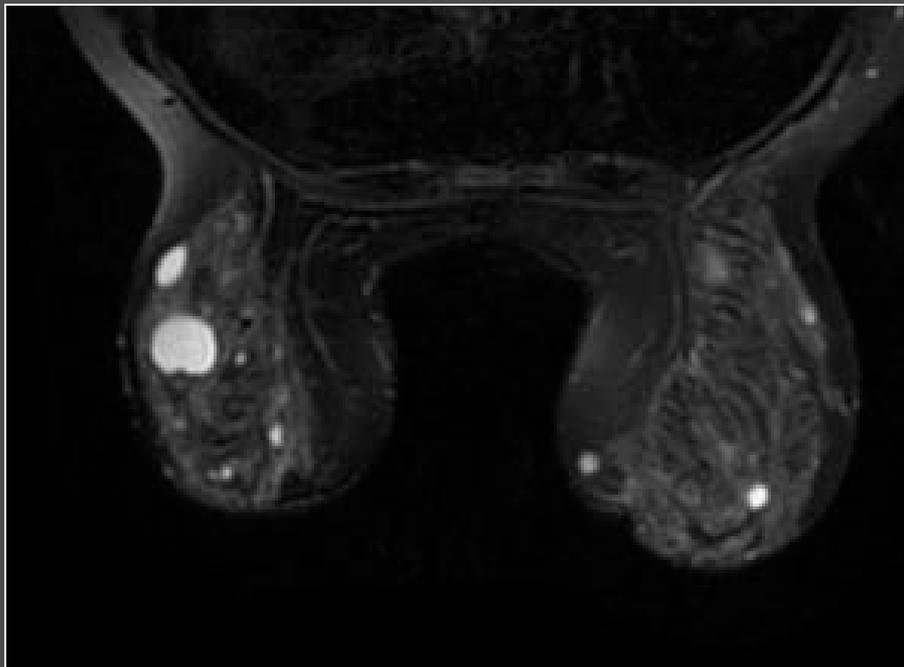


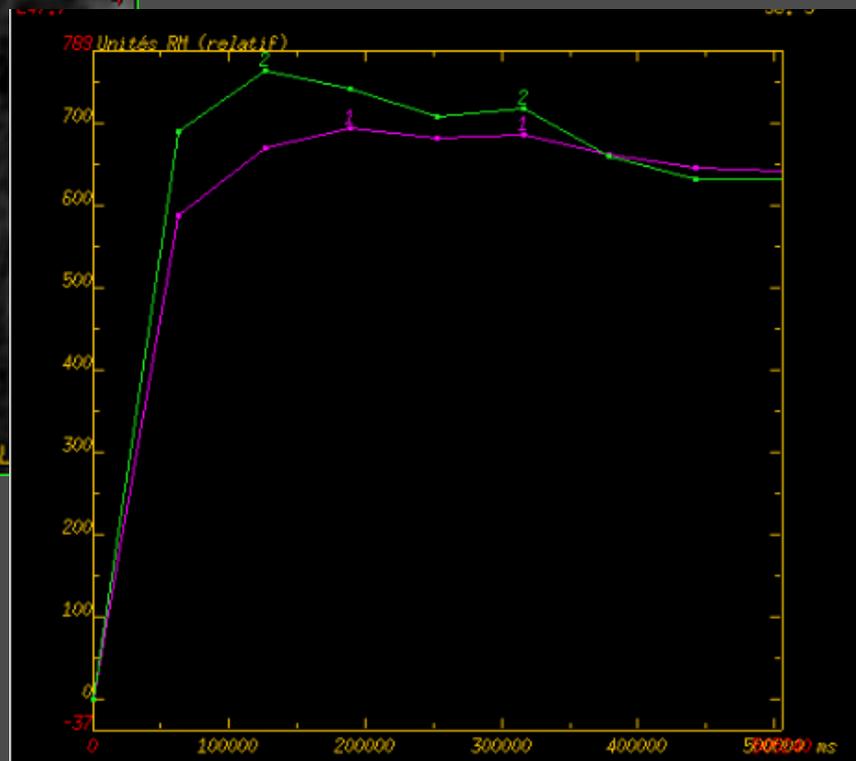
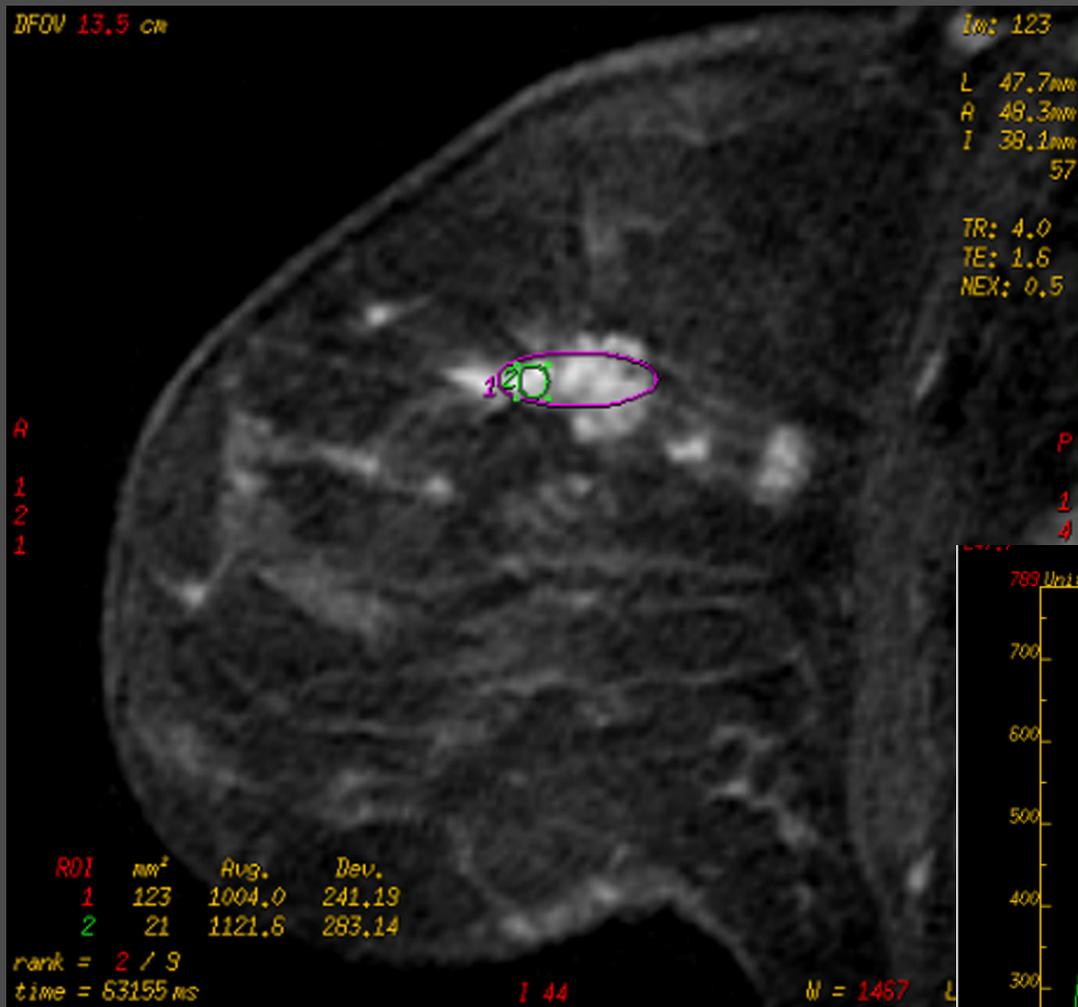
2489-98

2489-98

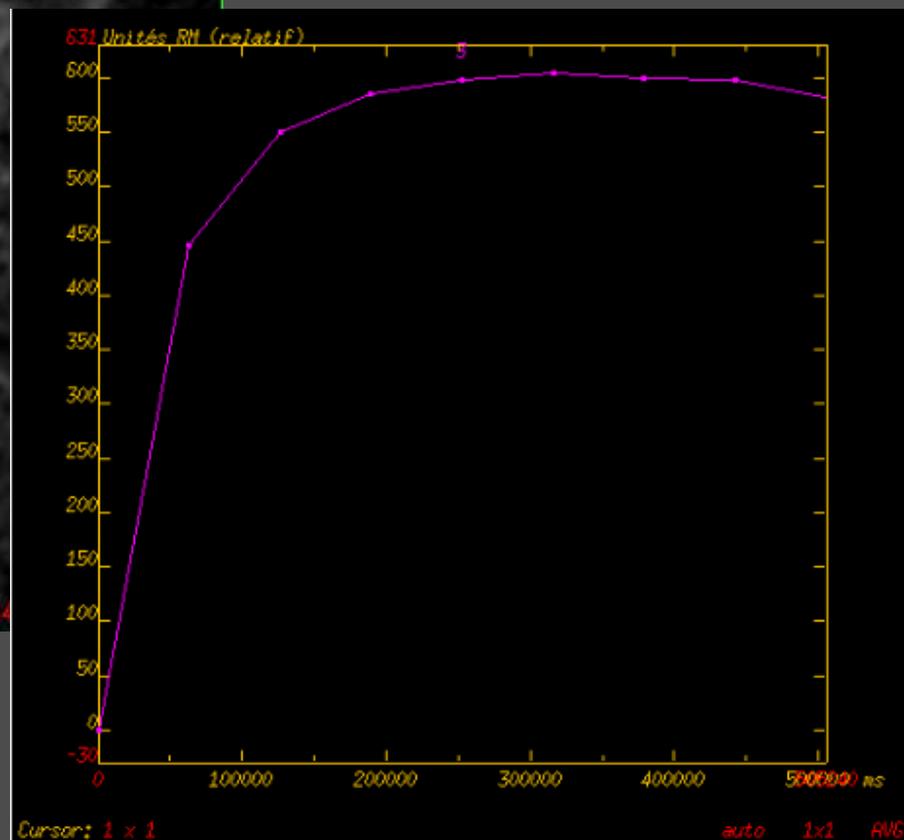
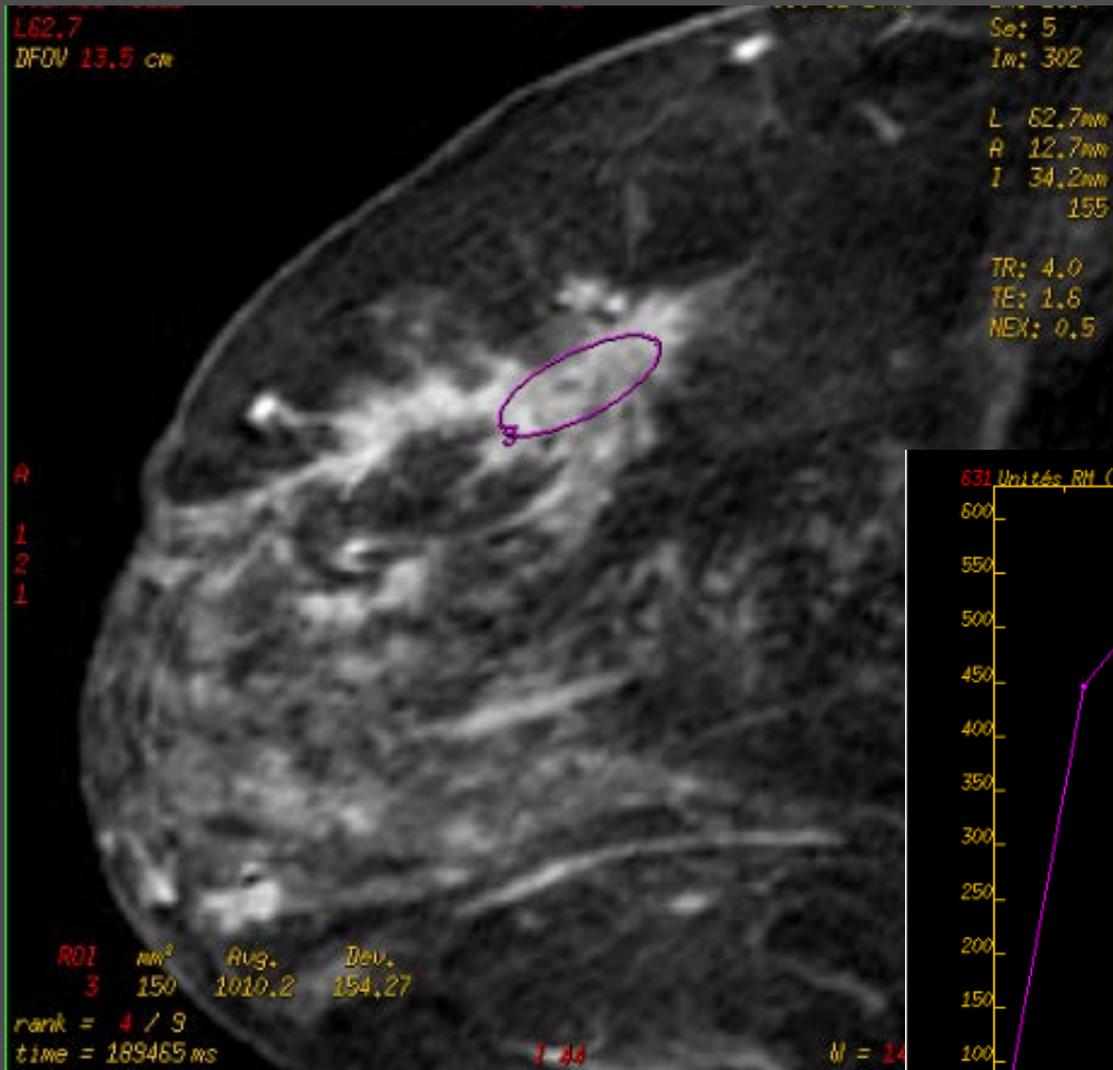


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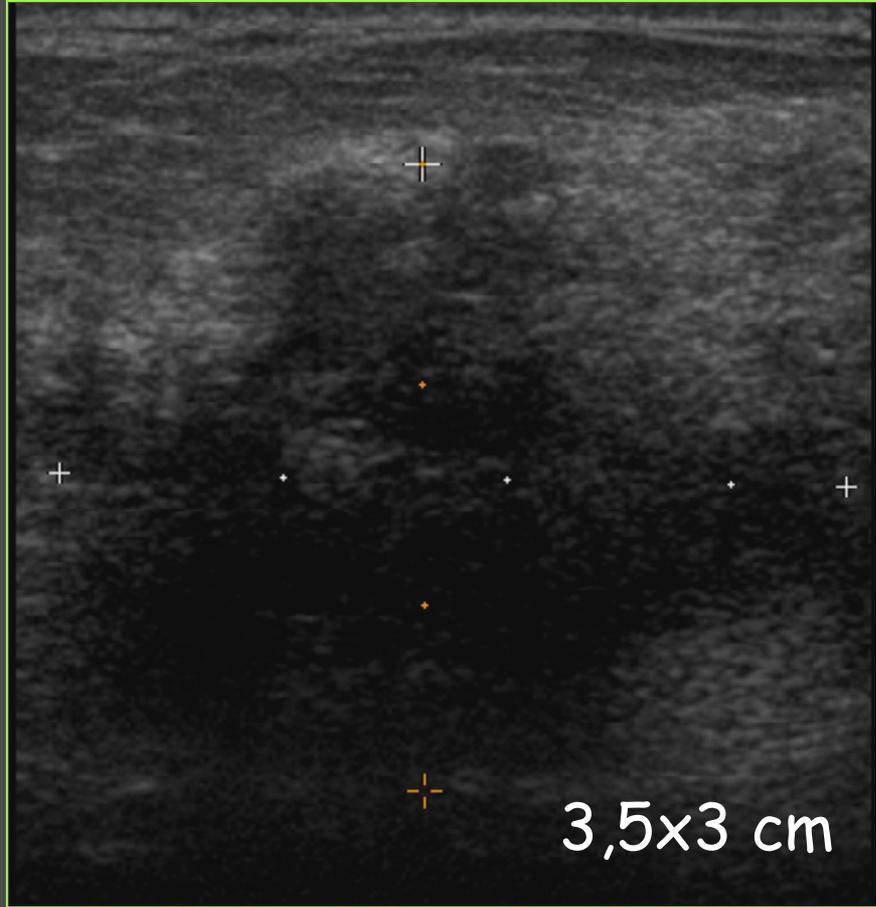
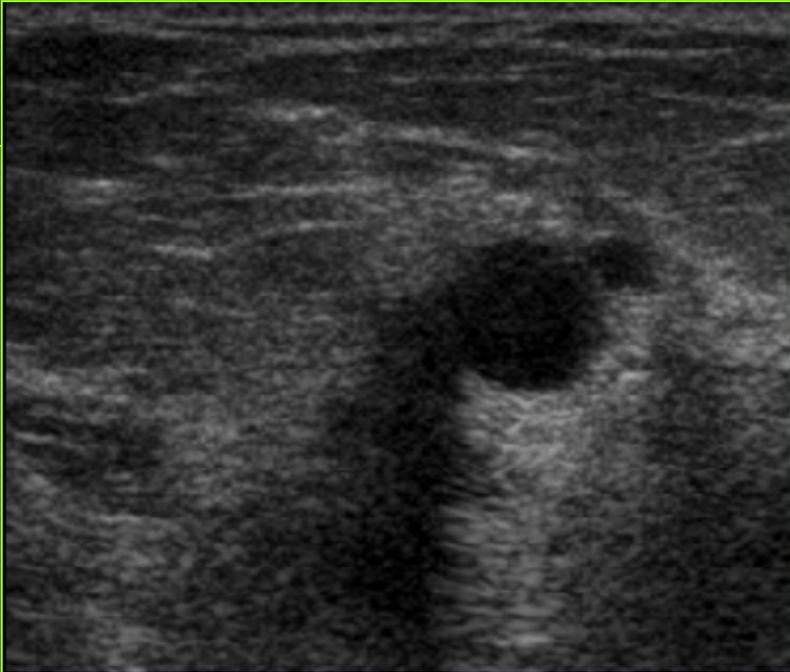
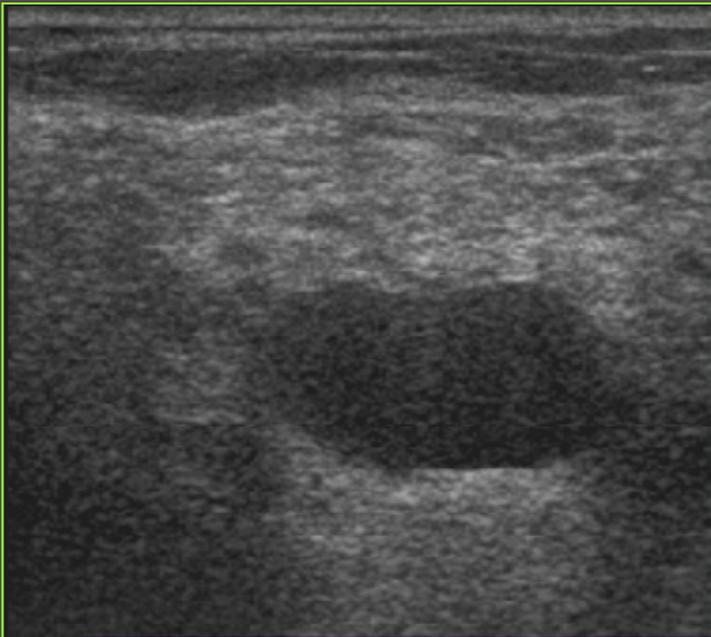




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Supéro -interne G

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- ❑ Microbiopsies à l'aiguille de 14 G sous contrôle échographique
- ❑ Carcinome lobulaire infiltrant avec nombreux foyers de carcinome lobulaire in situ avec des microcalcifications associées