



Cliché de face considéré
comme négatif

Echographie négative

399-04

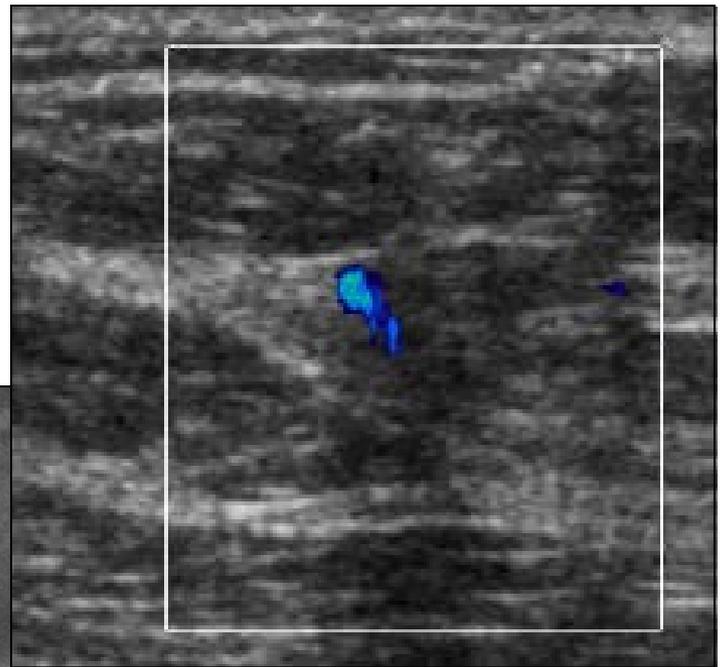
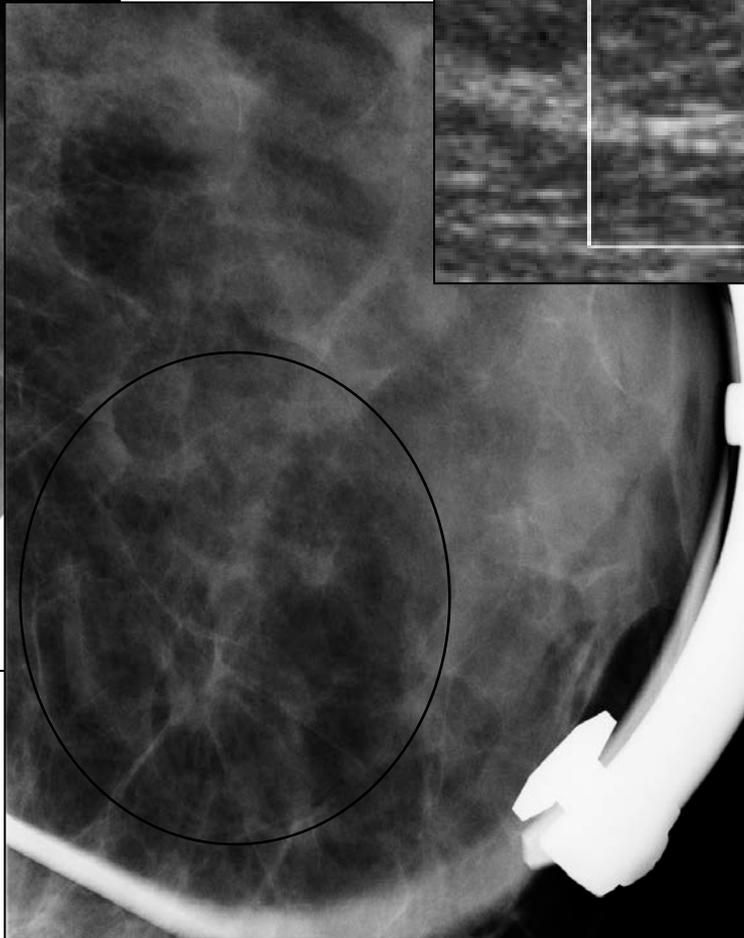


399-04

La comparaison avec le cliché de face précédent montre en fait une modification dans la région interne du sein



Anomalie moins nette et dissociée sur le cliché de face centré agrandi
IRM négative



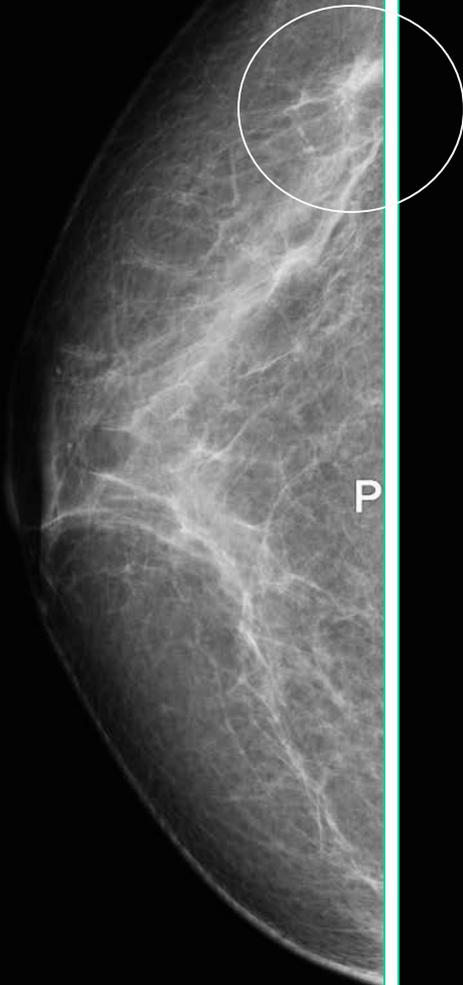
Petit carcinome
lobulaire
infiltrant

399-04

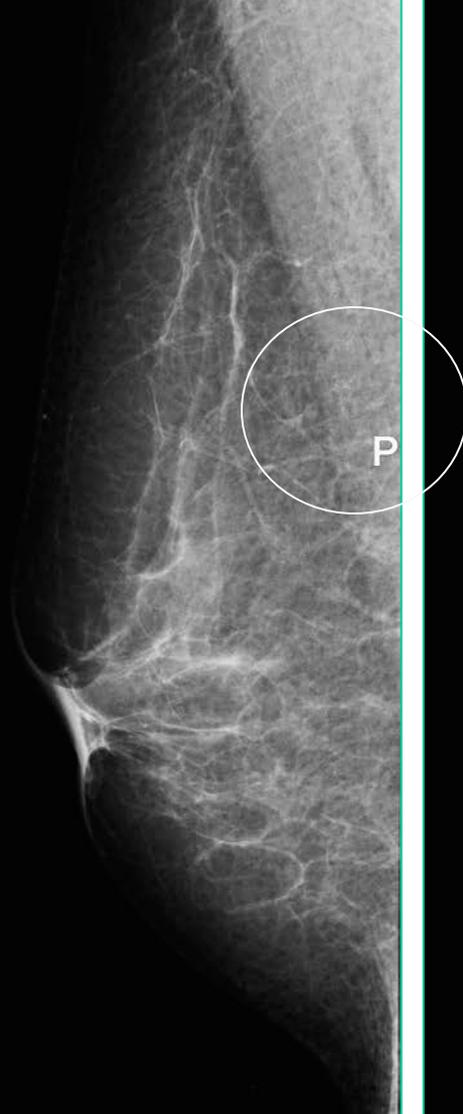
2838-05

- 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 supéro-externe du sein D à la limite de la visibilité sur les clichés standard

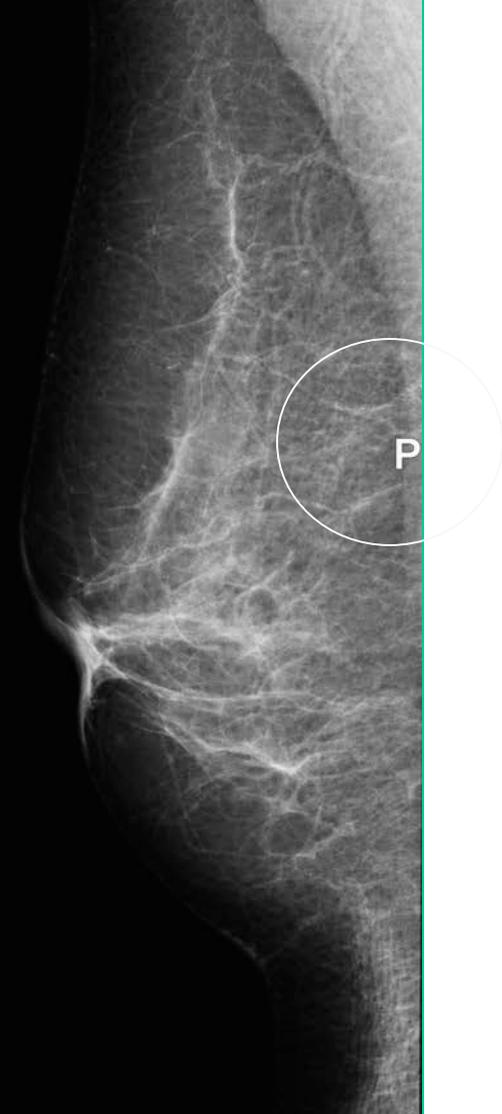
Centre Alexis Vautrin
18/11/2005
16:51:40



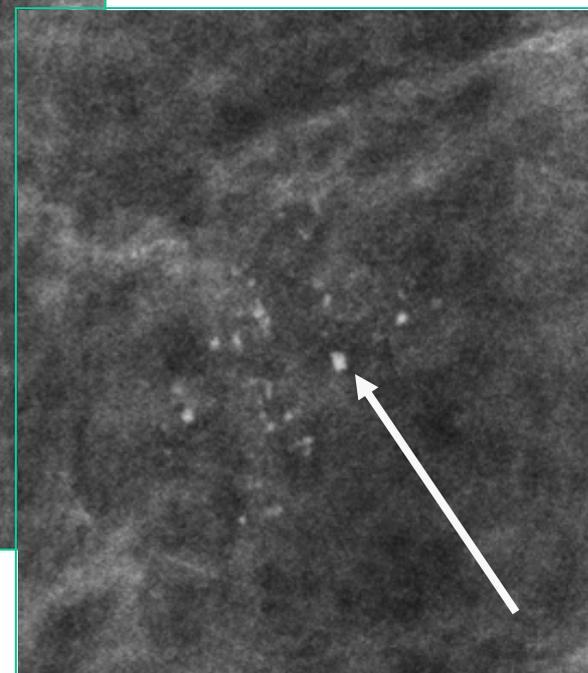
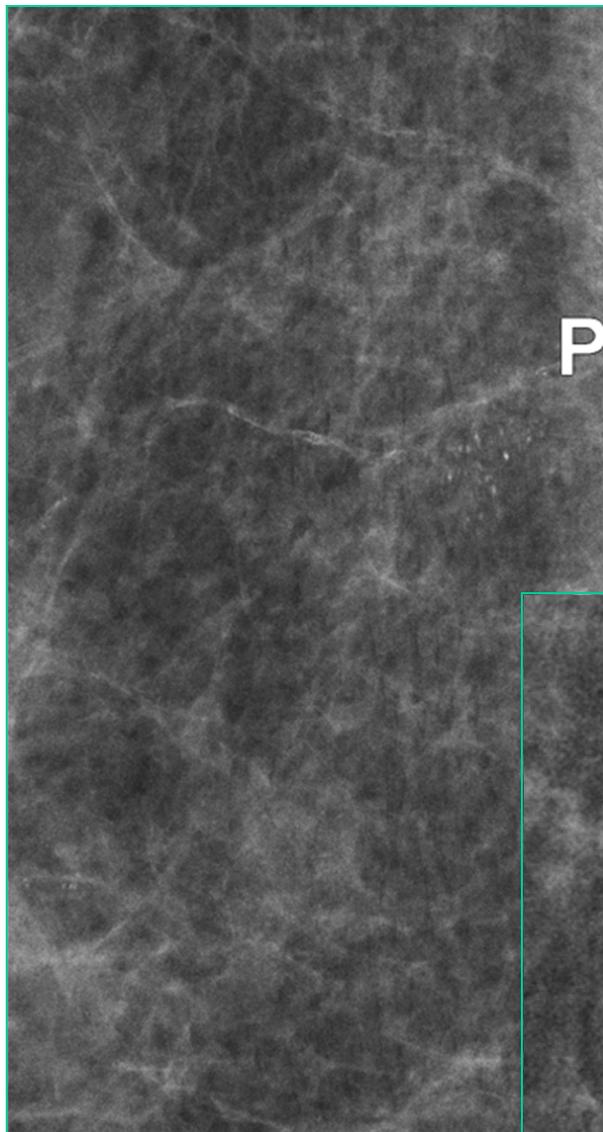
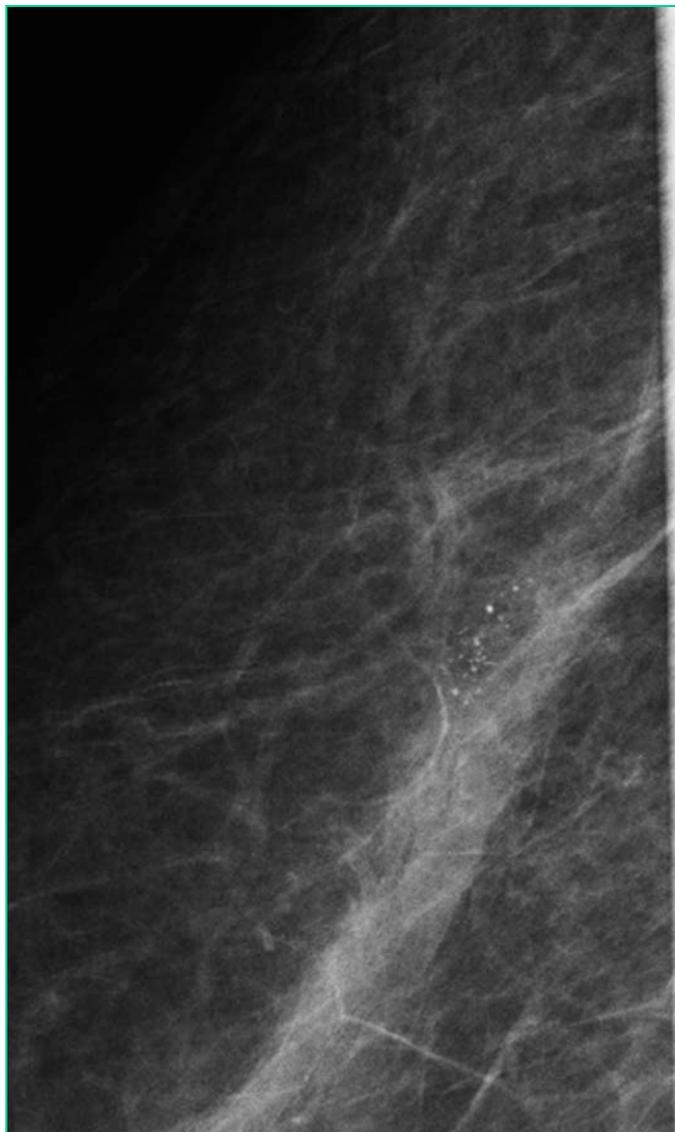
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Centre Alexis Vautrin
18/11/2005
16:54:19



2838-05



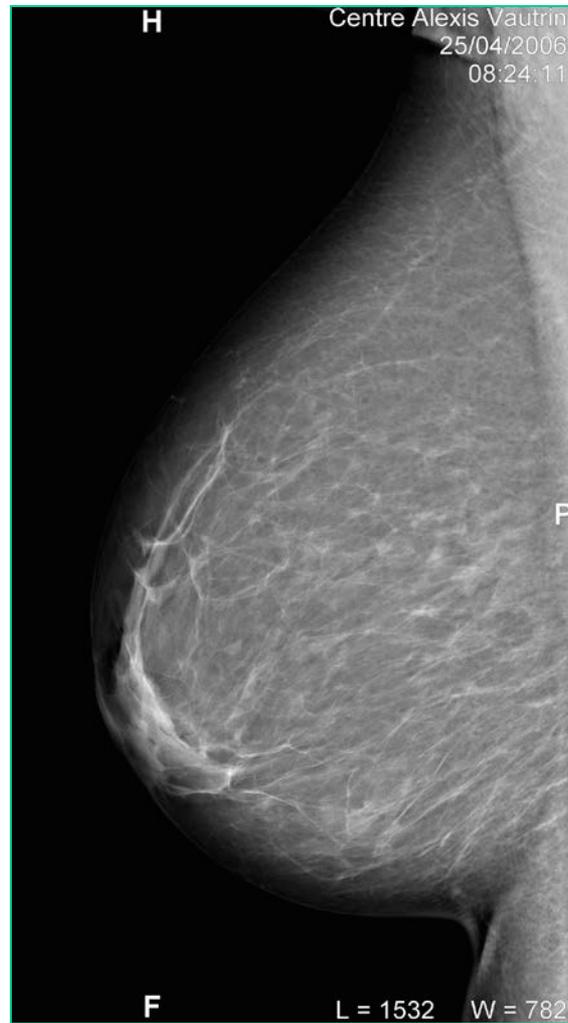
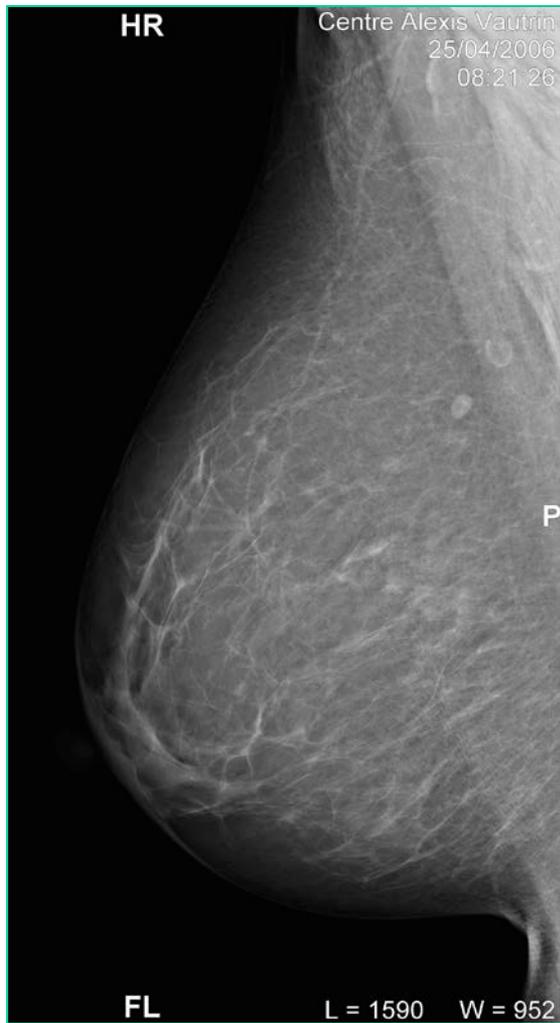
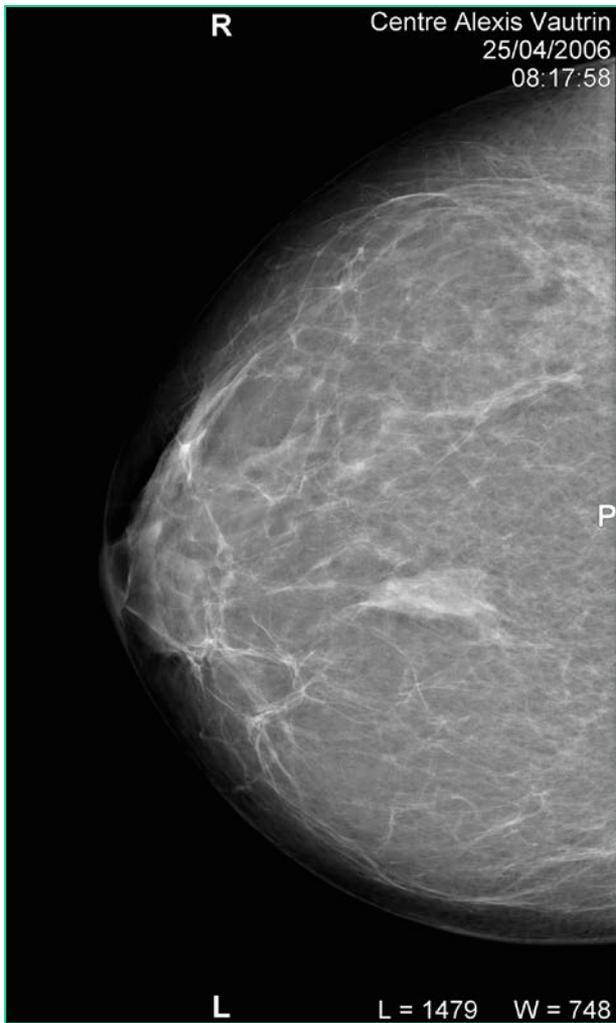
Agrandissements géométriques

Classification finale BI-RADS 3

Foyer de très petite taille

Pas de possibilité de biopsies per-cutanées

Présence d'un cristal de Weddelite



28/07/1951
Se. 2
Im. 1

R

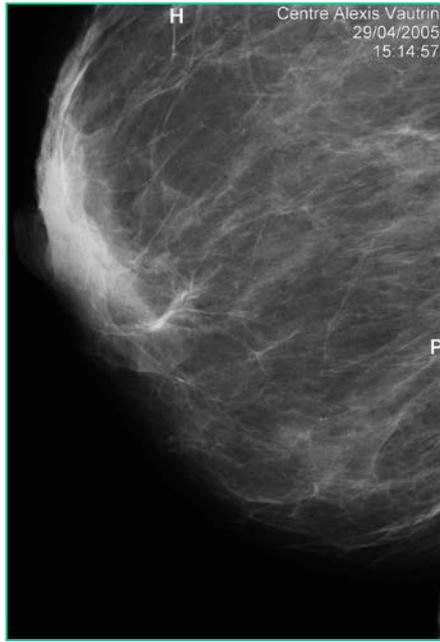
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A

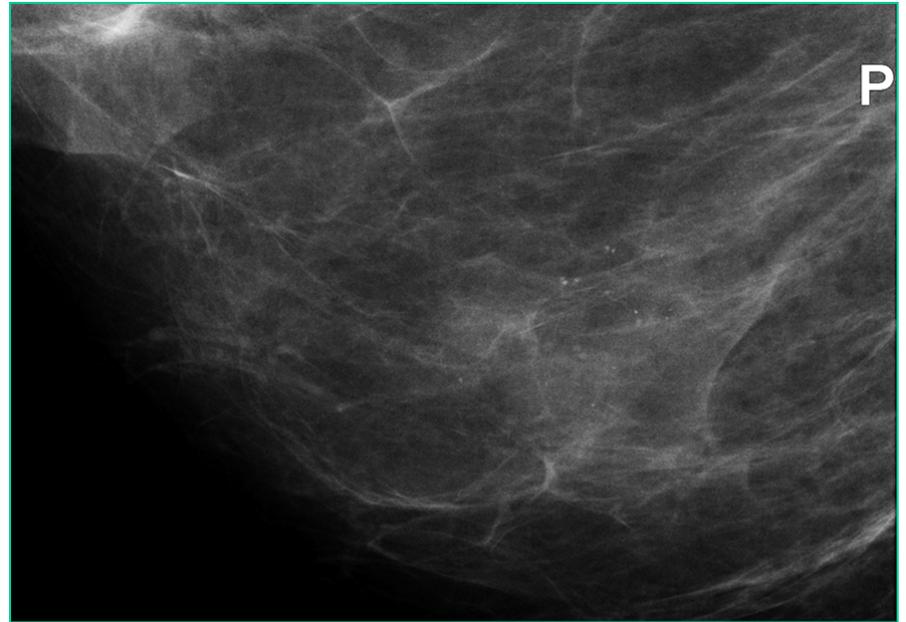
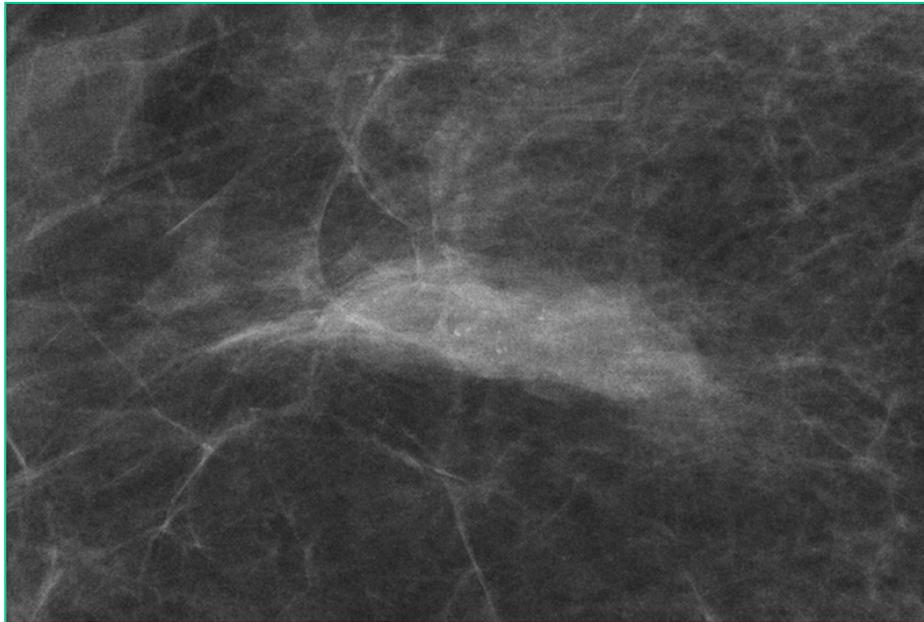
P

L

L = 2048 W = 4096



1166-05

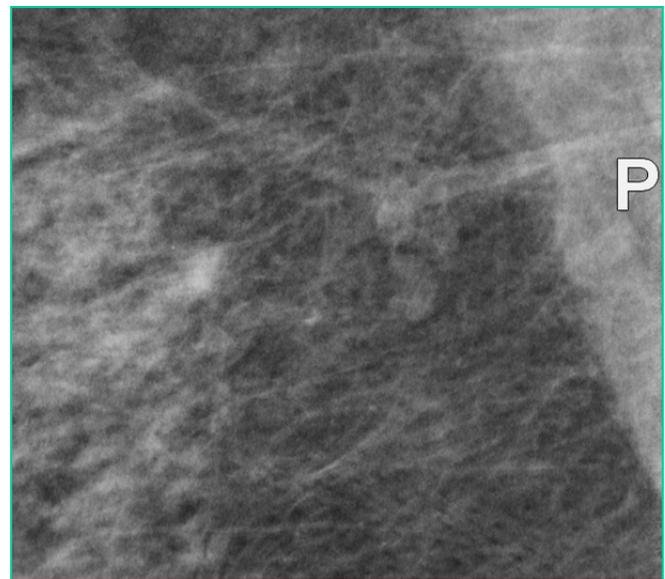
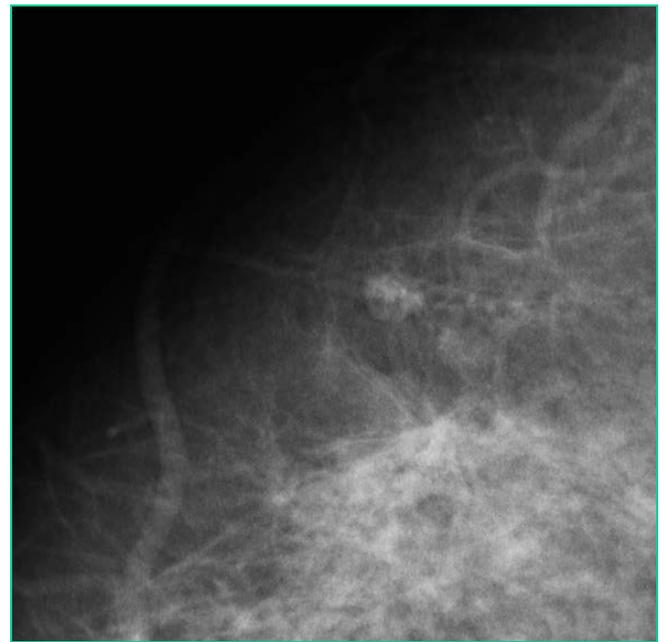
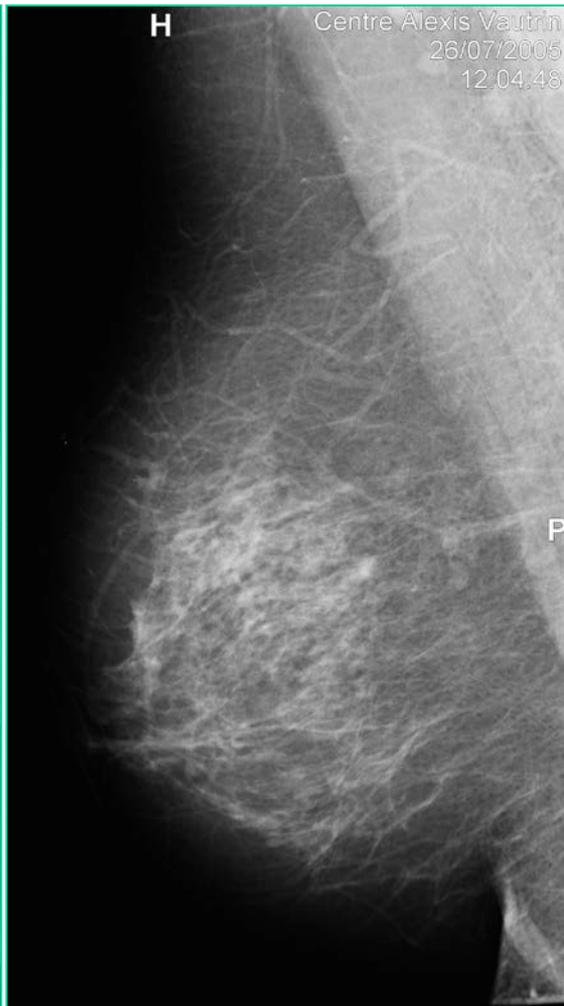
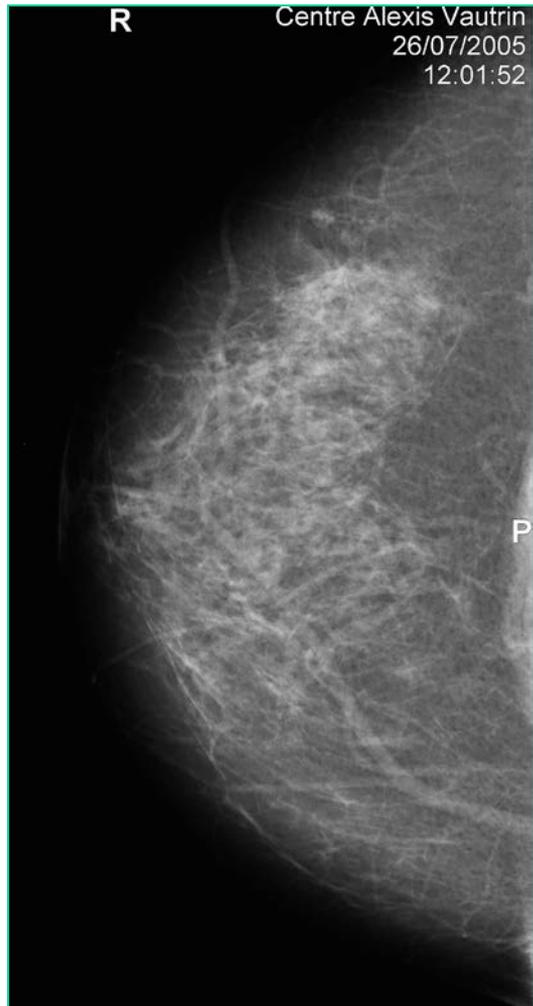


Calcifications lobulaires

Classement initial BI-RADS 3

Classement final après 2 ans BI-RADS 2

- Examen mammaire systématique
- Apparition de petites masses inféro-externes du sein D

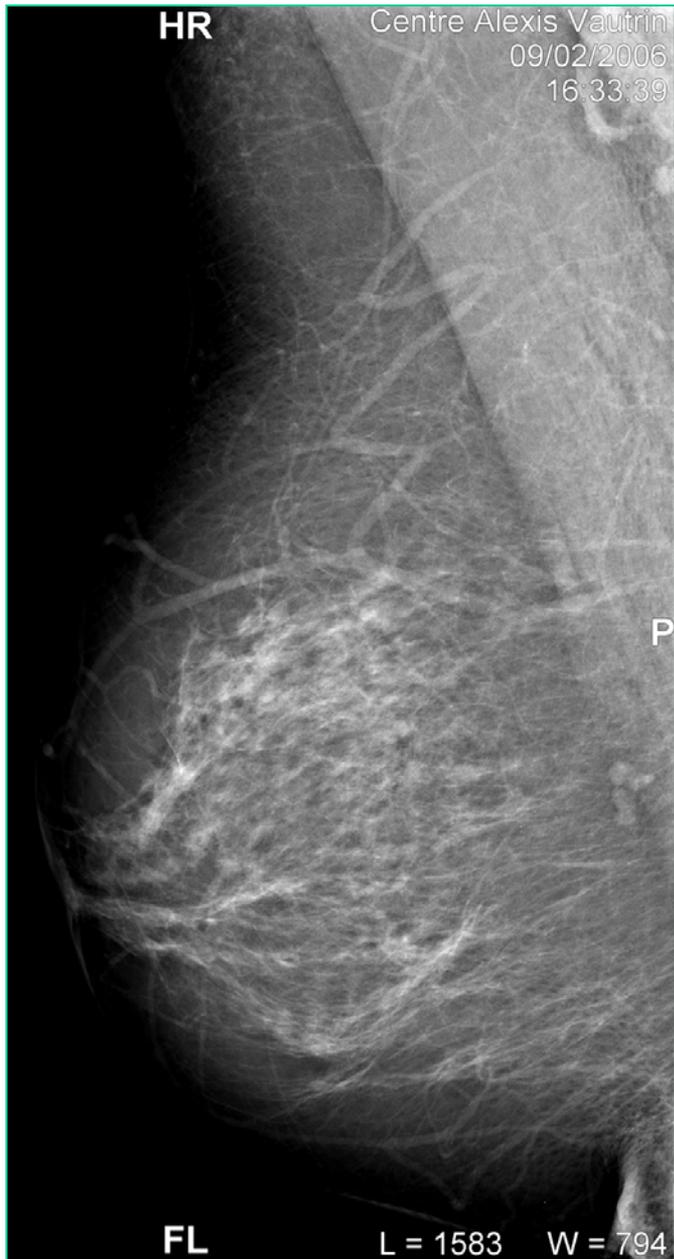


Échographie négative

16-92

Classement en ACR 3

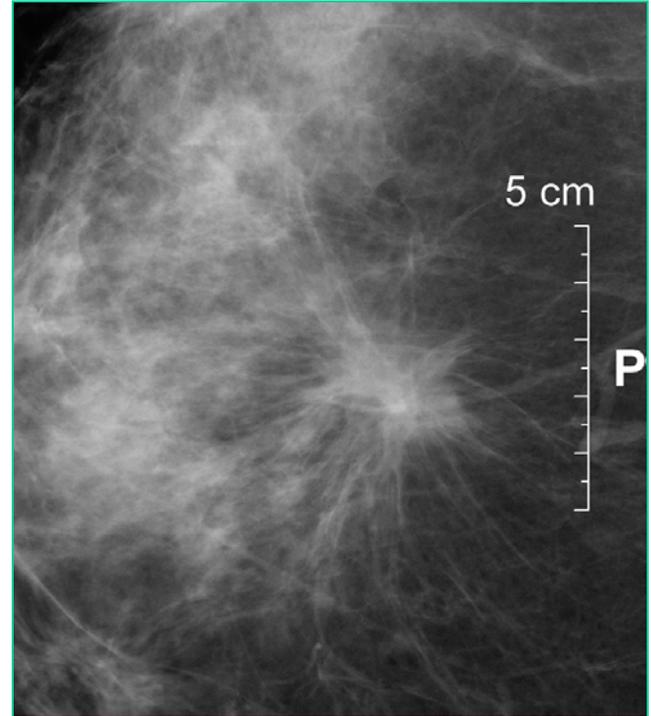
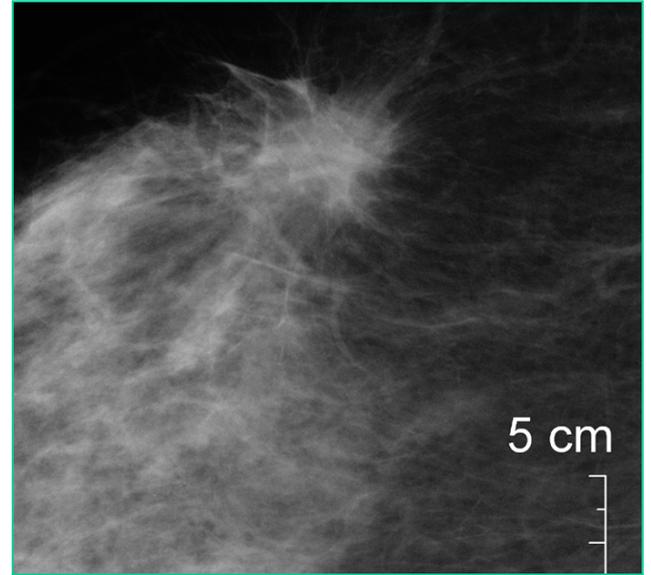
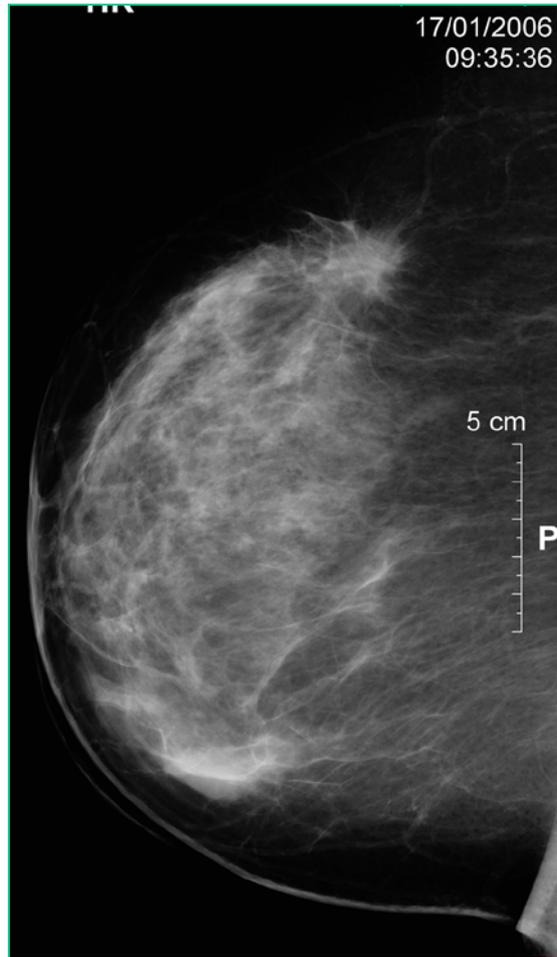
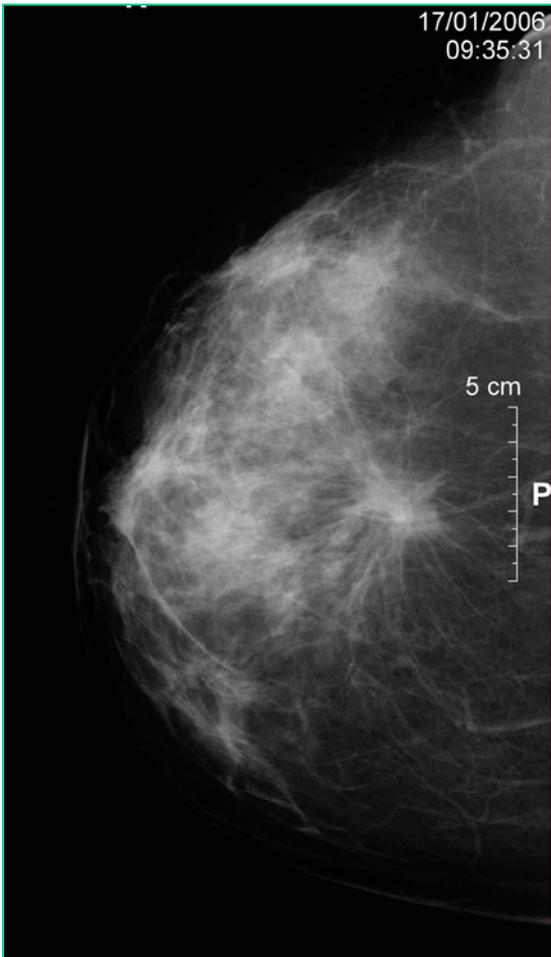
Ganglions intra-mammaires



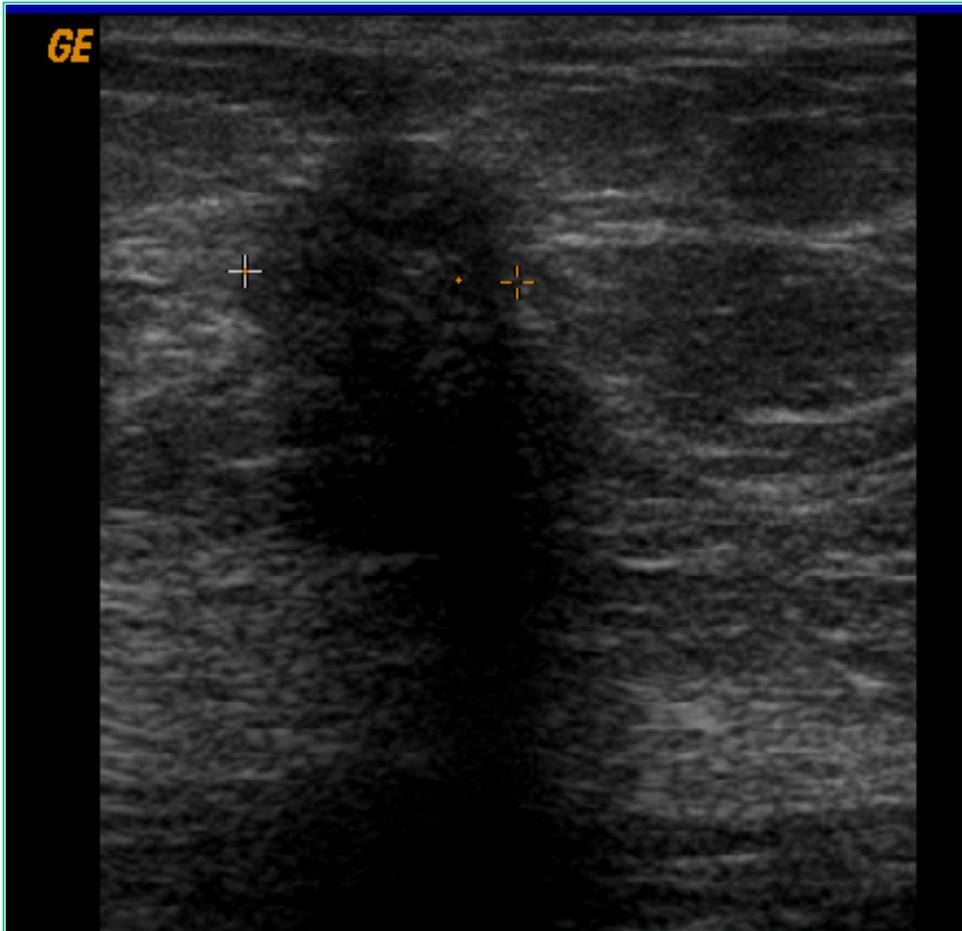
Contrôle à 6 mois

16-92

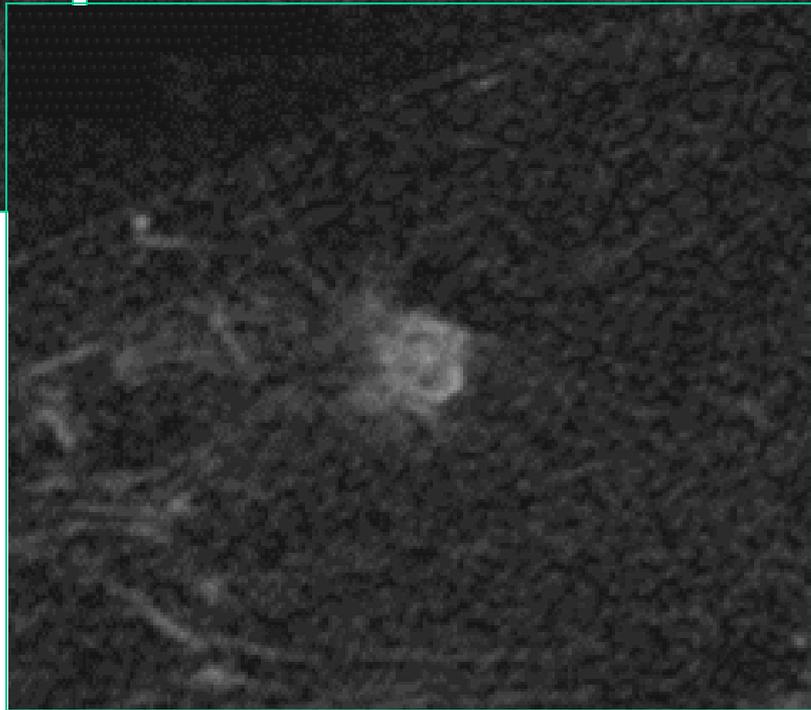
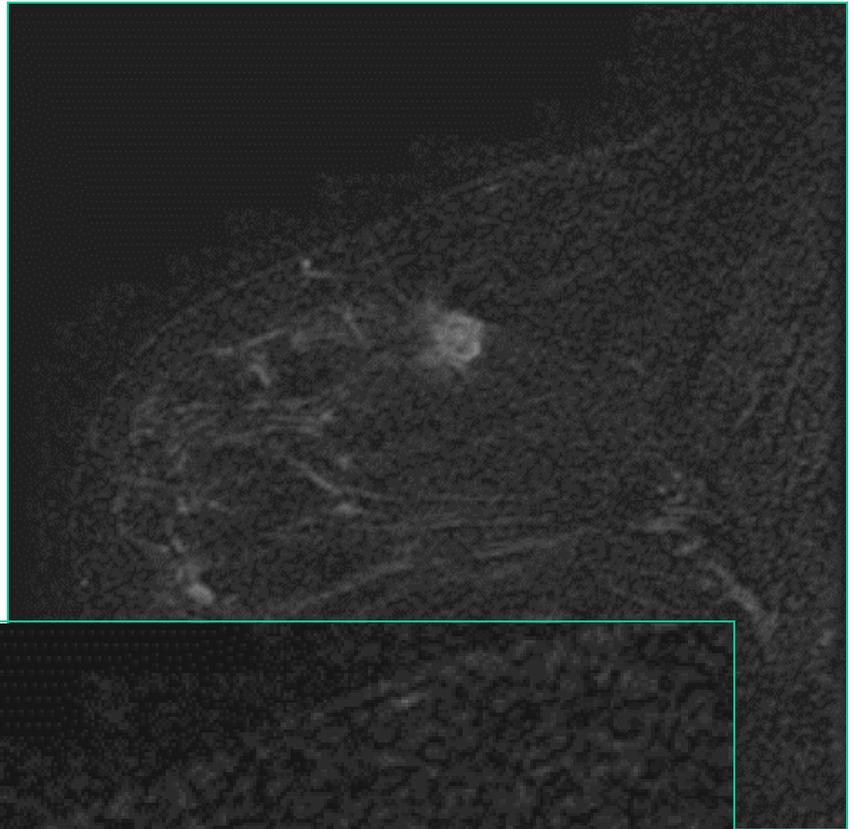
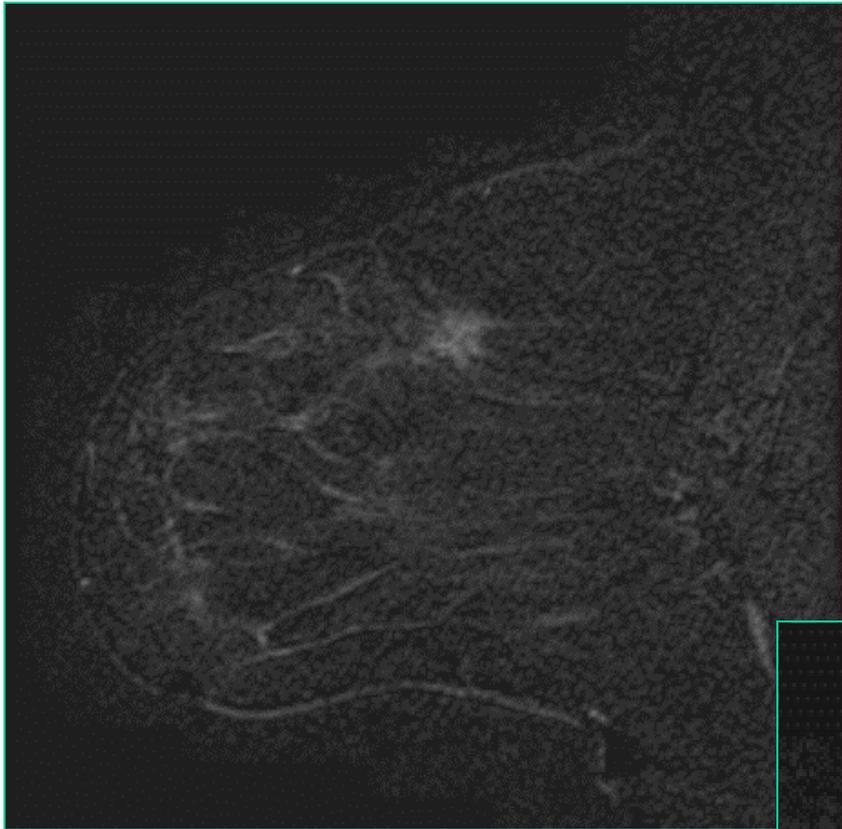
- Patiente de 60 ans
- Exérèse d'un fibroadénome du sein D en 2004
- Contrôle mammographique systématique



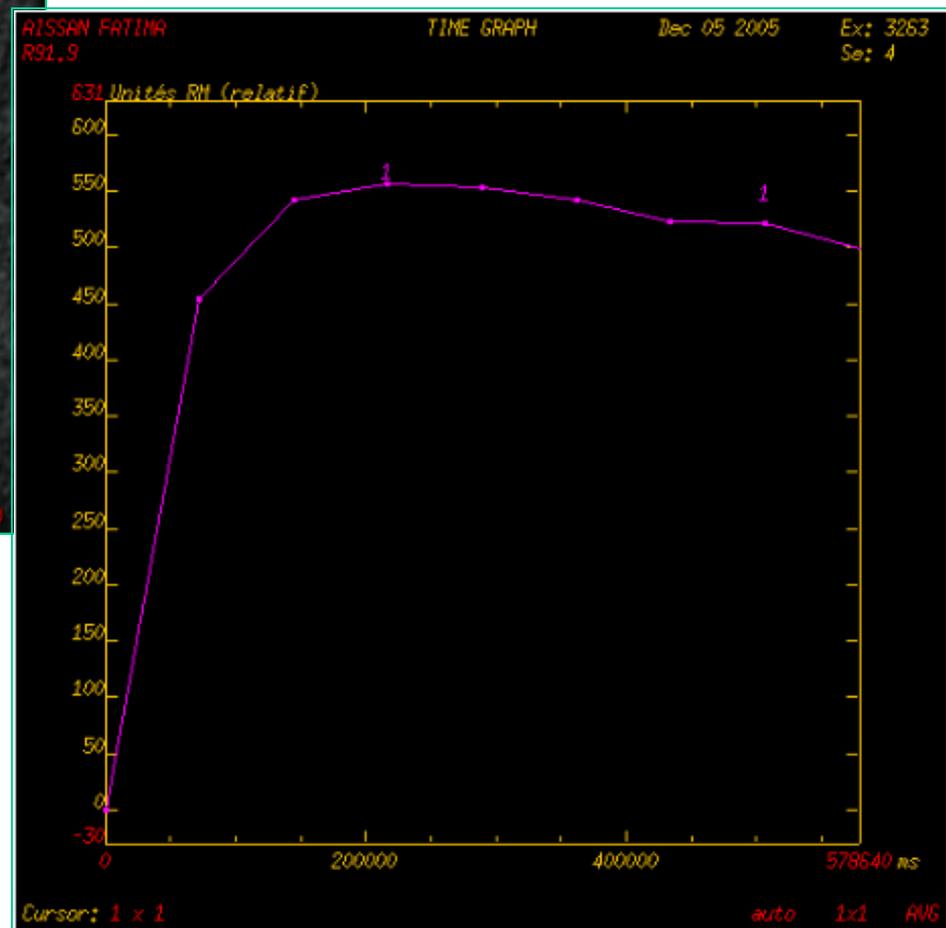
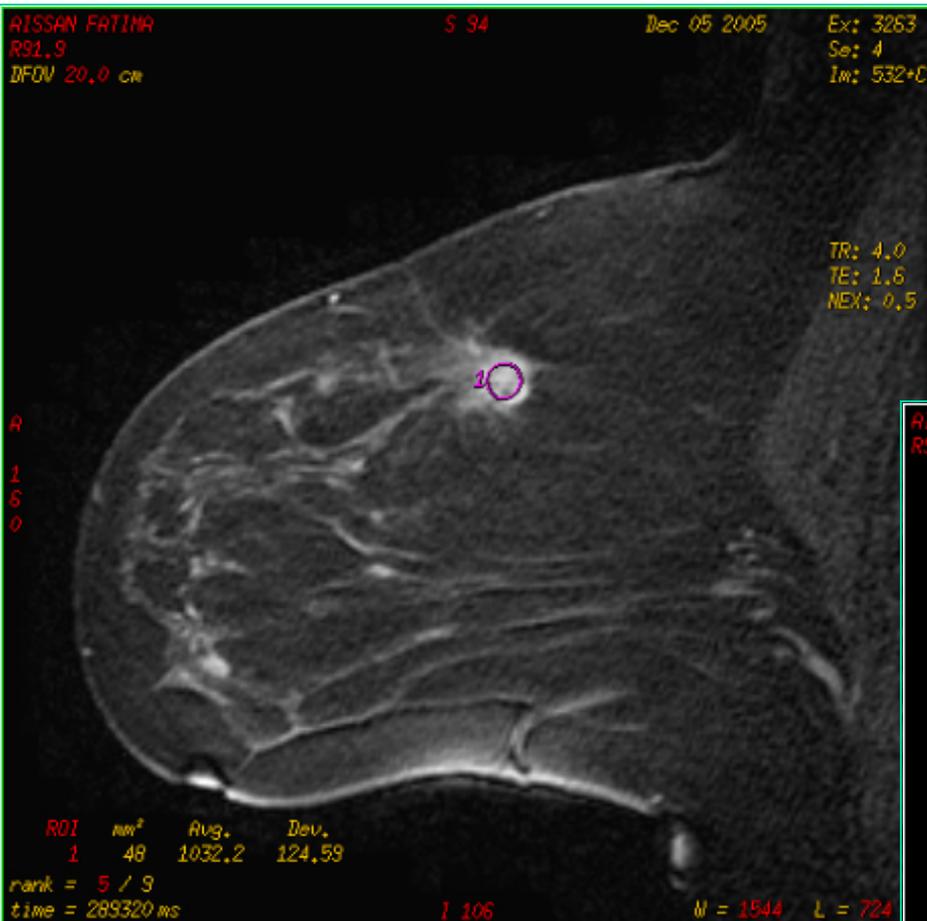
3108-05

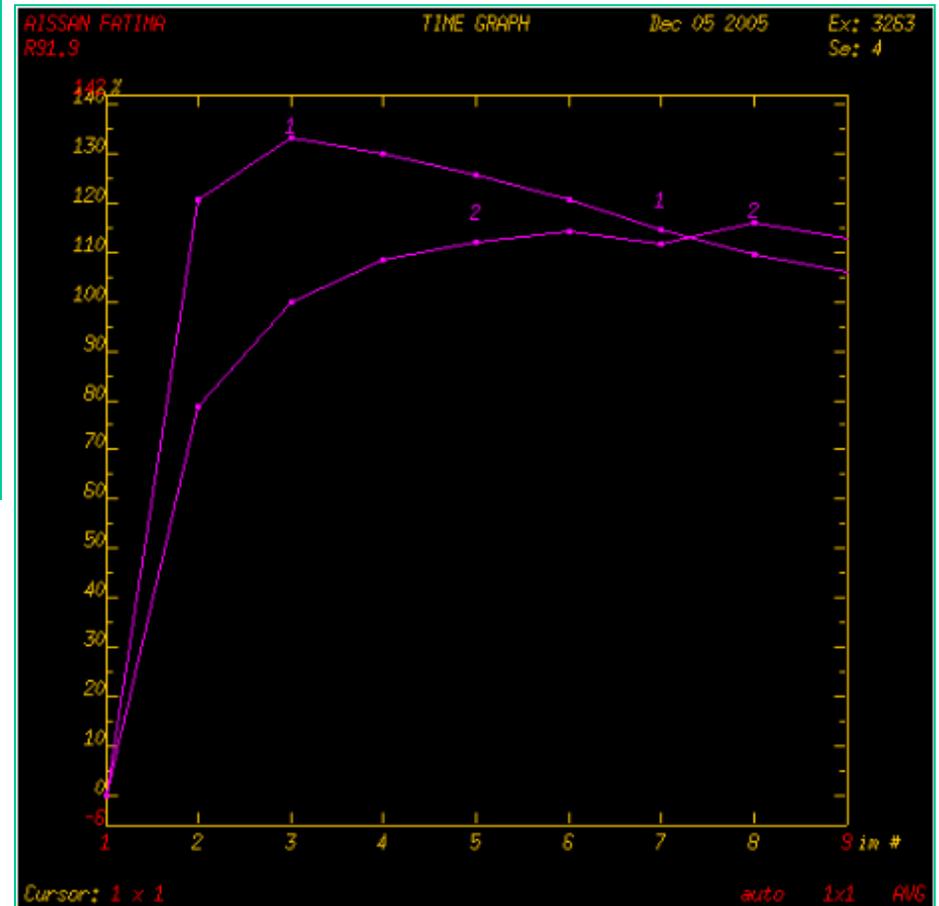
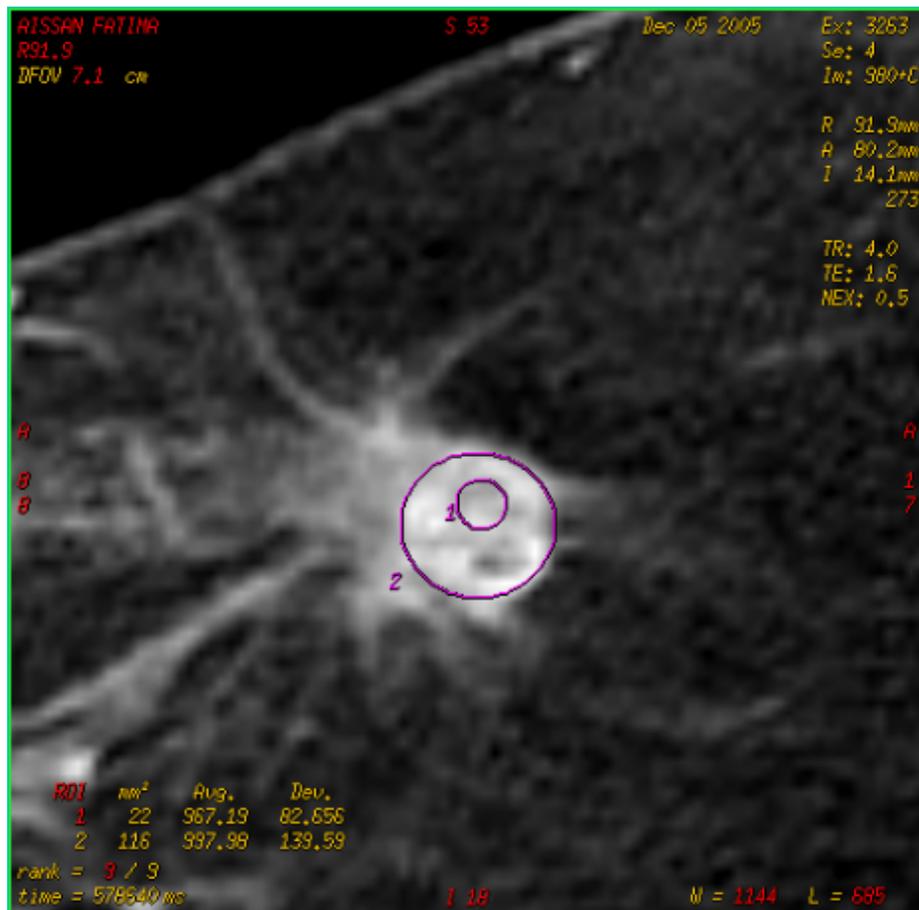


Microbiopsies sous échographie négatives : tissu fibreux



3108-05





3108-05



Post-microbiopsie

- Patiente de 61 ans
- THS
- Pas d'antécédent familial de cancer du sein
- Examen clinique mammaire bilatéral

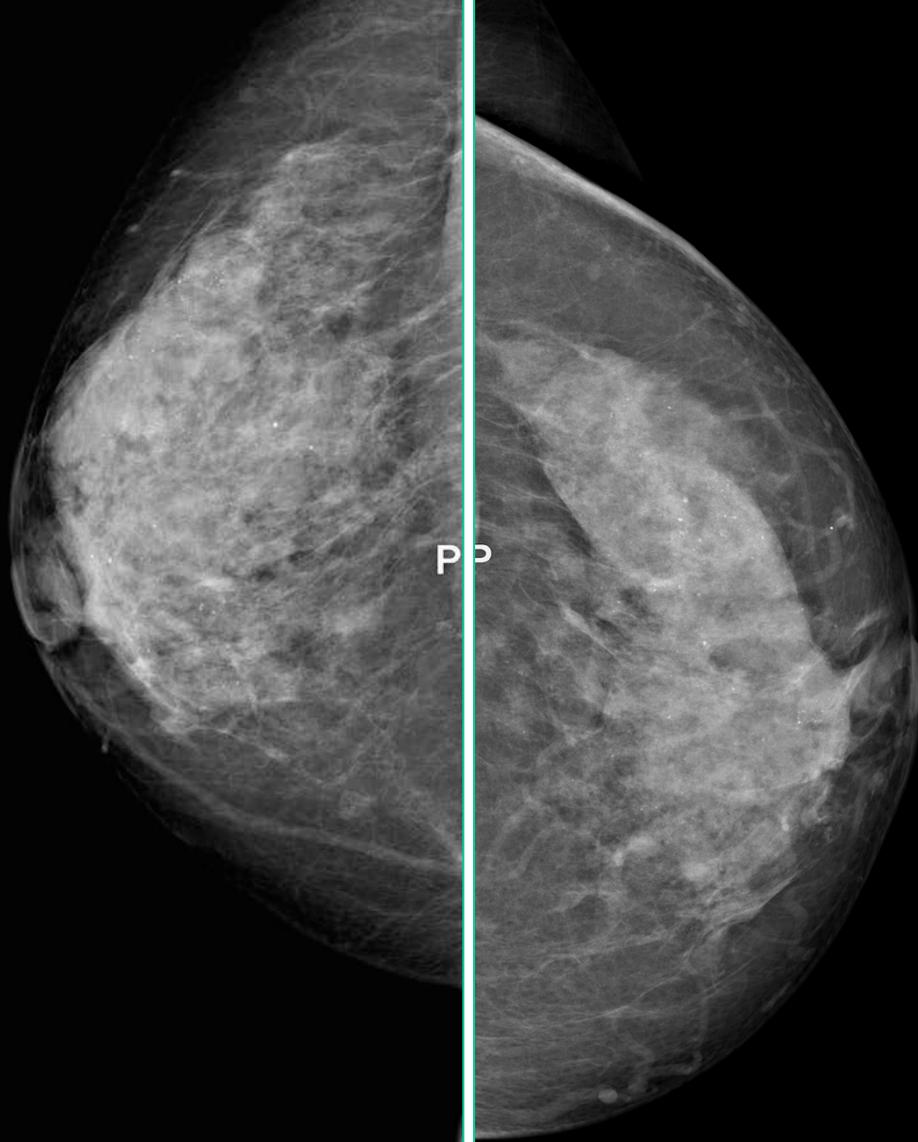
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09/05/2006
09:42:49

22/03/1945
Se. 2
Im. 2

L

2550-97



L

L = 1479 W = 788

R

HR

Centre Alexis Vautrin
09/05/2006
09:45:47

22/03/1945
Se. 2
Im. 4

HL

2550-97

P P

FL

L = 1409 W = 712

FR



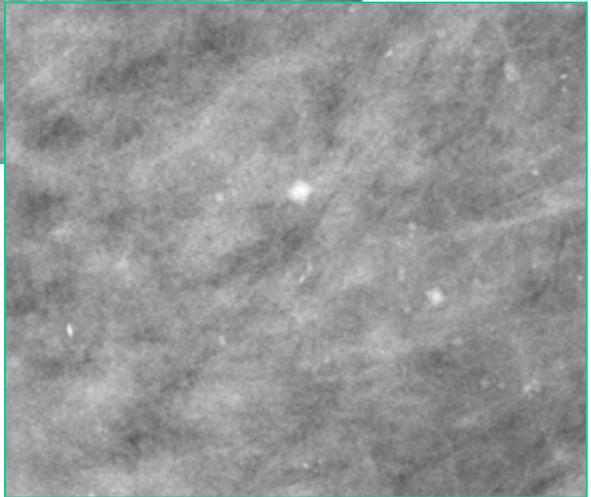
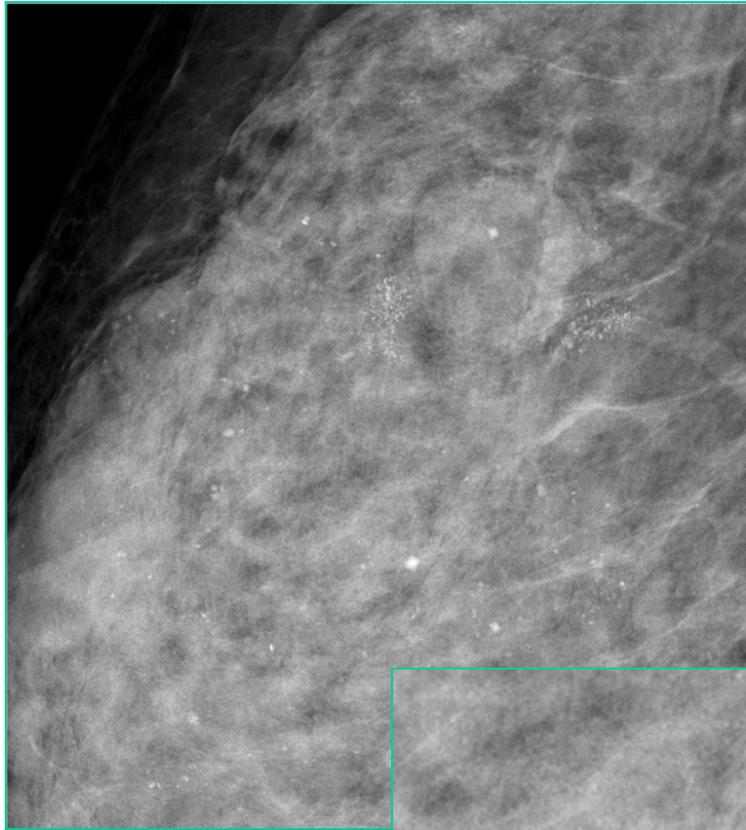


2550-97

R

Centre Alexis Vautrin
09/05/2006
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2550-97



H

Centre Alexis Vautrin
09/05/2006
10:18:10

P

F

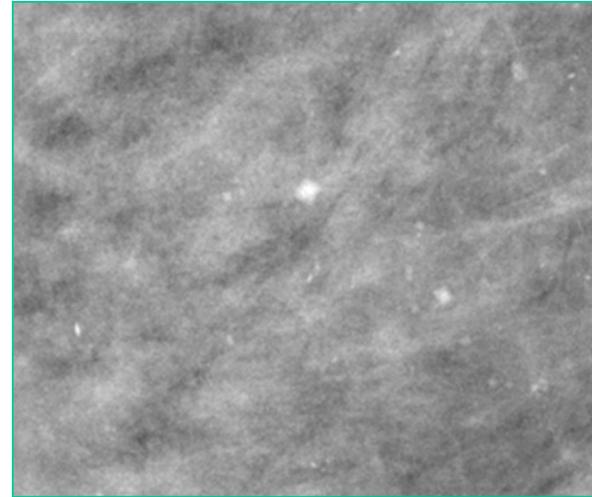
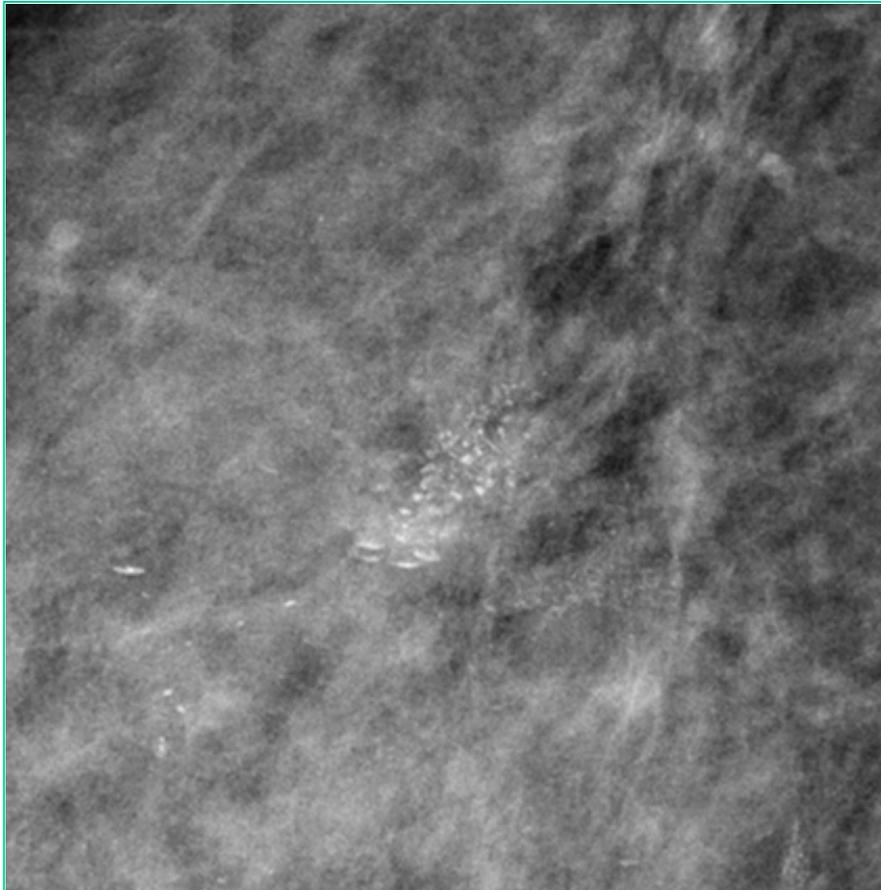
L = 1514 W = 630

2550-97

Calcifications bénignes

- diffuses
- Weddelite
- sédimentations

2550-97



1146-06

- Patiente de 34 ans
- Antécédent de réduction mammaire il y a 2 ans
- Nodule palpable sous la convergence des cicatrices mammaires du sein D

H

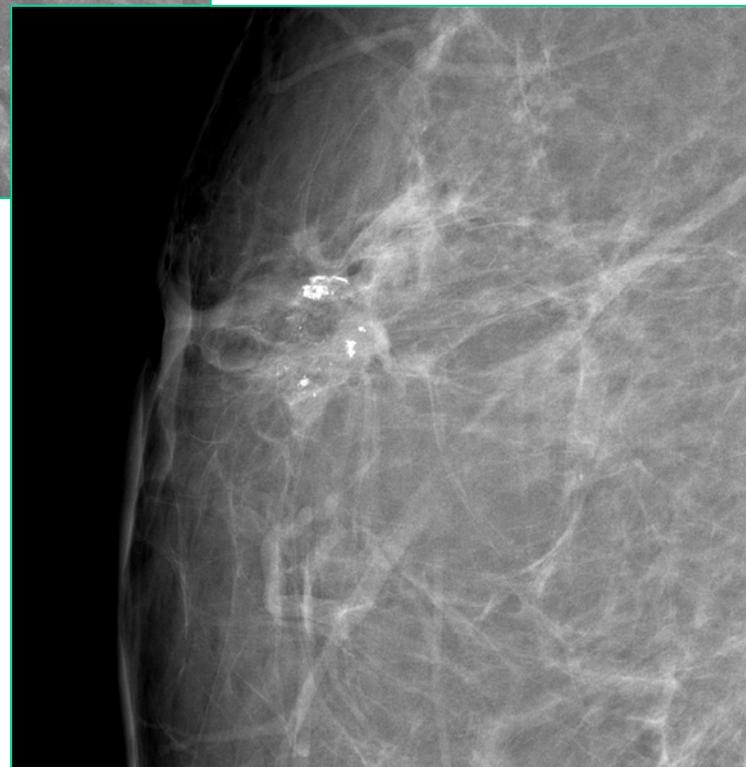
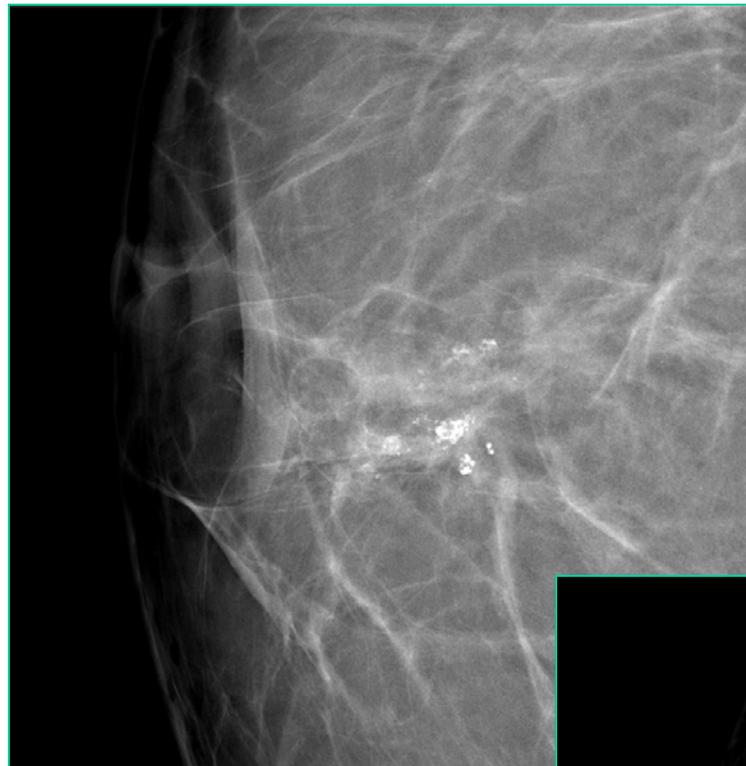
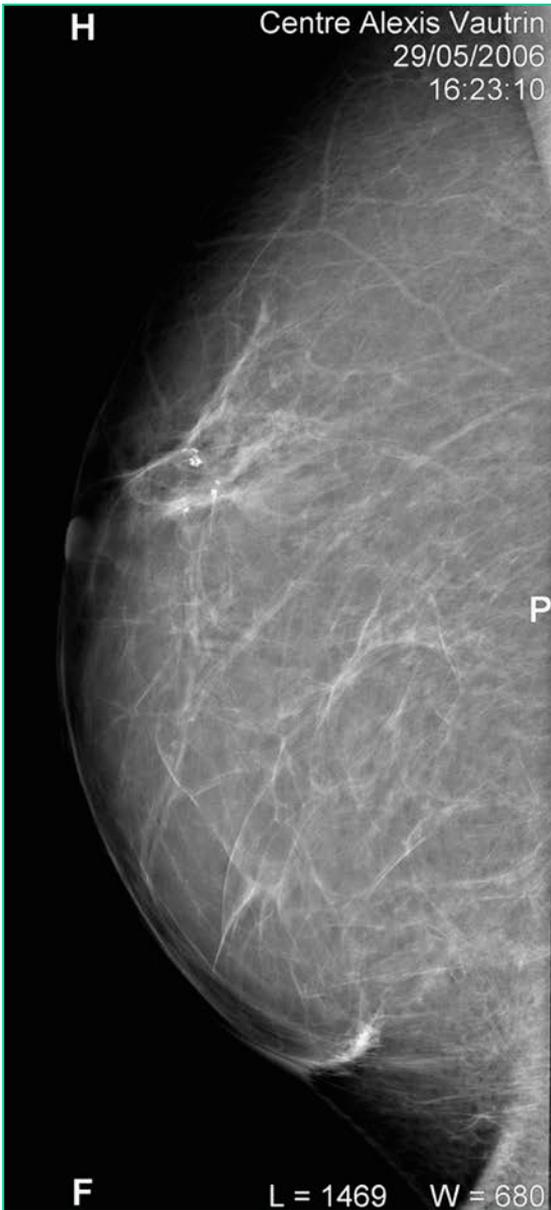
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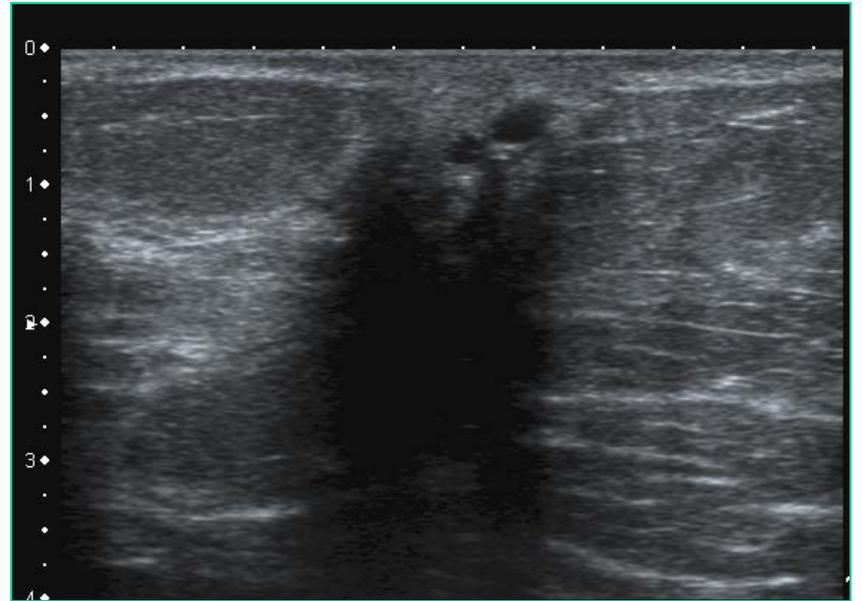
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L = 1469 W = 680

1146-06



1146-06

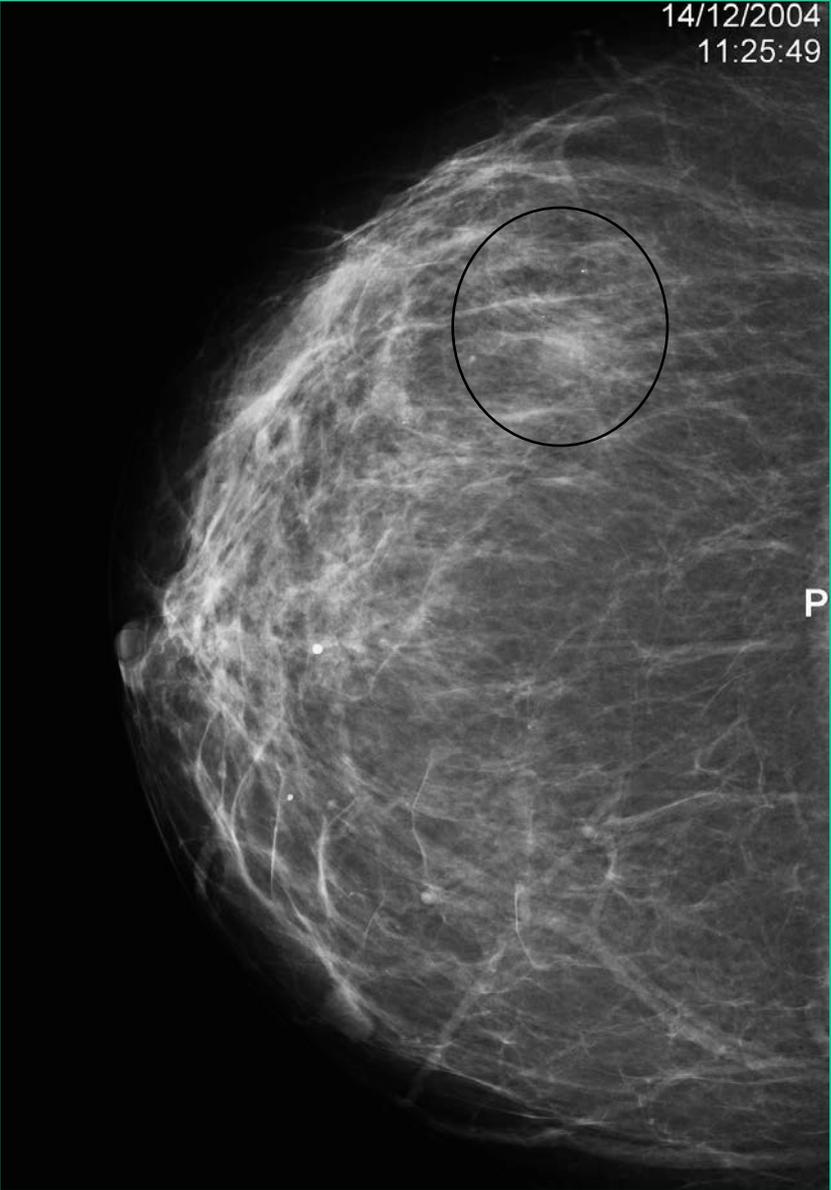


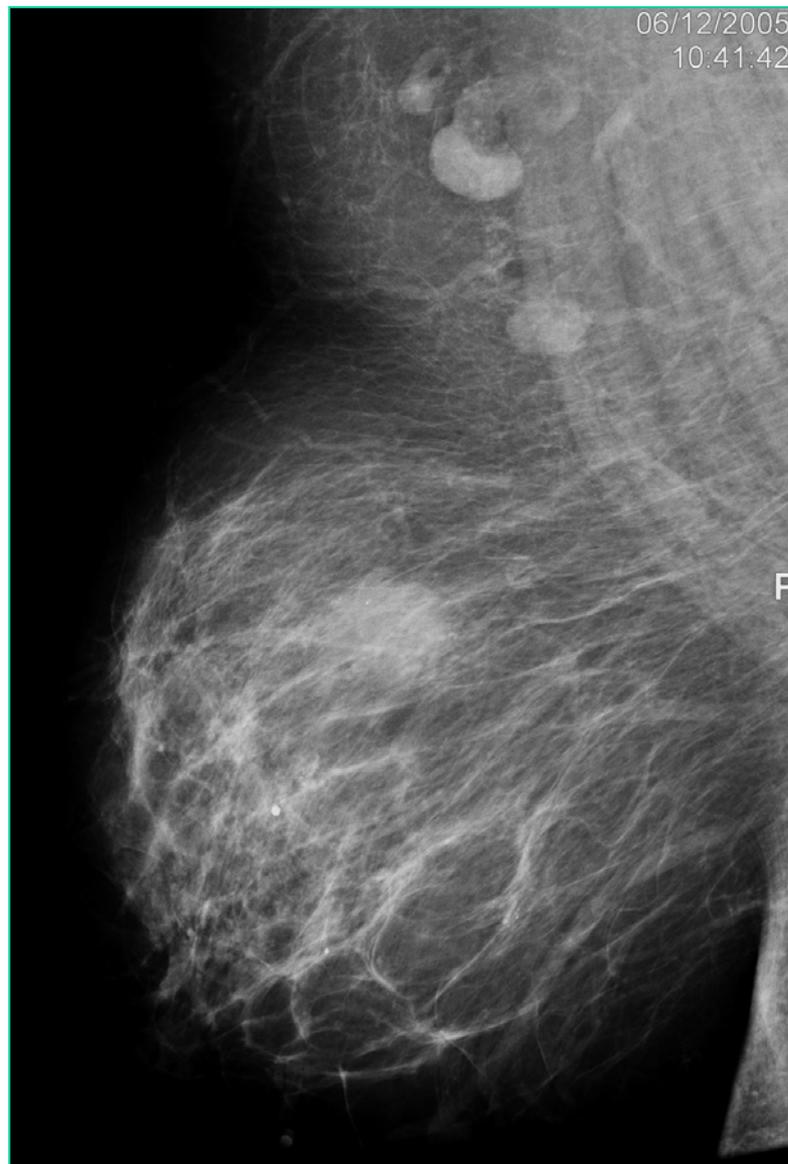
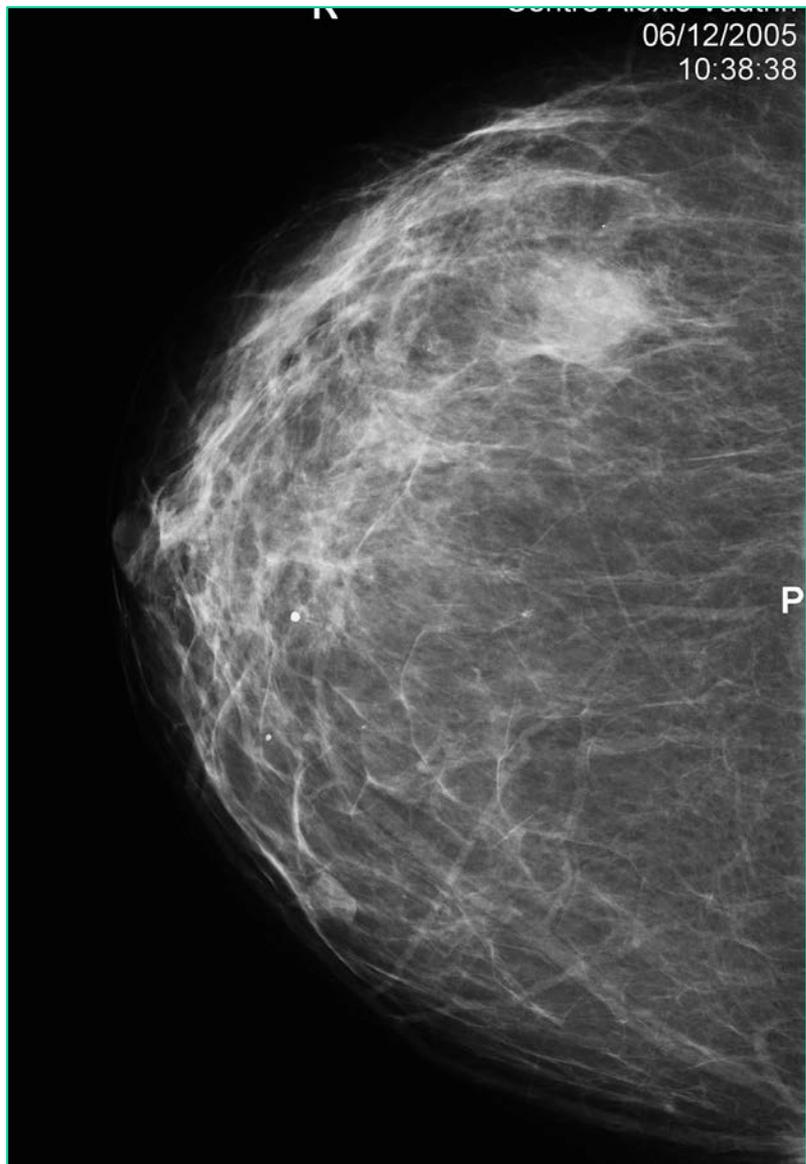
Cytologie : cellules inflammatoires

CYTOSTEATONECROSE POST CHIRURGICALE

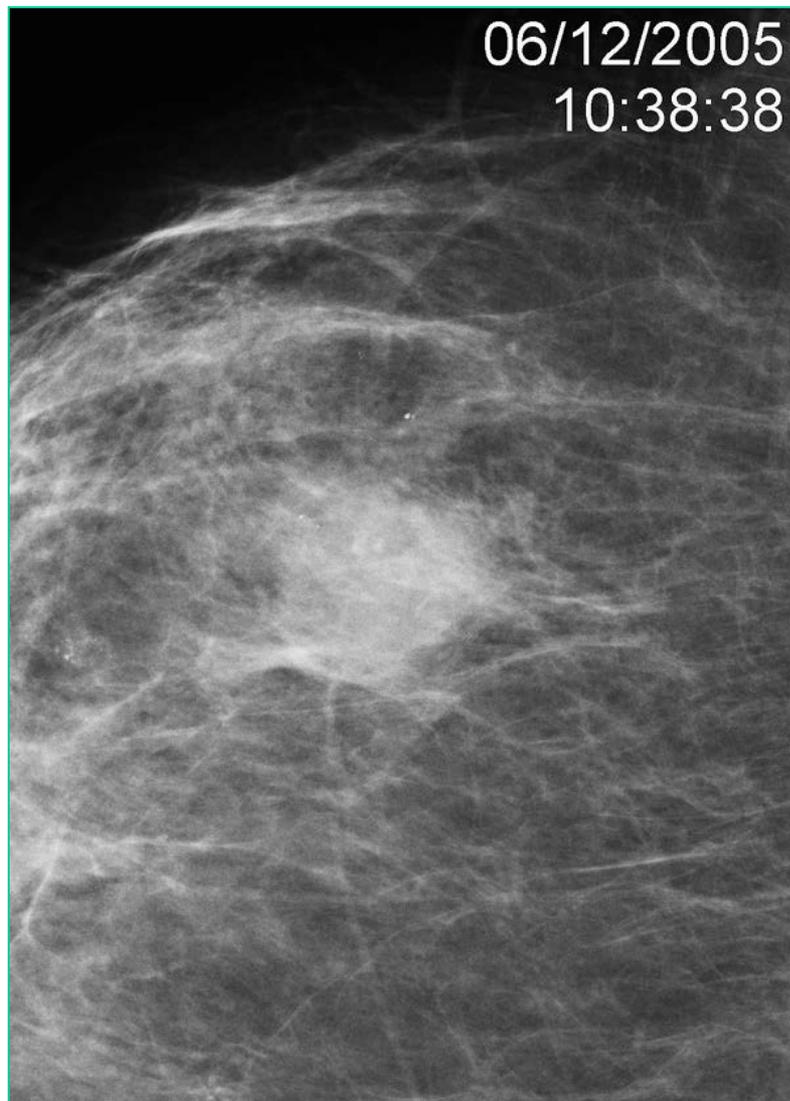
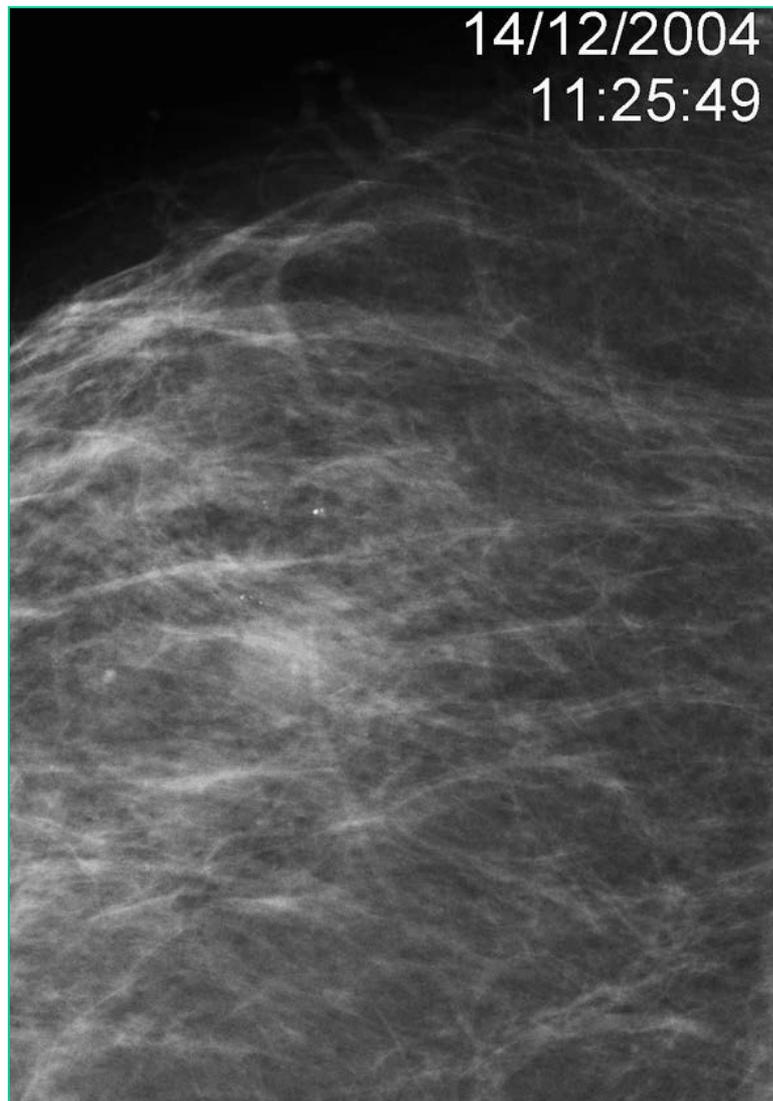
774-95

Mammographie interprétée comme négative





774-95





774-95

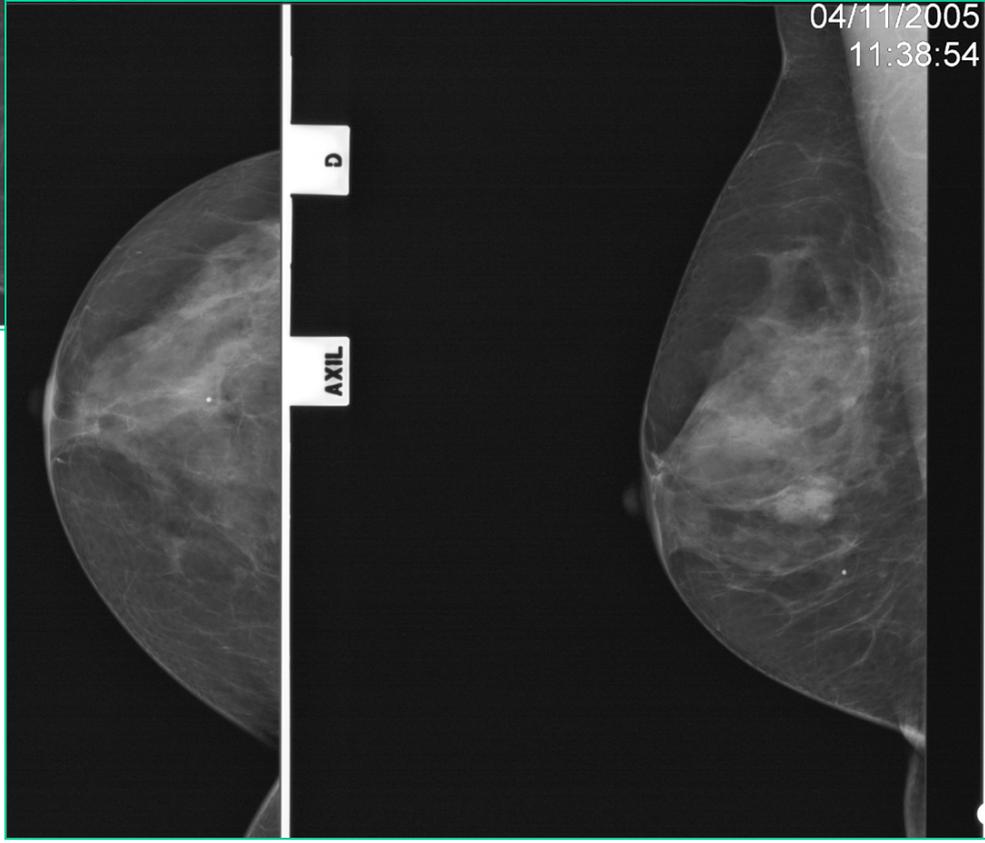
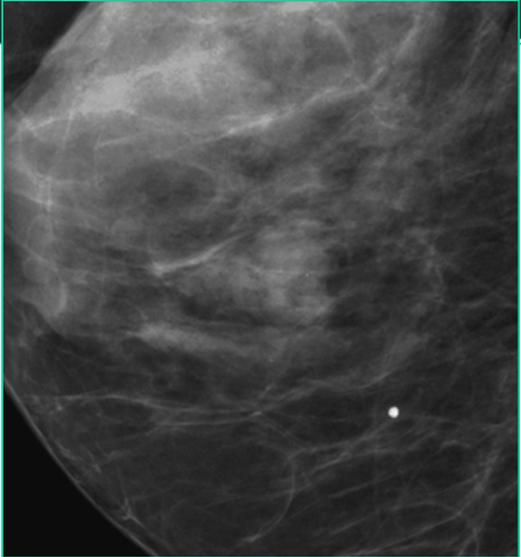
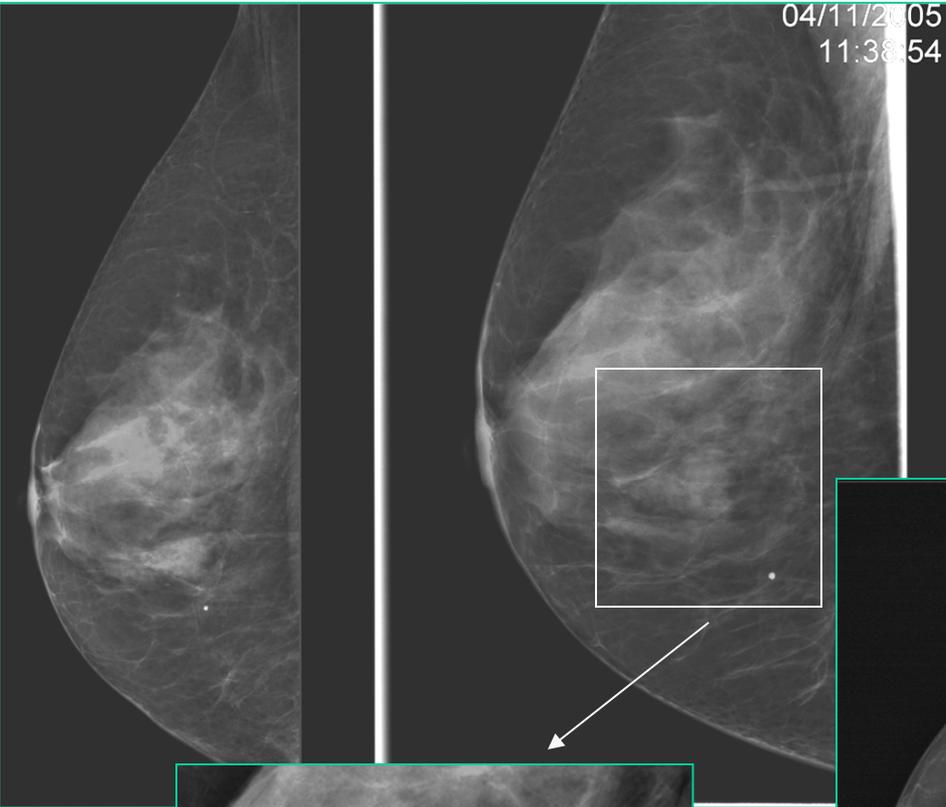


774-95

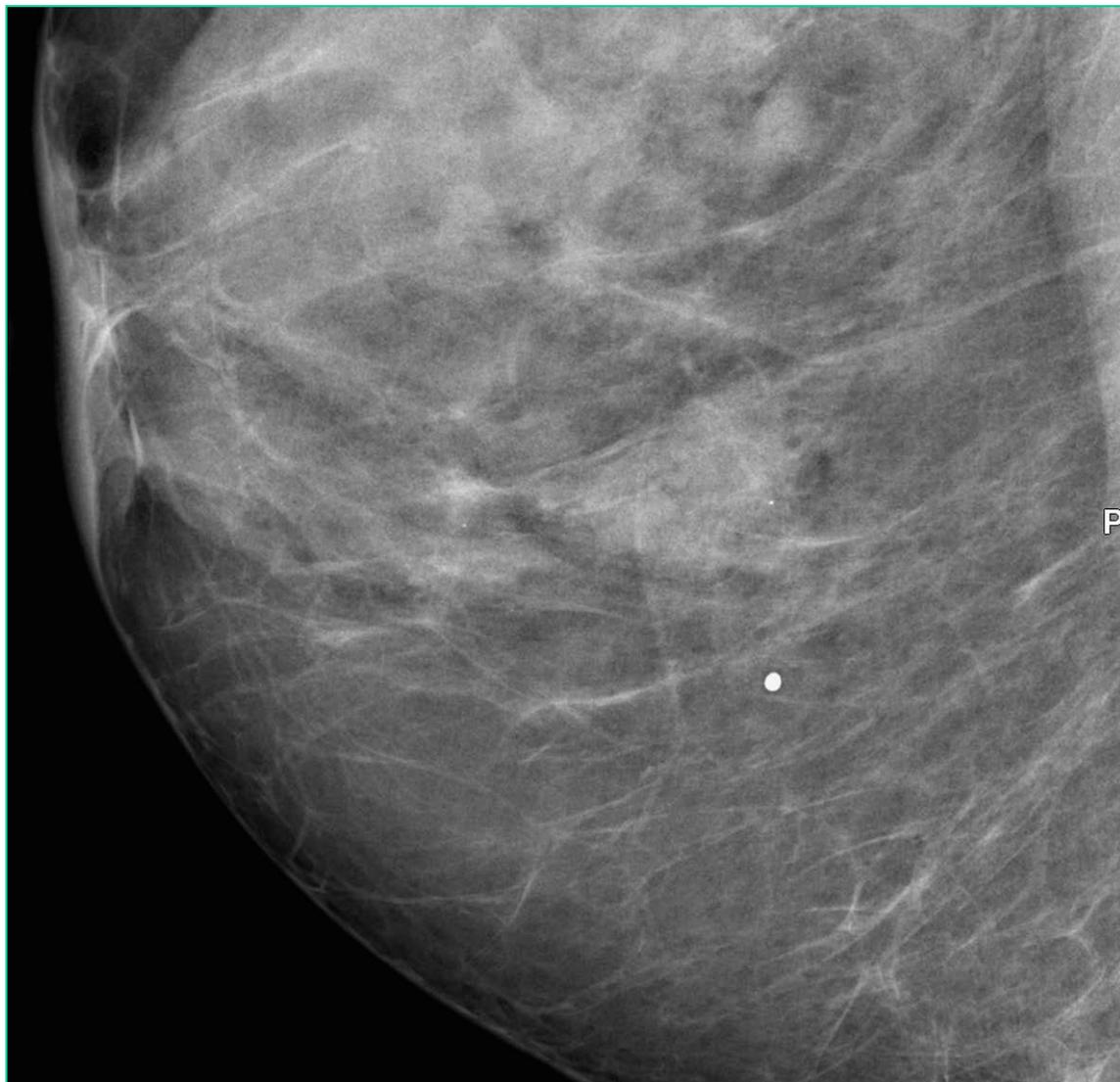
Carcinome mammaire multifocal

04/11/2005
11:38:54

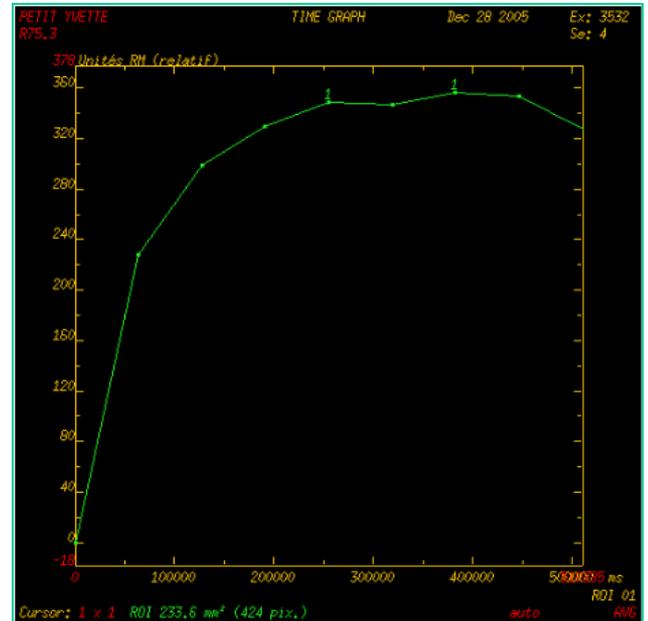
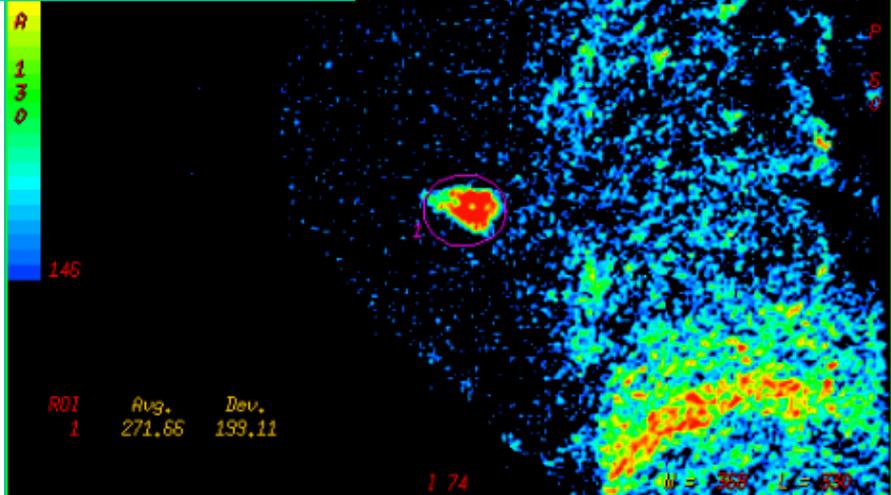
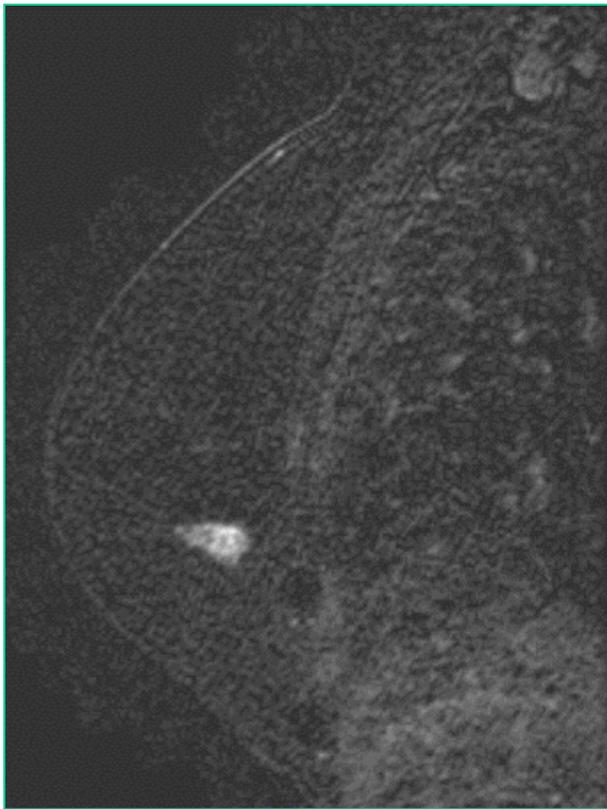
3318-05

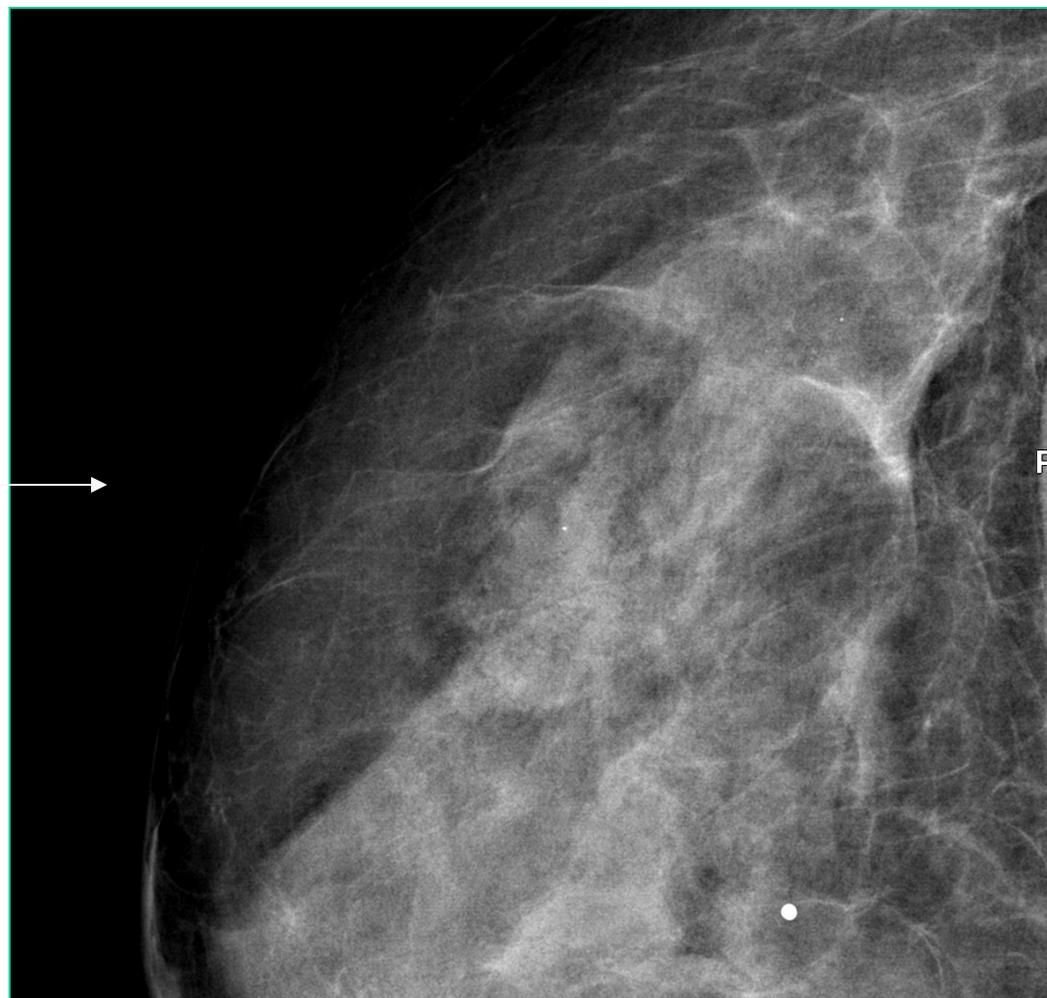
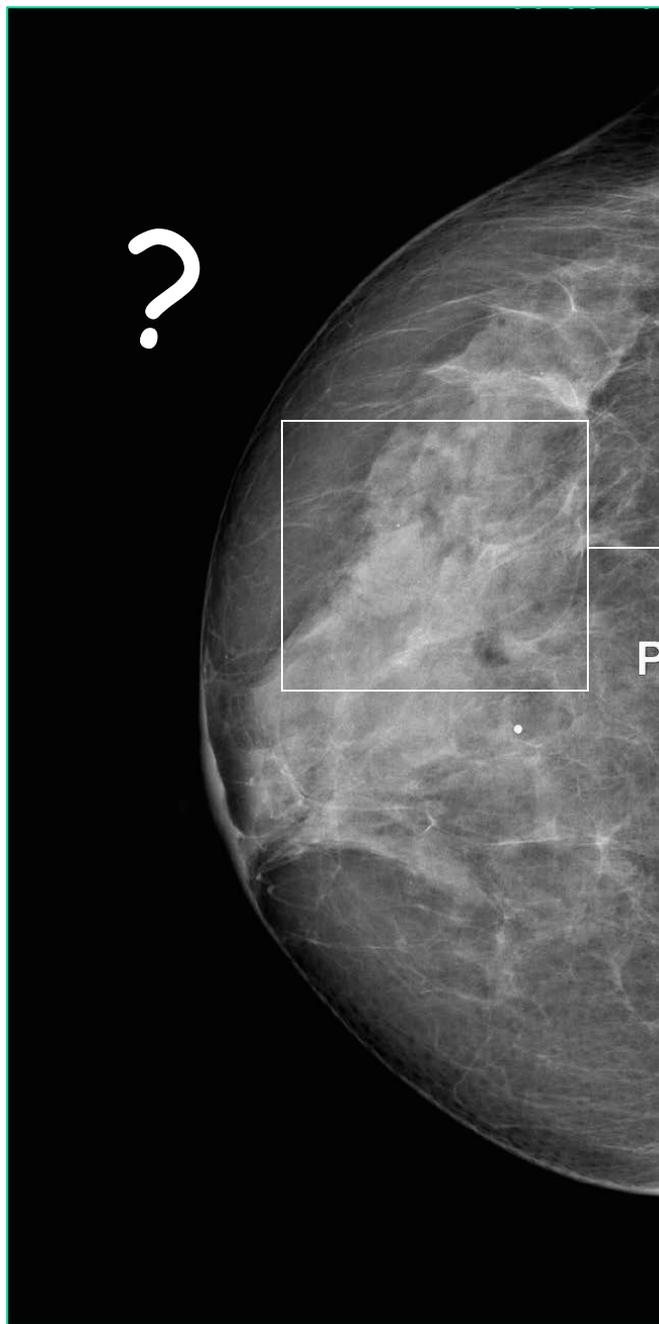


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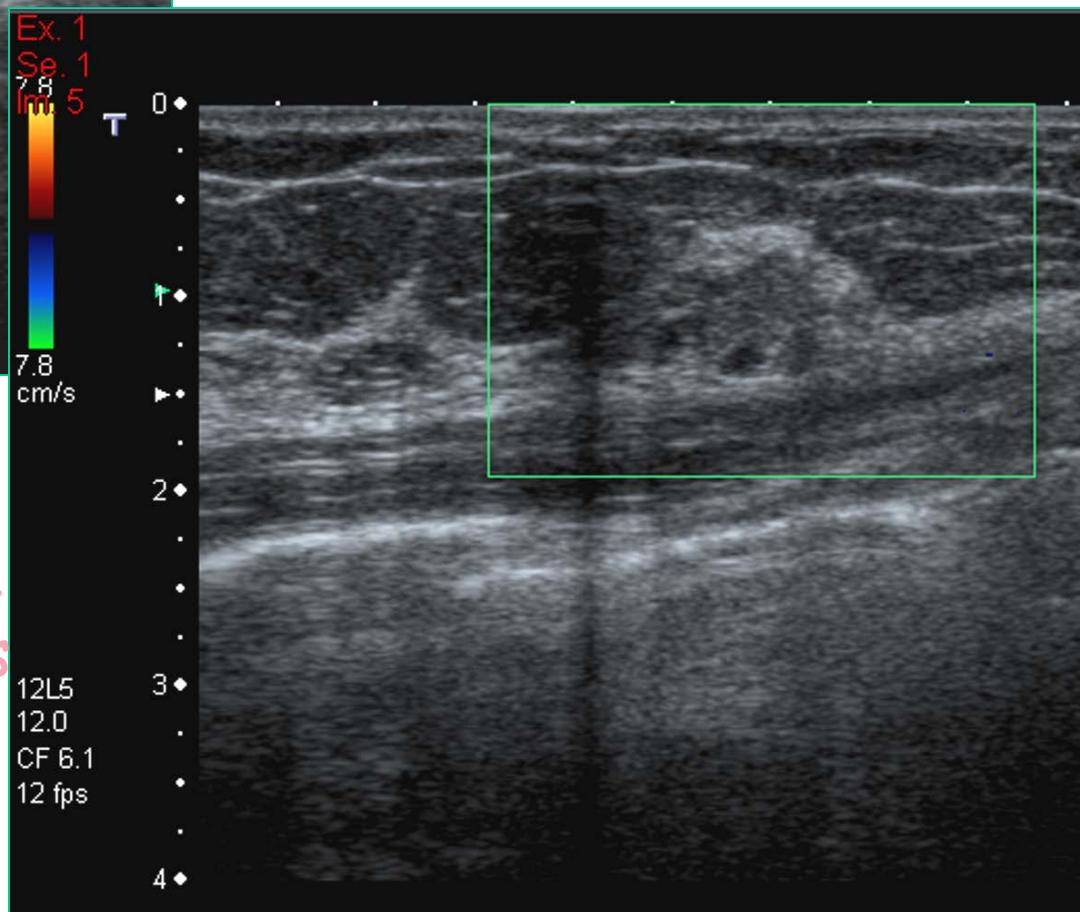
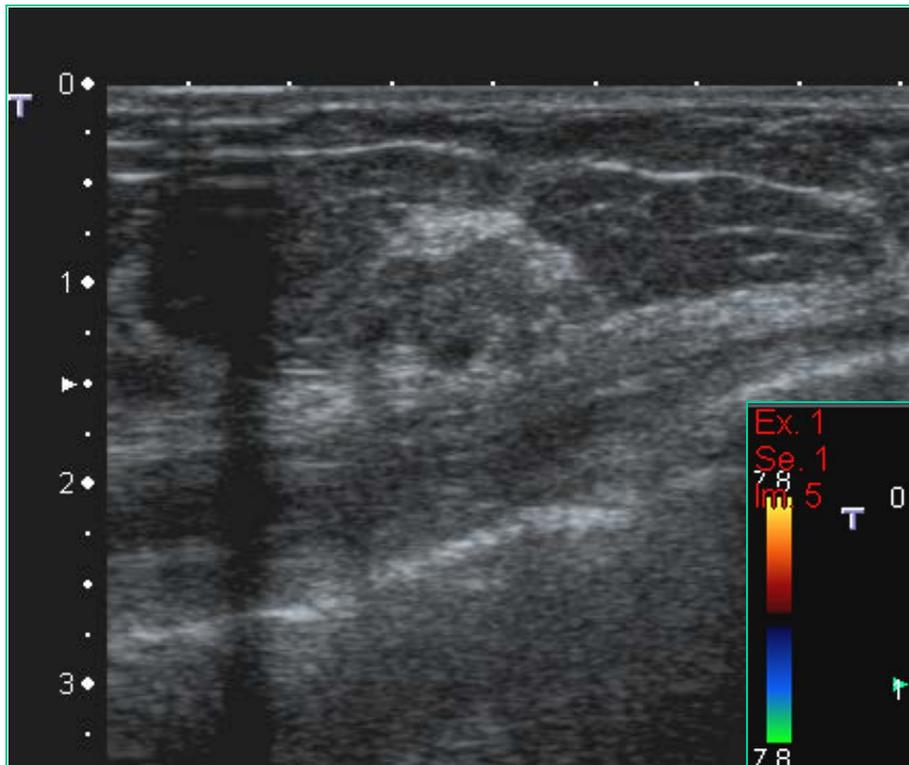


Cliché centré de profil





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

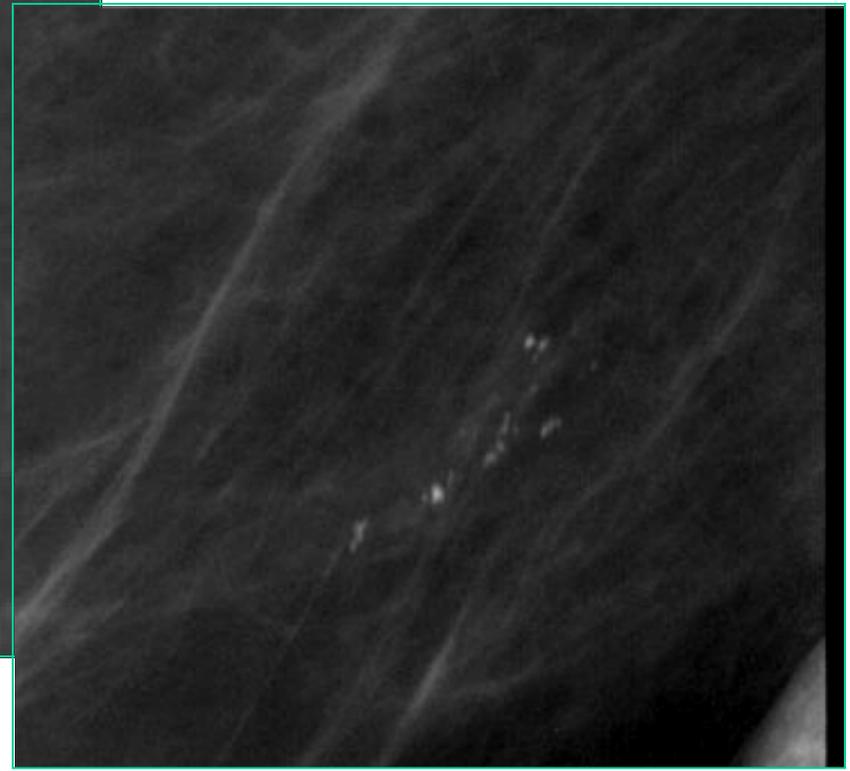
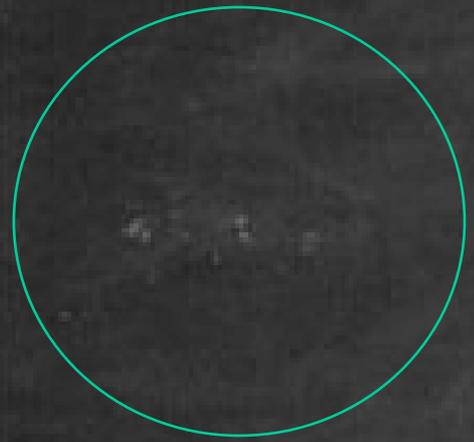
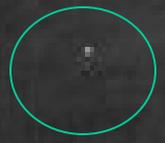
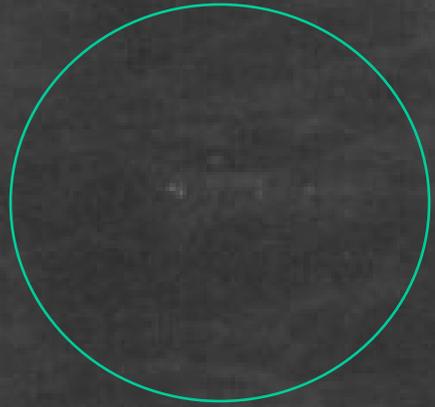


Echographie orientée :
lacune plus échogène que
la graisse et microkystes

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

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

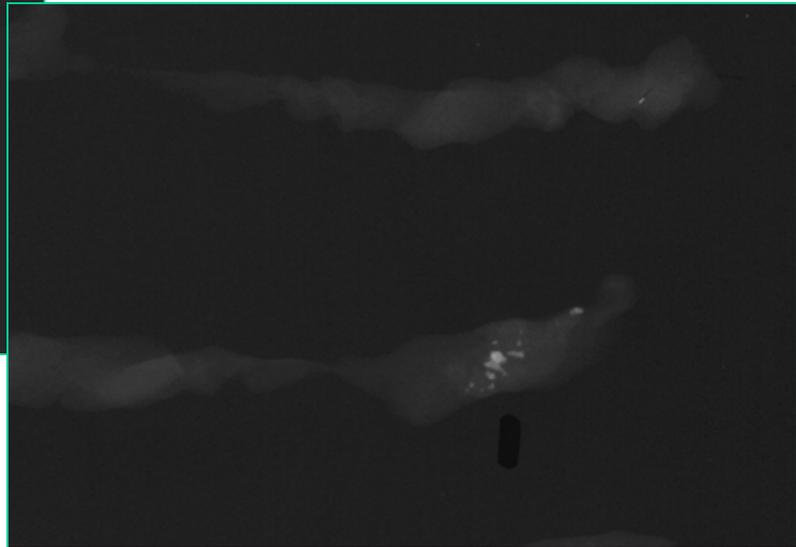
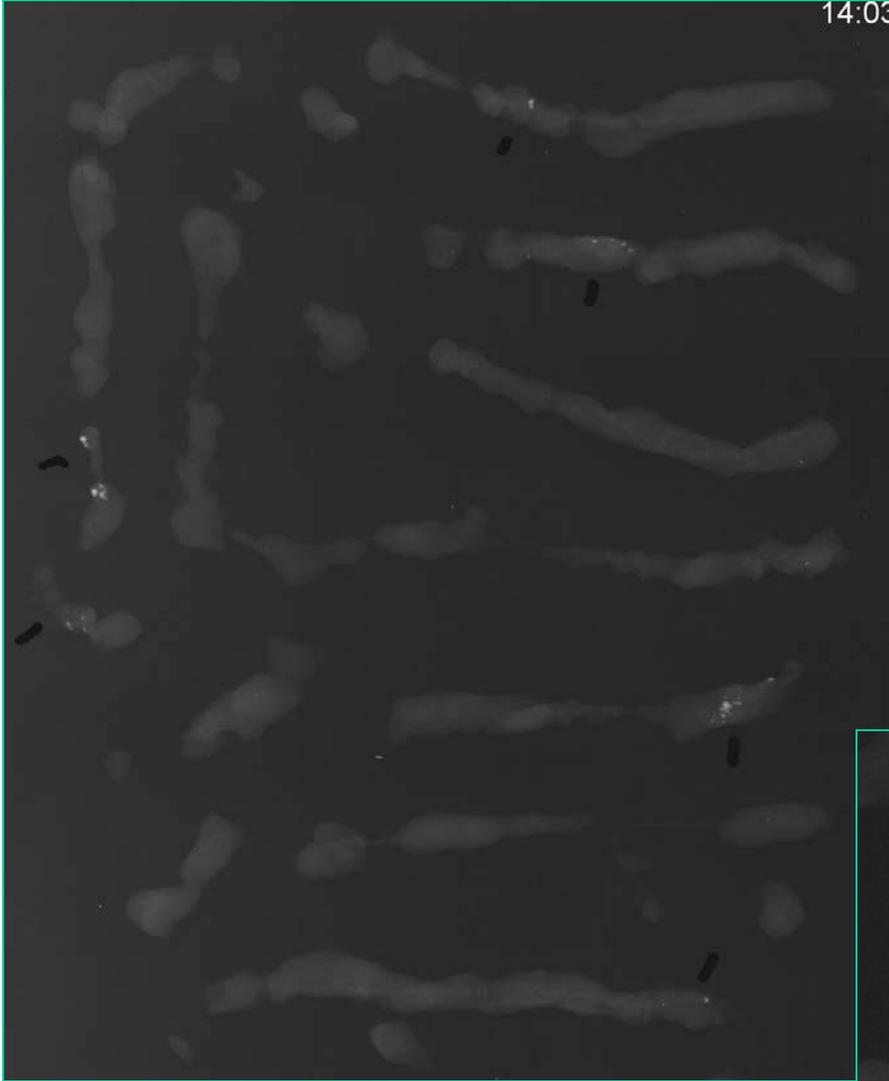


3491-04

14:03

3491-04

Mammotome : FIBROADENOME



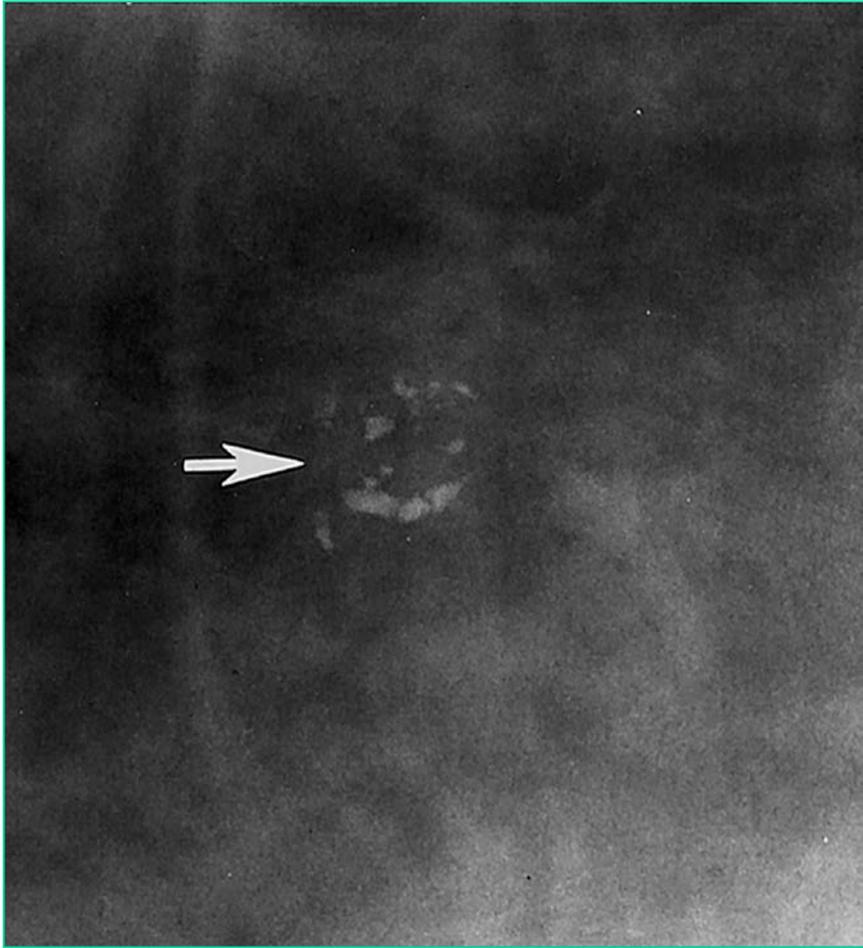
Malignant Lesions Initially Subjected to Short-term Mammographic Follow-up¹

Eric L. Rosen, MD, Jay A. Baker, MD and Mary Scott Soo, MD

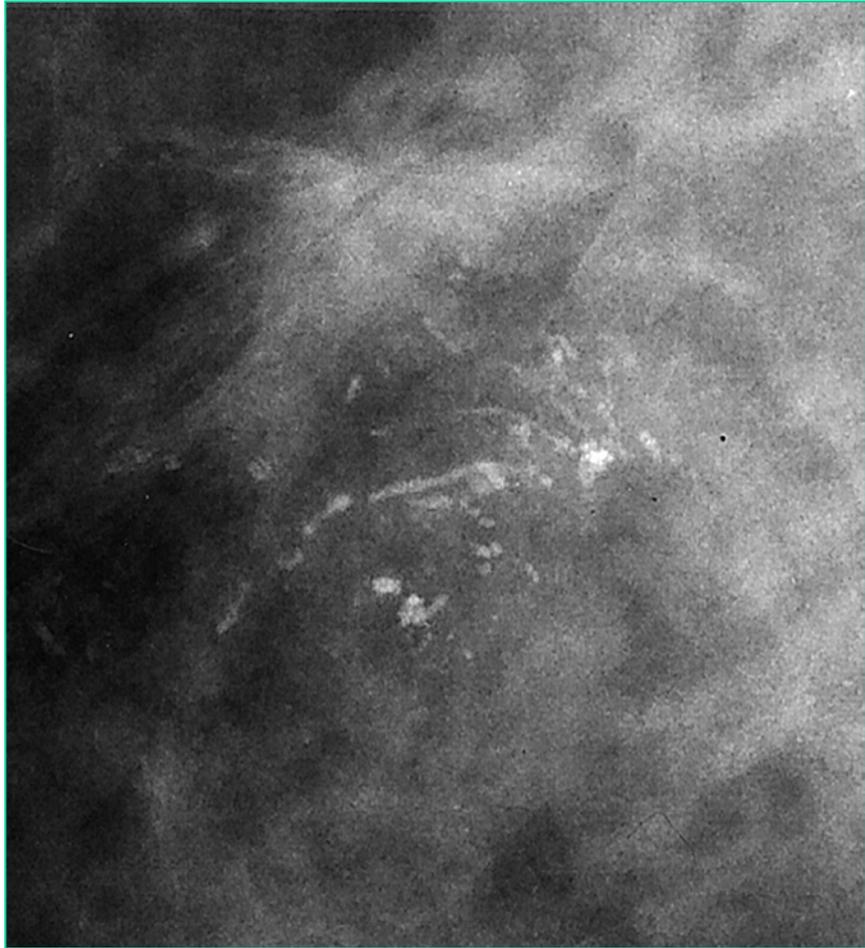
RESULTS: Of the 51 malignancies, 23 (45%) appeared mammographically as microcalcifications, 12 (24%) as masses, four (8%) as architectural distortion, and 12 (24%) as developing densities. None fulfilled strict criteria for a probably benign lesion when reviewed in retrospect. Forty-seven (92%) of 51 lesions had already demonstrated progression at the time of follow-up recommendation.

CONCLUSION: Short-term mammographic follow-up is often recommended for lesions that, in retrospect, do not fulfill established diagnostic criteria for probably benign lesions.

Malignant Lesions Initially Subjected to Short-term Mammographic Follow-up



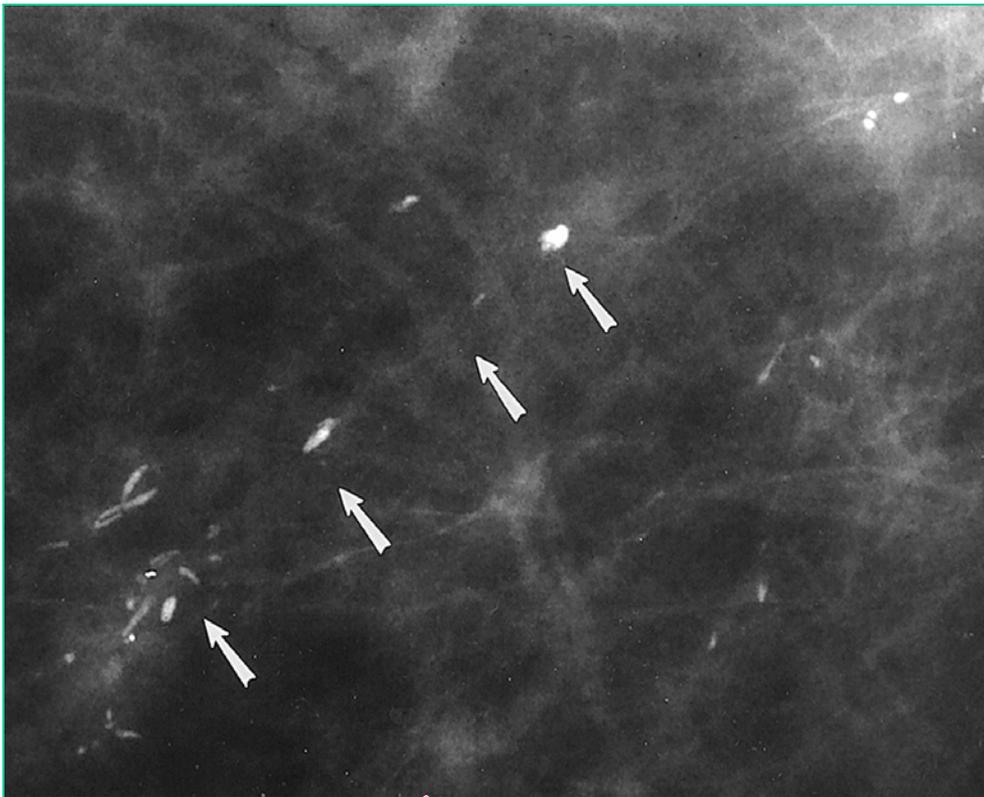
1



17 mois après

Malignant Lesions
Initially Subjected to
Short-term
Mammographic Follow-up

Contrôle à 6 mois

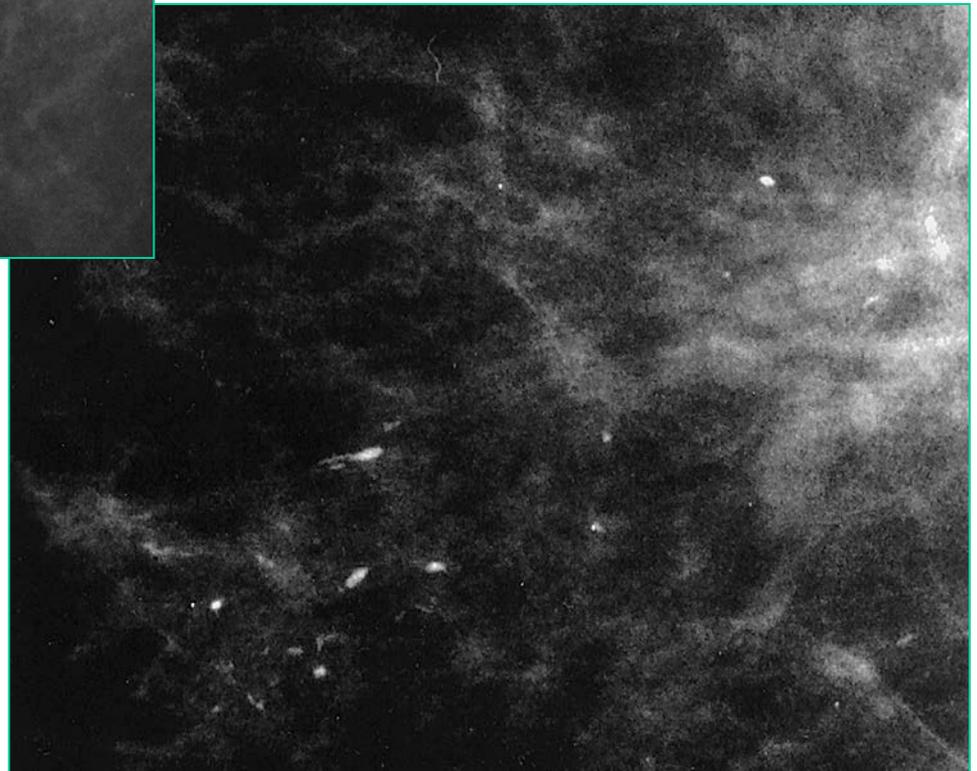


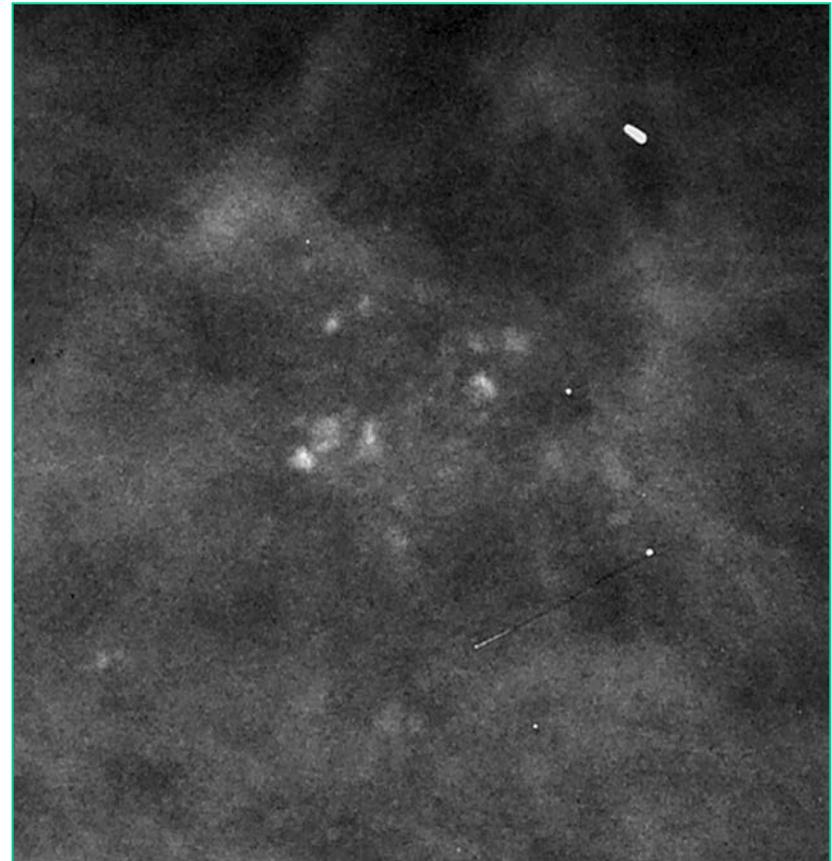
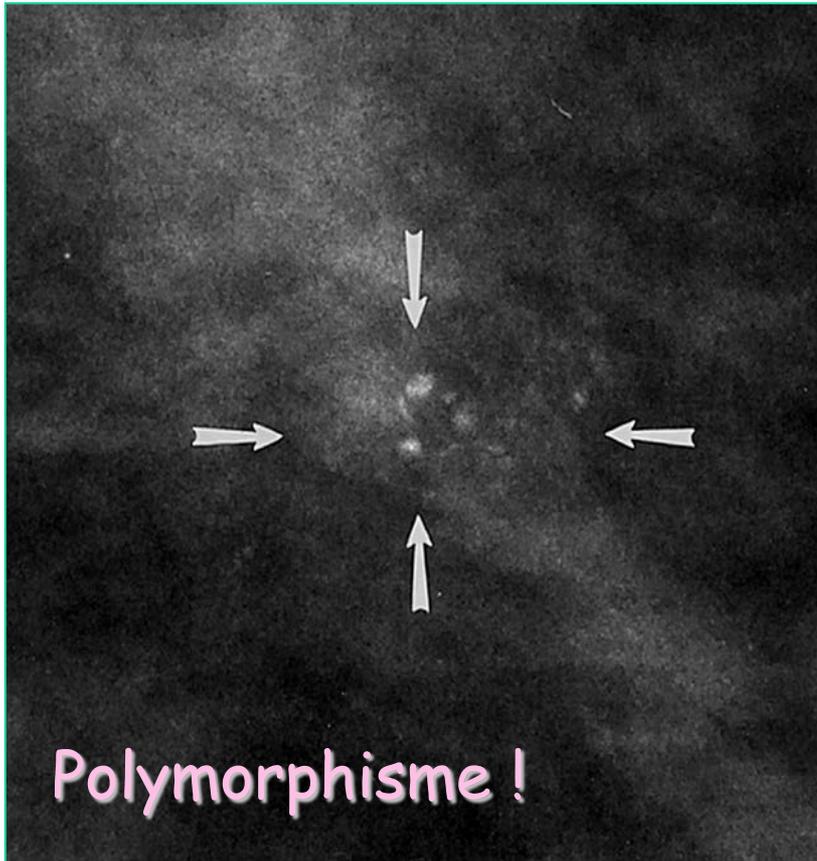
Apparition récente

2

Carcinome
invasif et
CIC
comédo

Eric L. Rosen





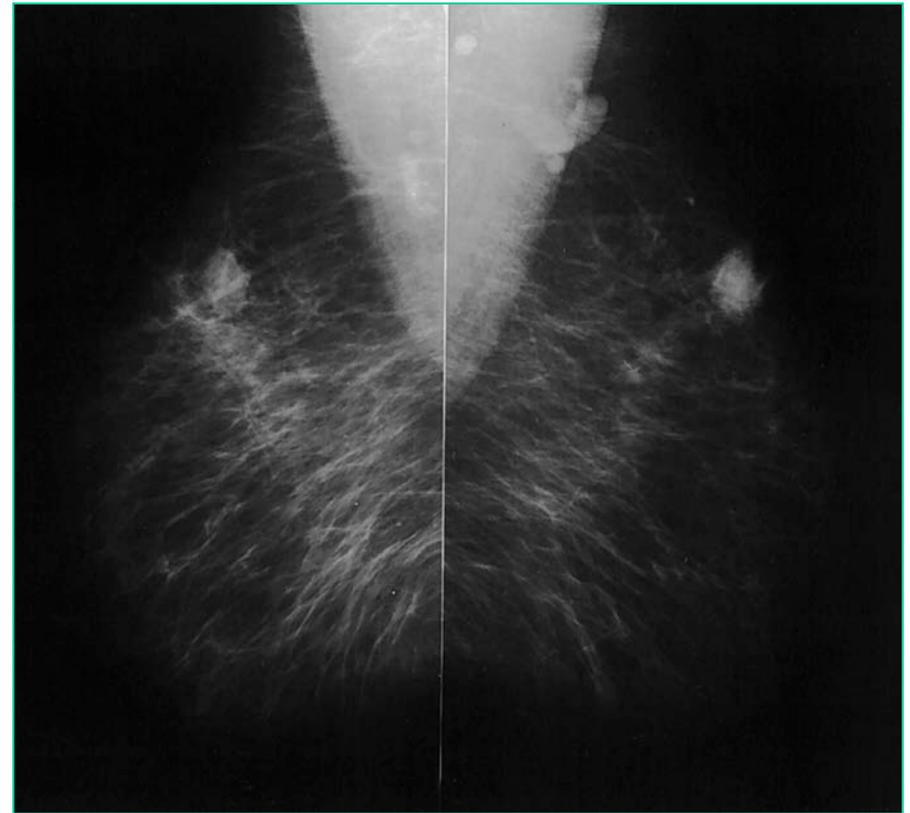
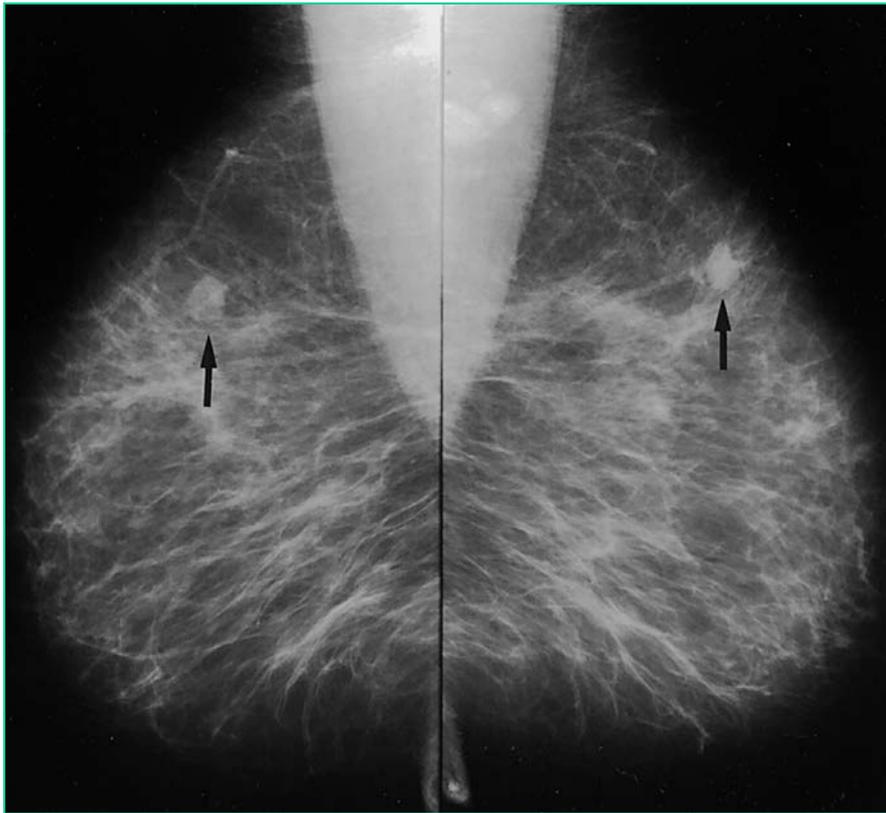
Contrôle à 6 mois

3

CIC ce haut grade

Eric L. Rosen

Malignant Lesions Initially Subjected to Short-term Mammographic Follow-up



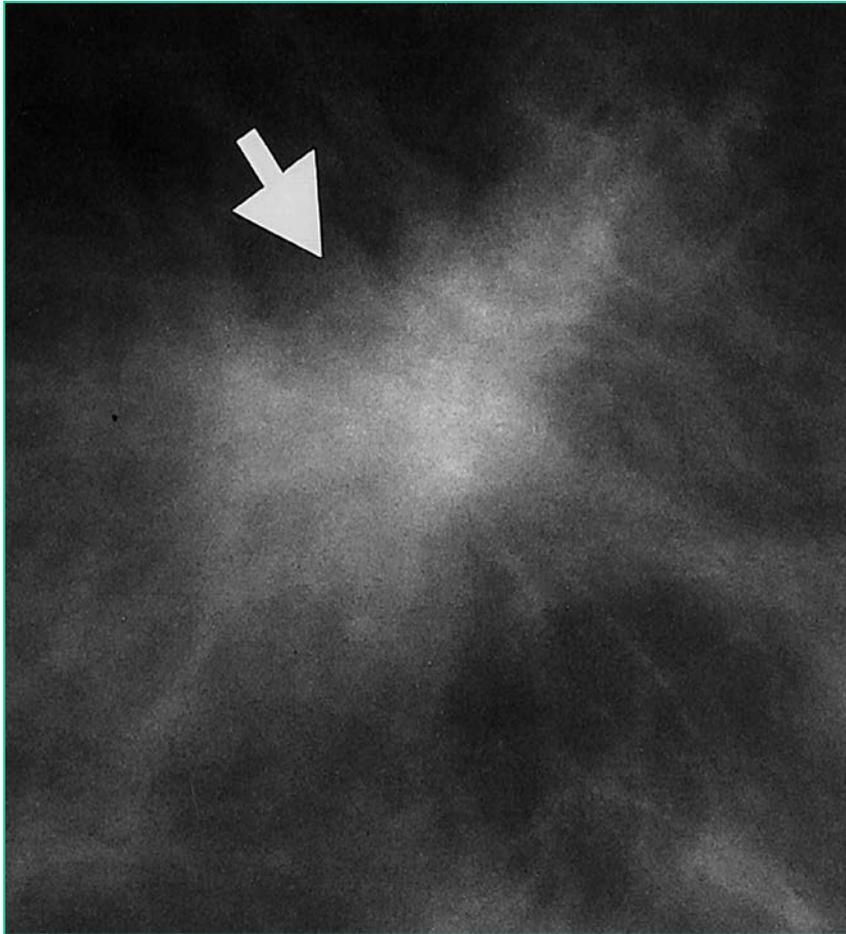
Pas de clichés complémentaires

4 mois plus tard

4

Malignant Lesions Initially Subjected to Short-term Mammographic Follow-up

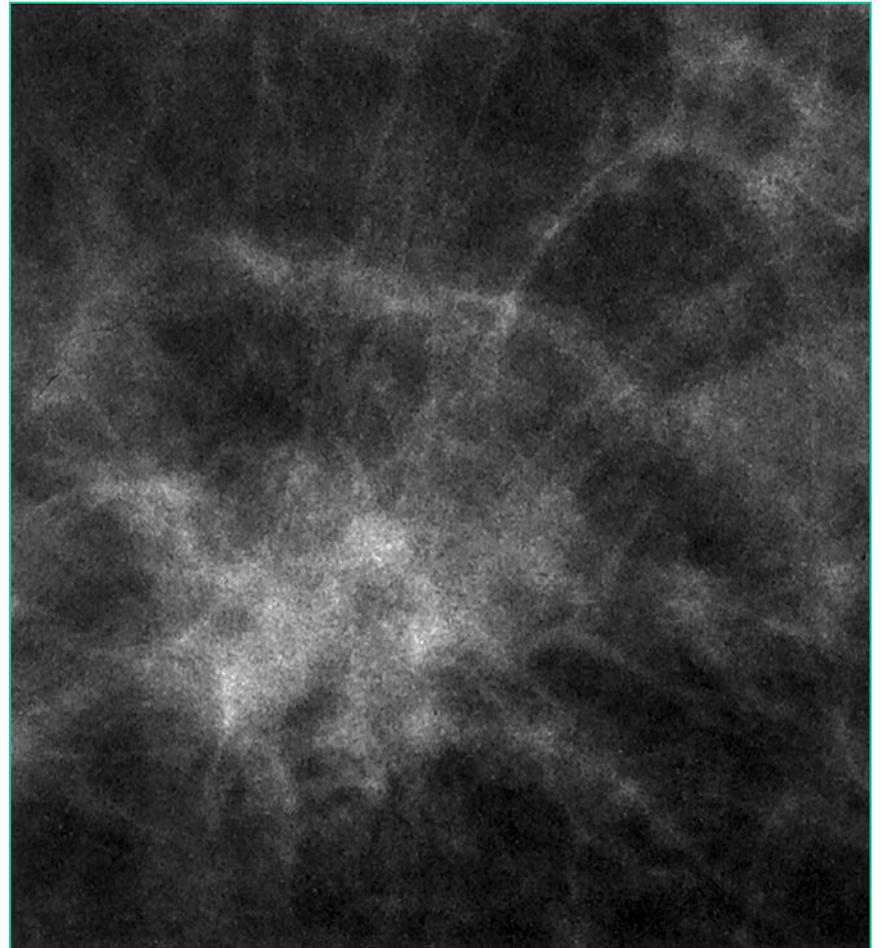
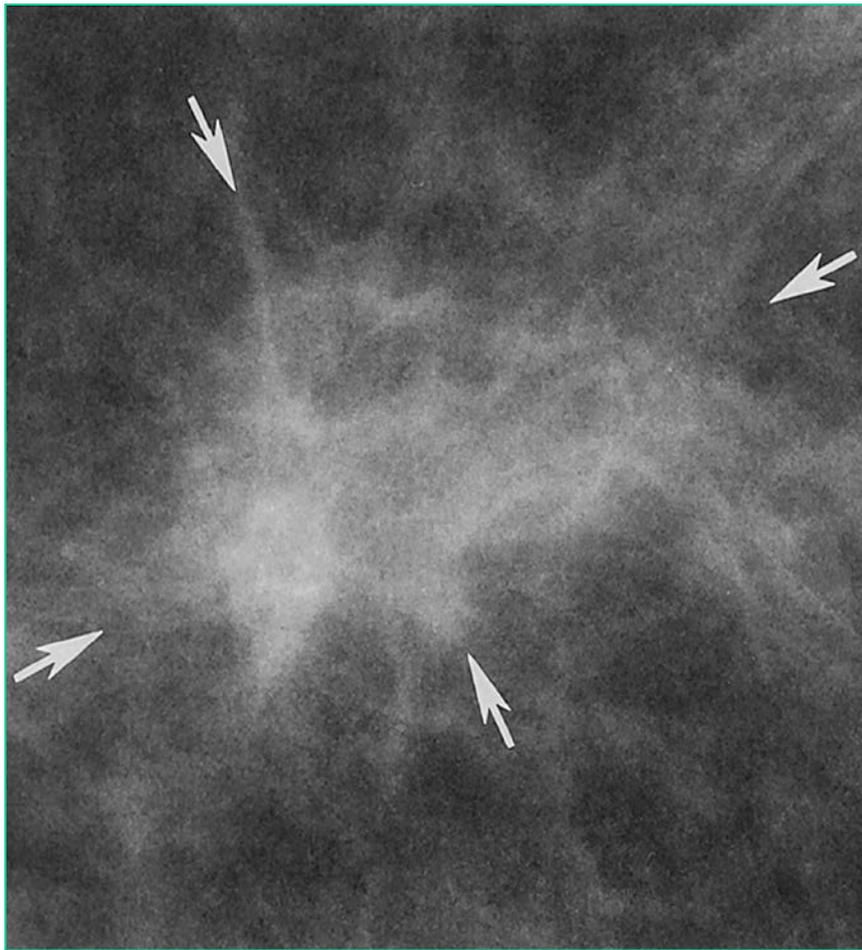
Eric L. Rosen



Pas de clichés complémentaires!

6 mois plus tard

5 Malignant Lesions Initially Subjected to Short-term Mammographic Fo

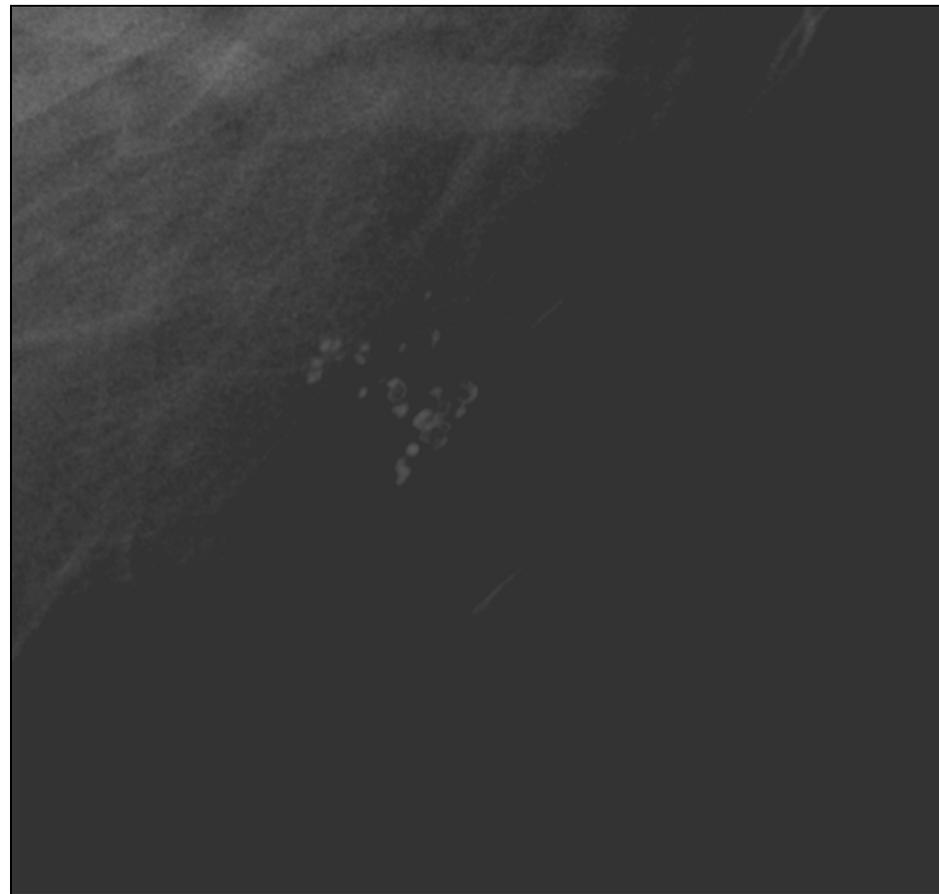
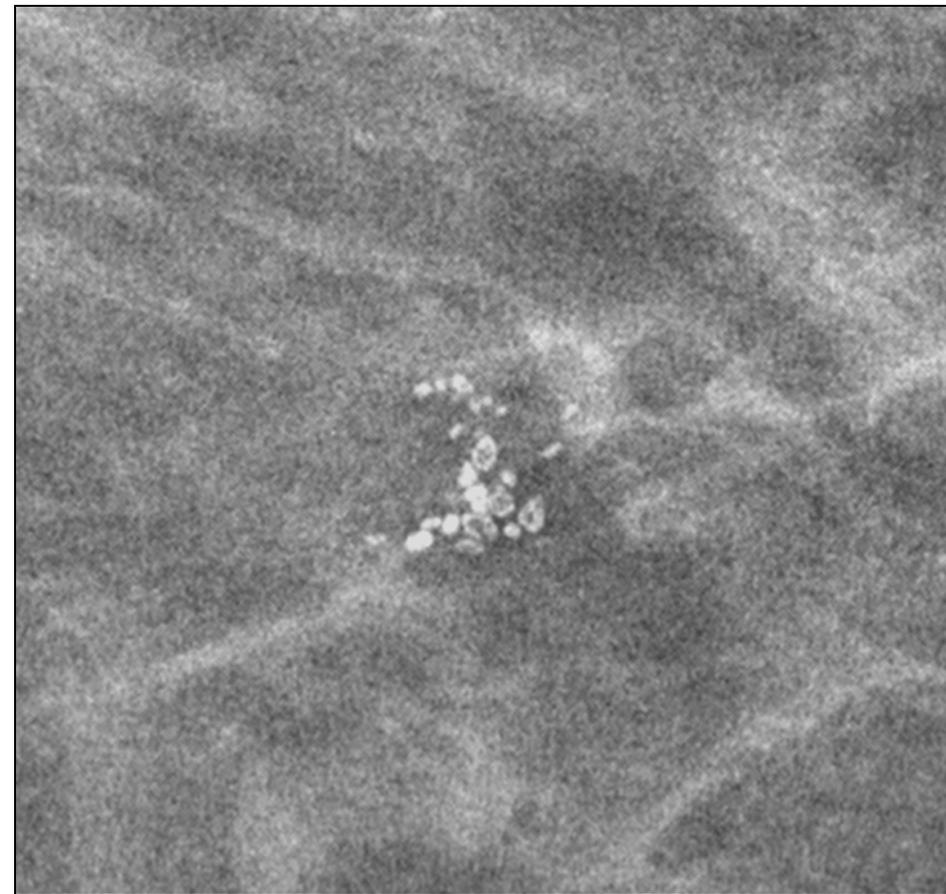


Asymétrie de densité stable 36 mois plus tard on s'inquiète

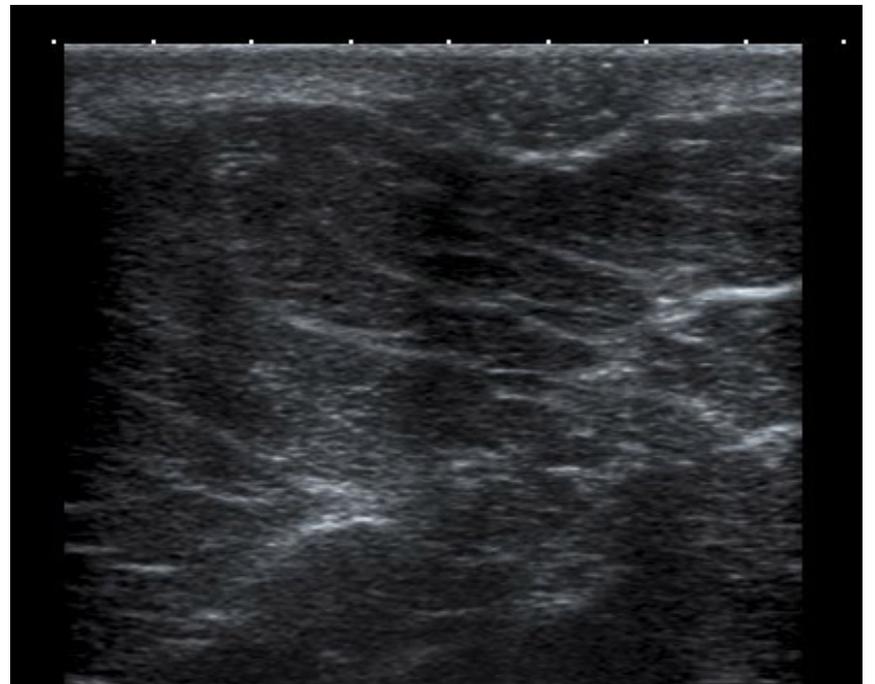
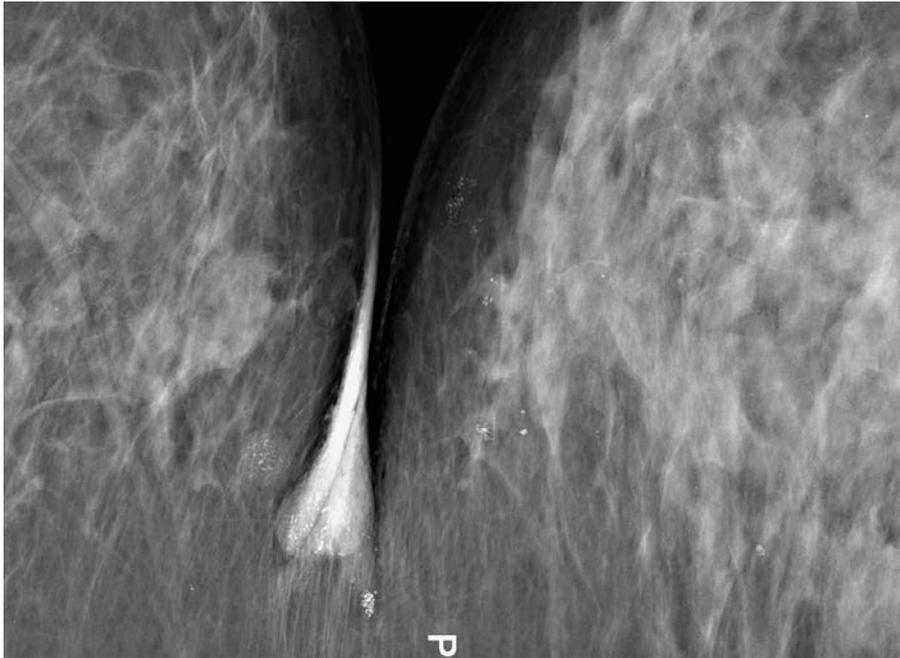
Eric L. Rosen

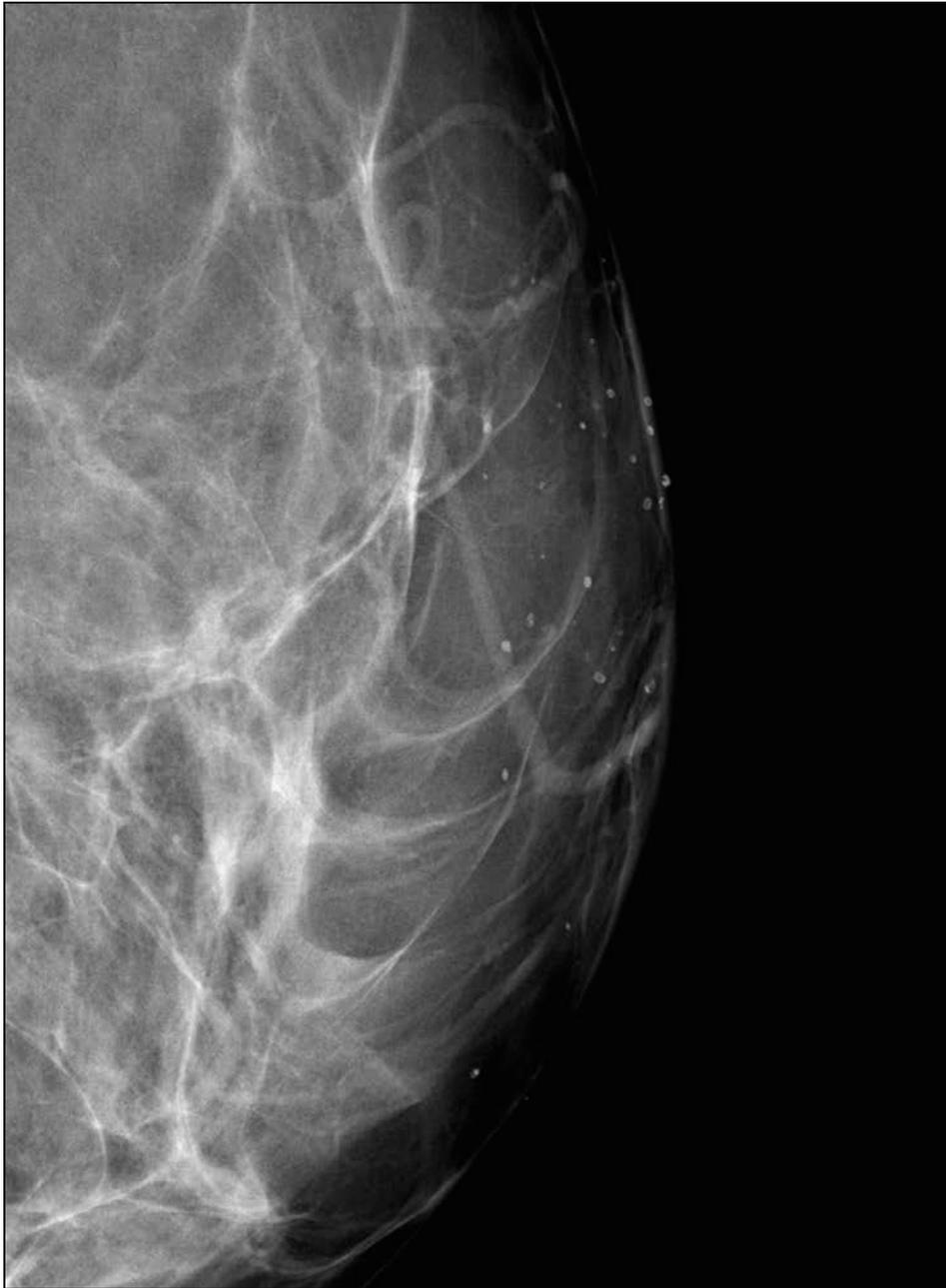
Malignant Lesions Initially Subjected to Short-term Mammographic Follow

Calcifications cutanées



Calcifications cutanées



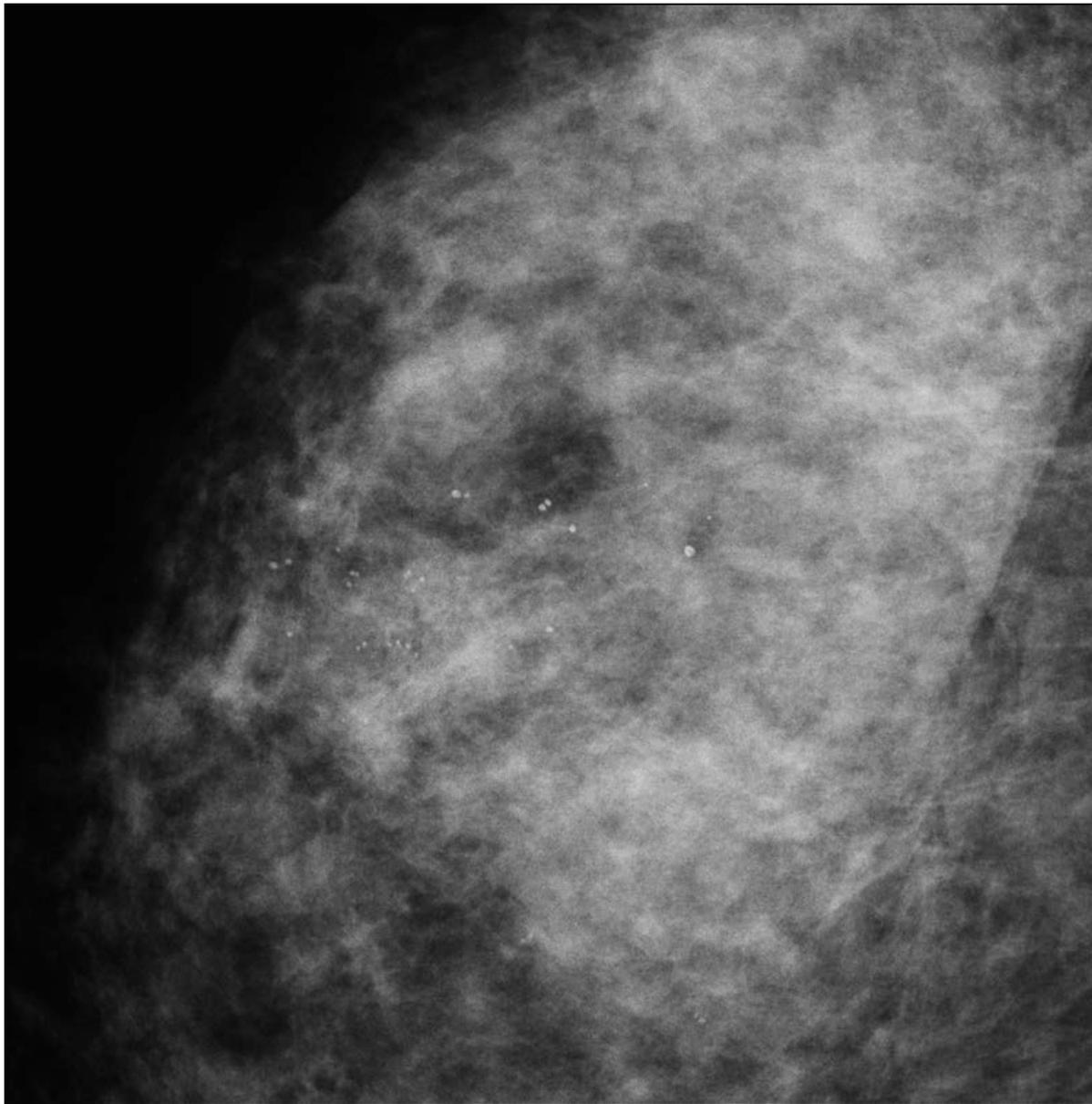


Calcifications cutanées

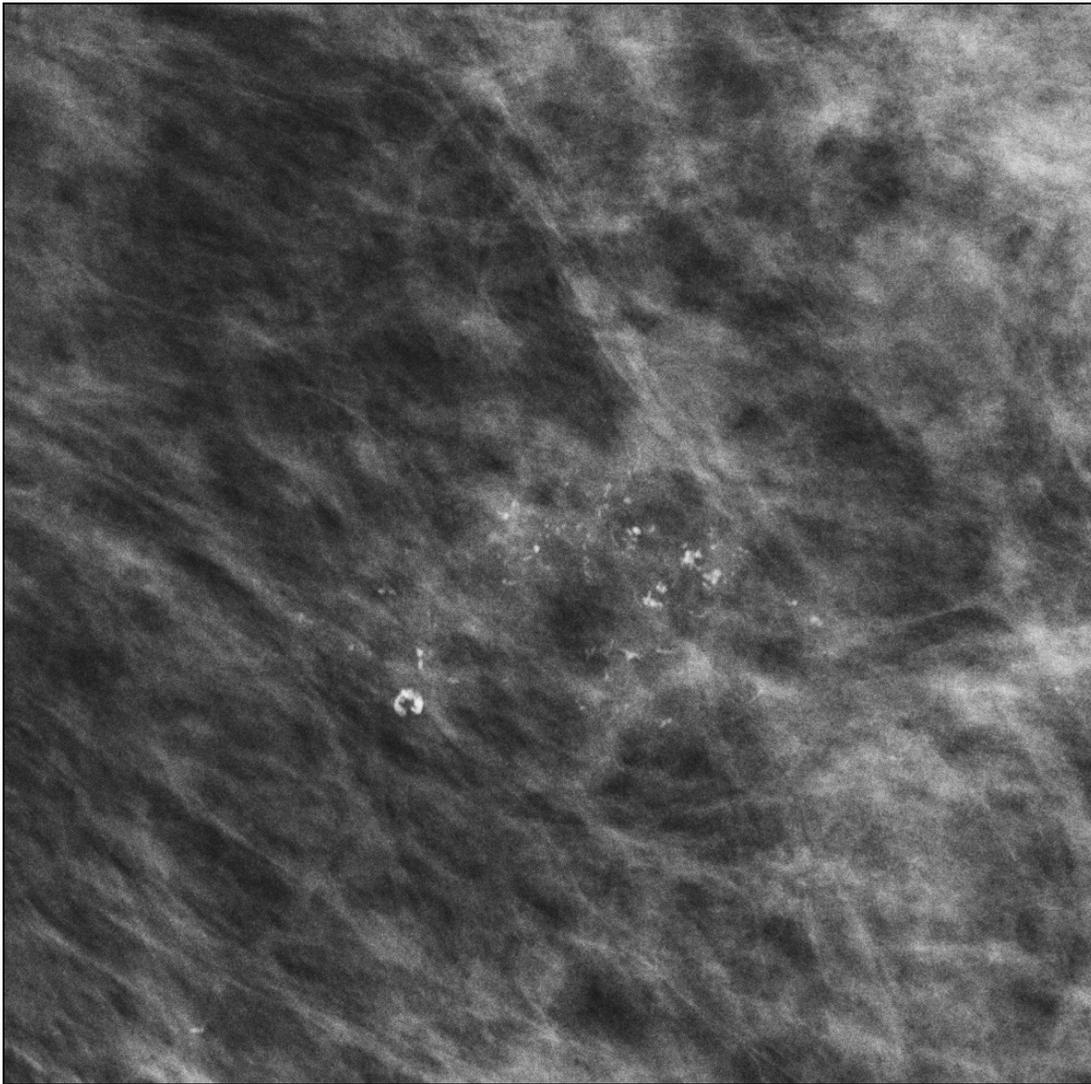


633-98

2866-01



Calcifications rondes et ponctiformes régulières
Disposition régionale (considérées comme bénignes)

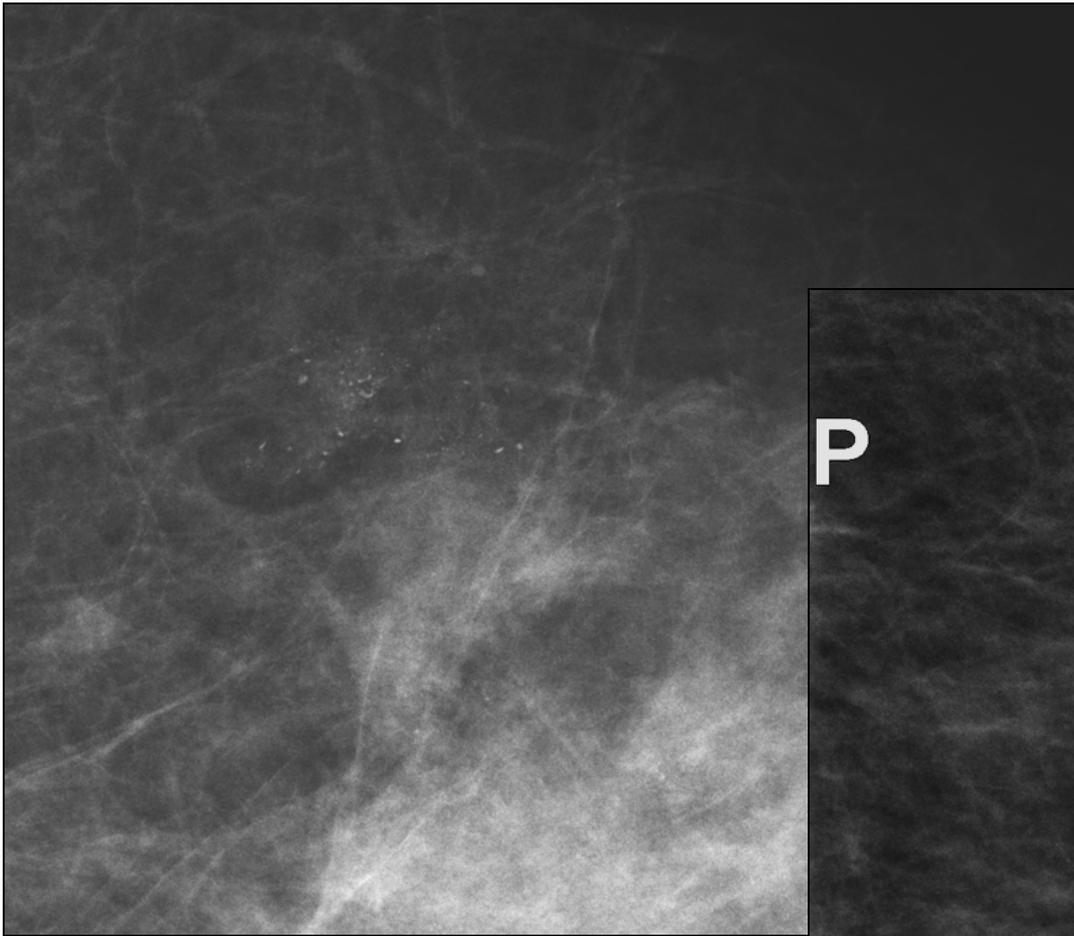


2858-05

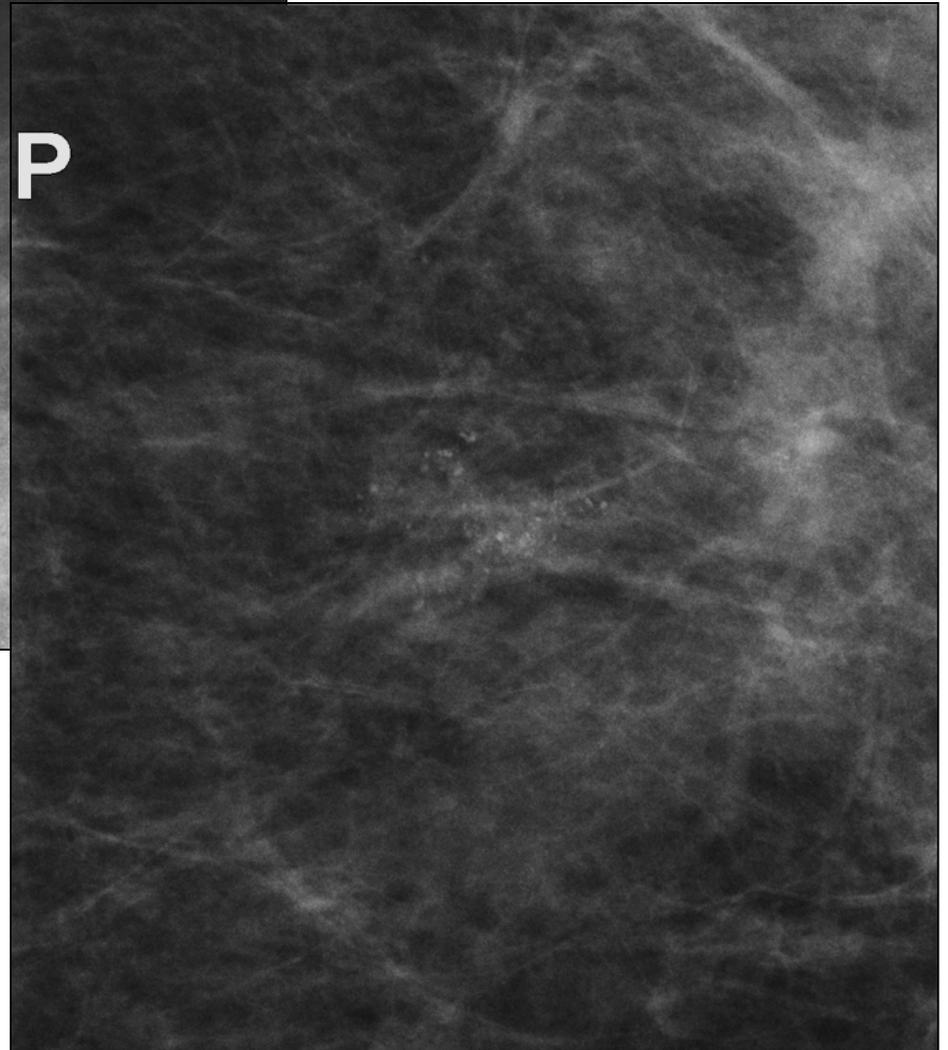
CIC

Fines polymorphes

763-01



P



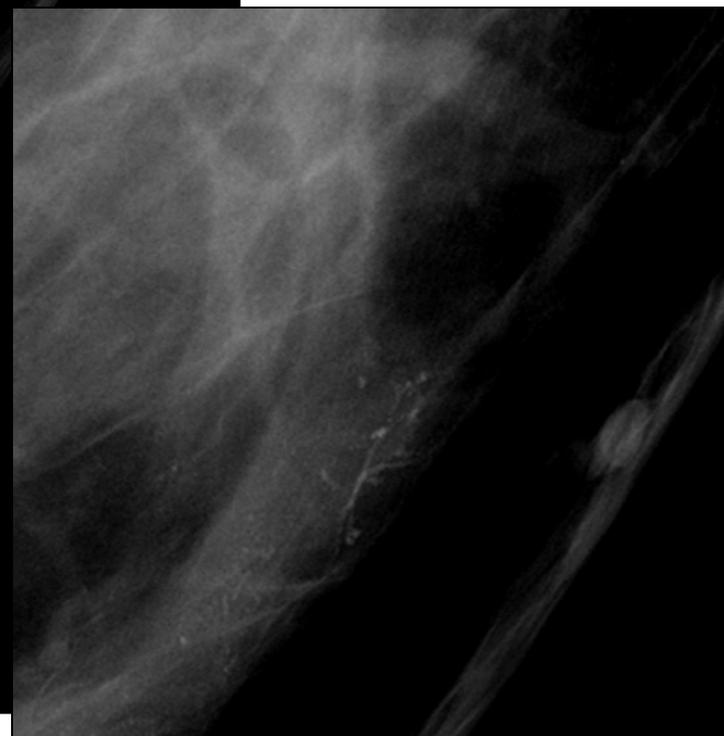
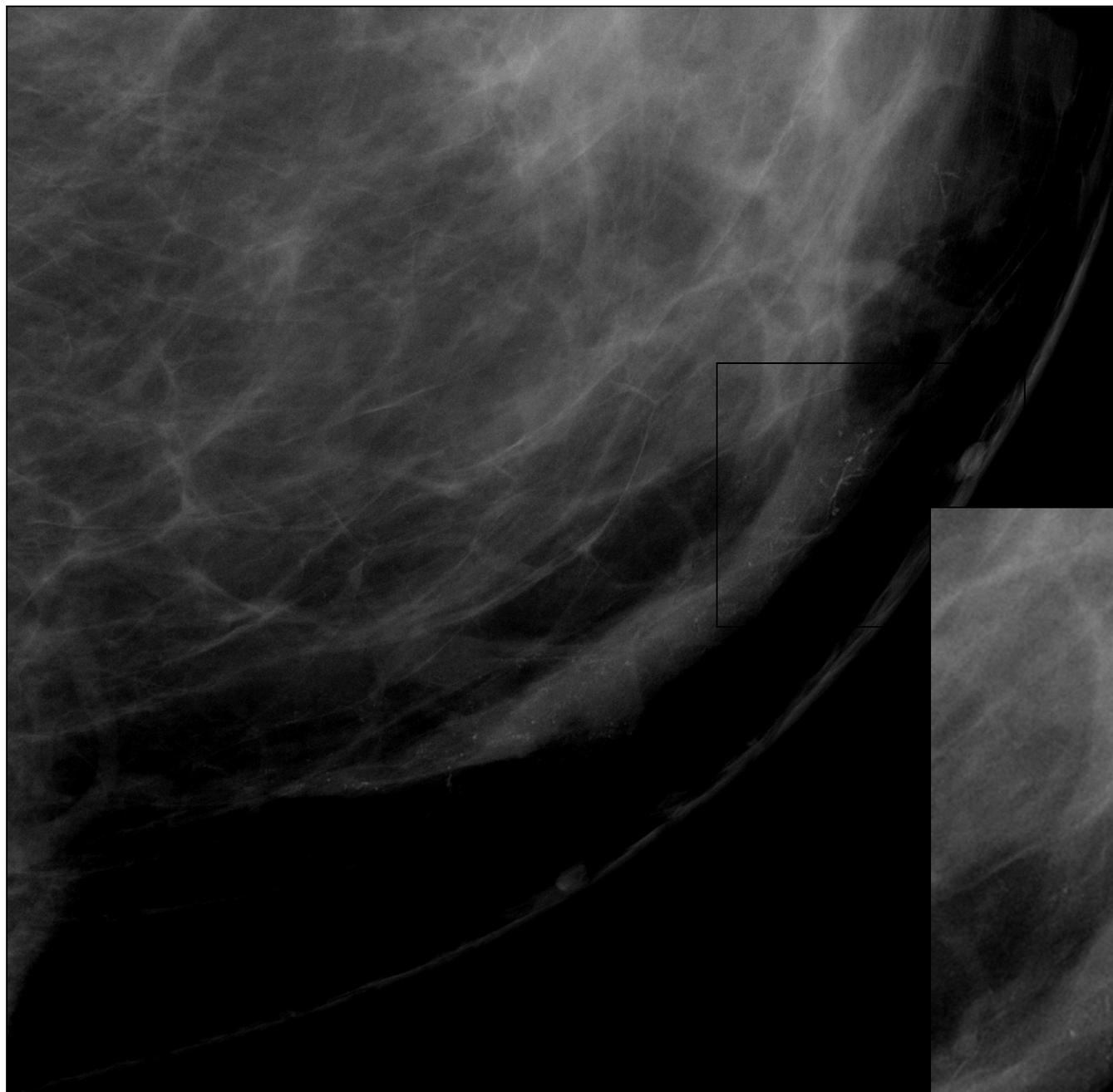
Calcifications amorphes et
indistinctes en foyer

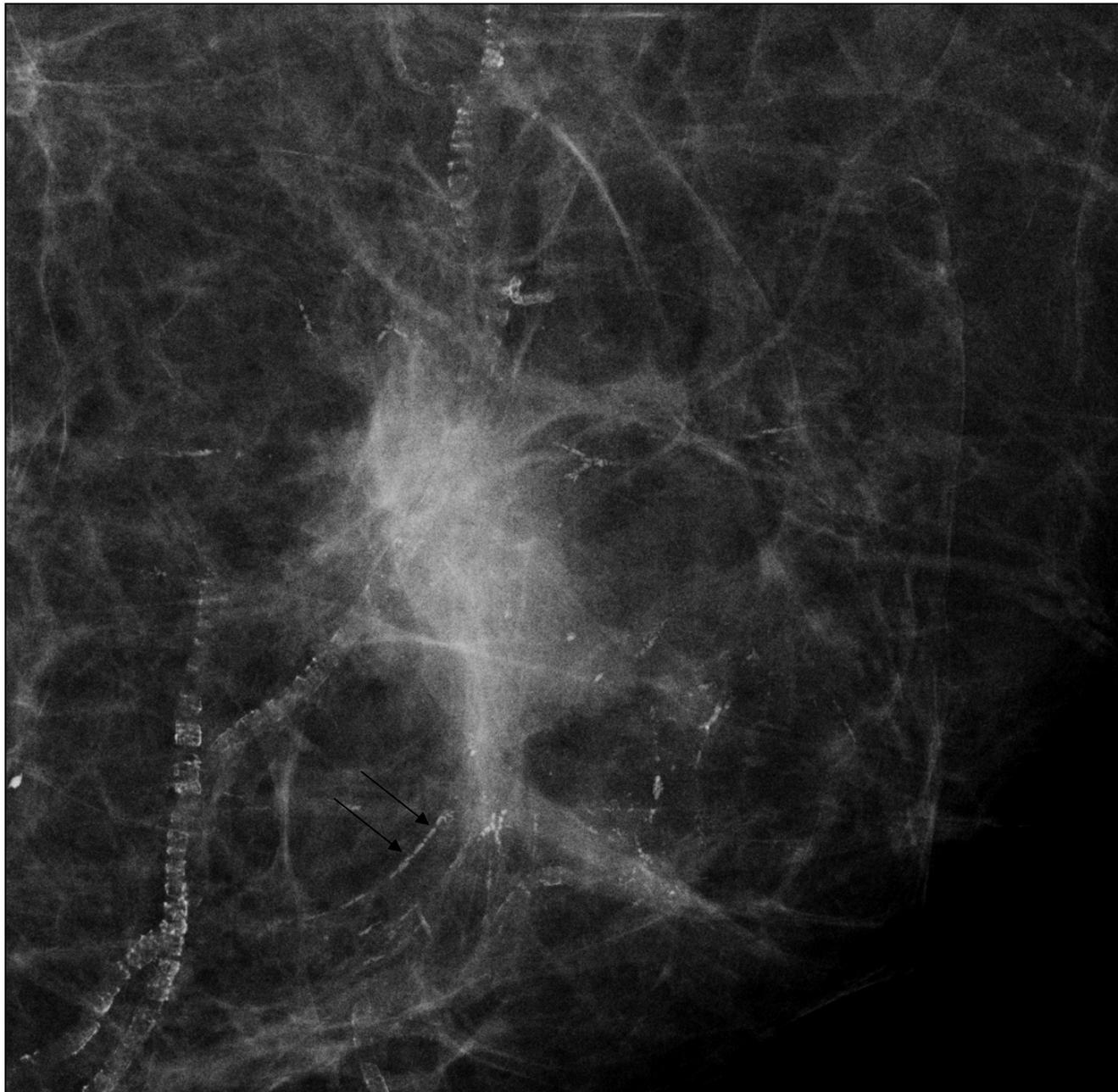
BIRADS 3

Stables à 2 ans

Calcifications
branchées

2895-05



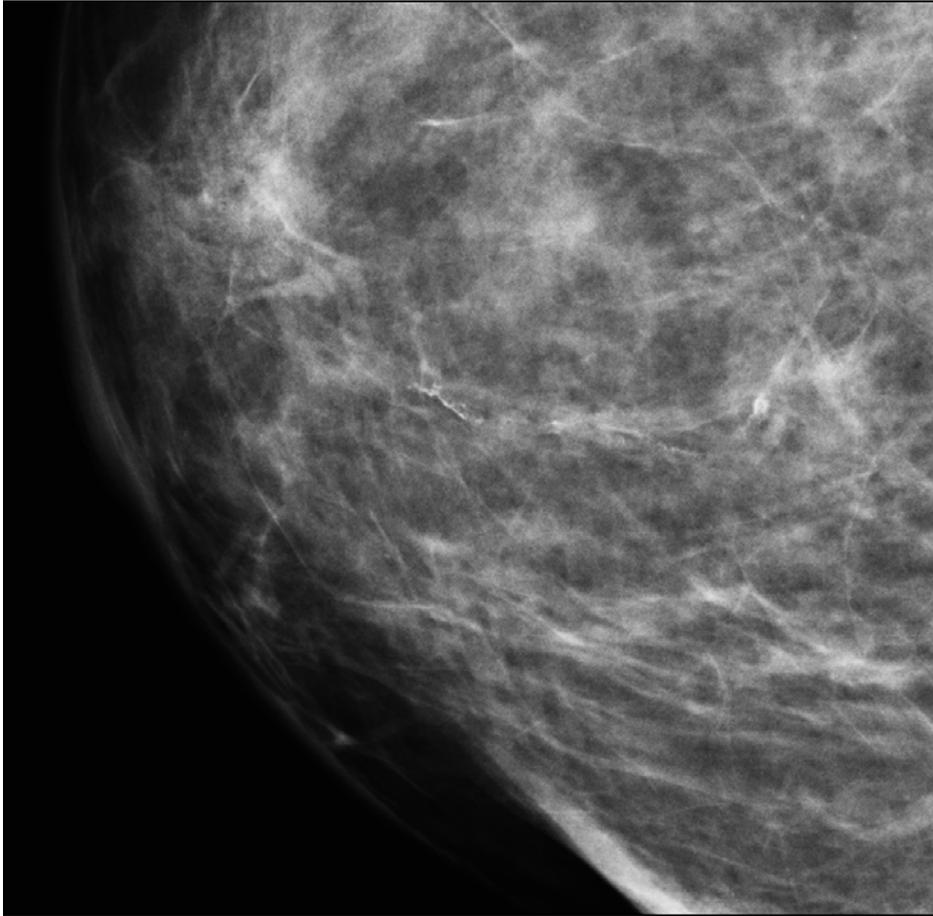


Masse

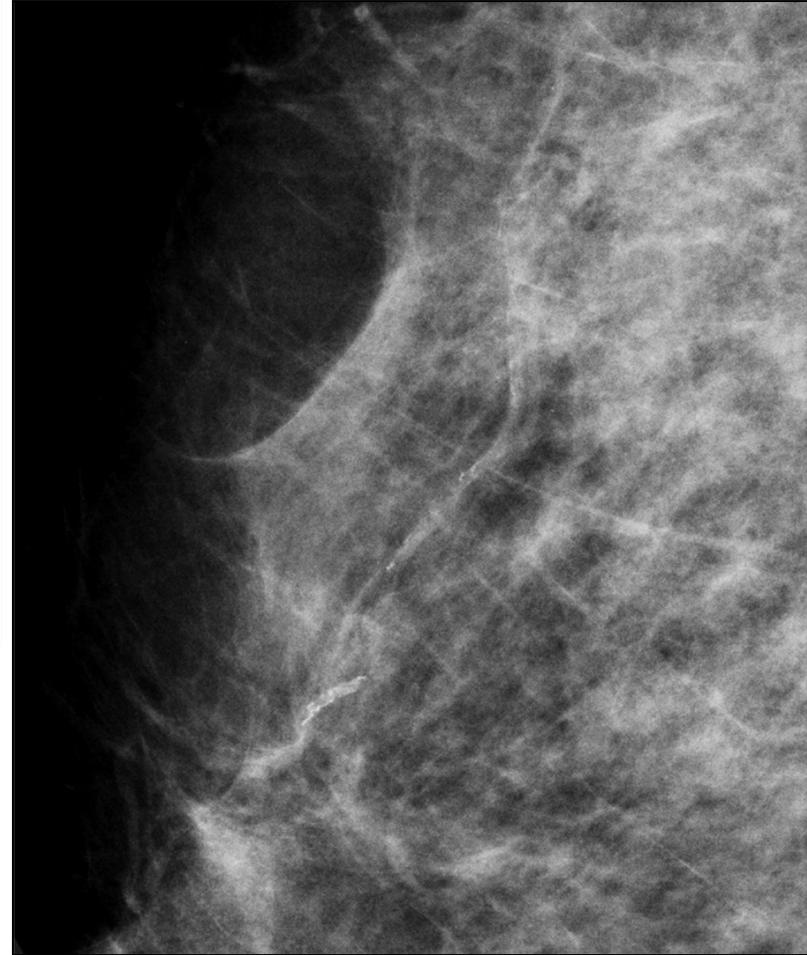
Calcifications
vasculaires

Calcifications
alignées

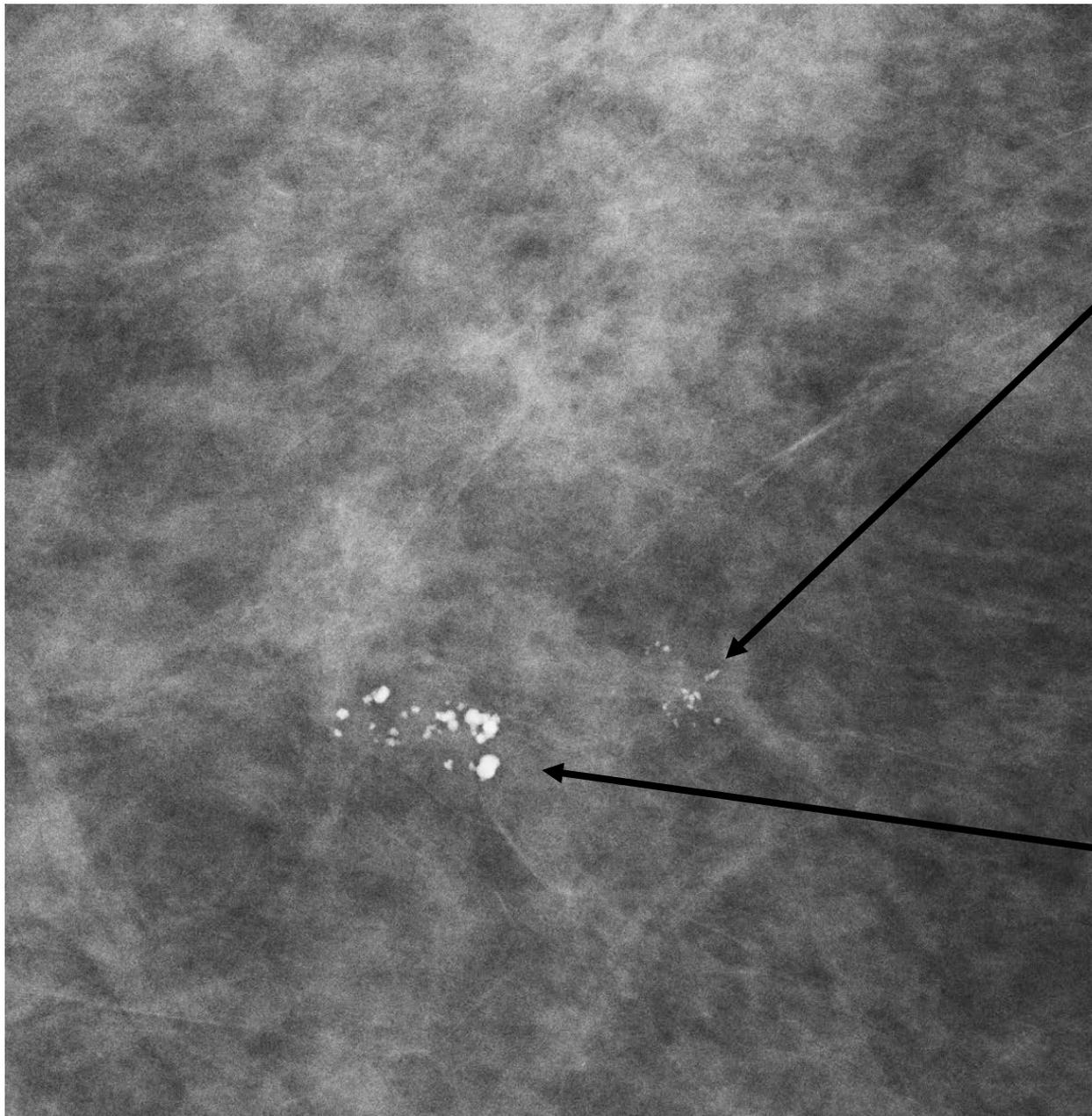
2895-05



Calcifications vasculaires



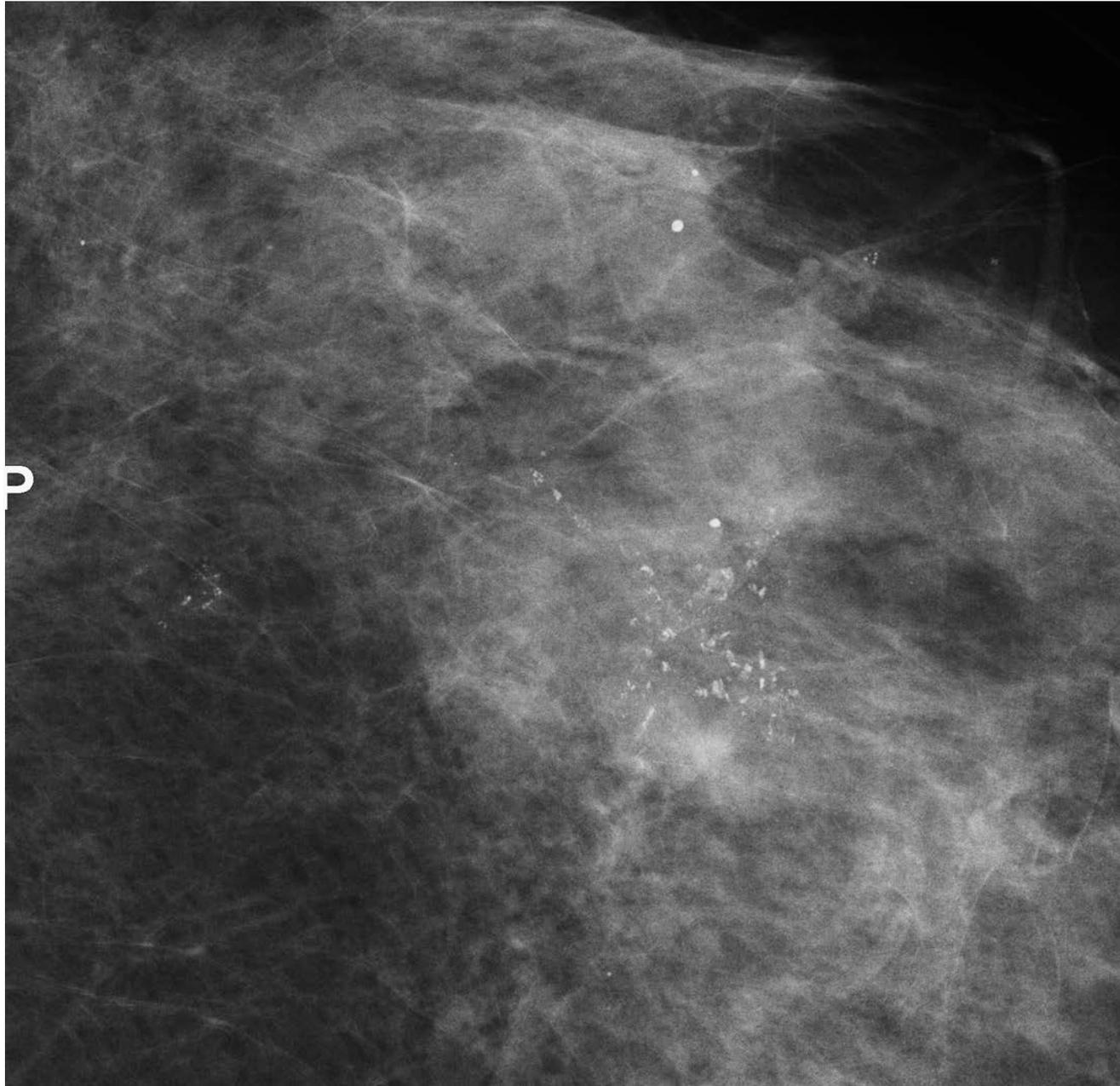
2659-94



Calcifications fines
polymorphes

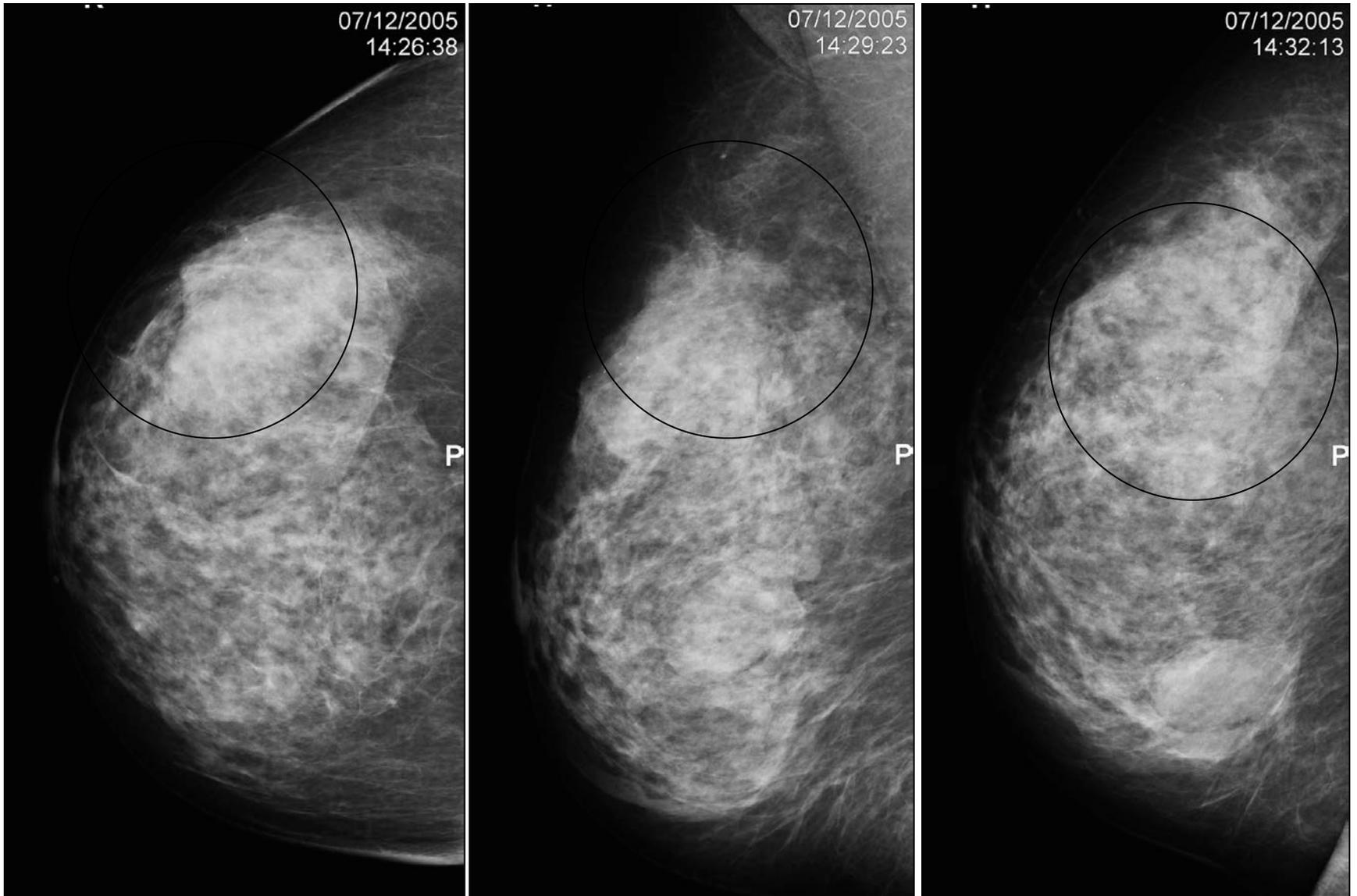
Rondes et grossières
polymorphes

2659-94



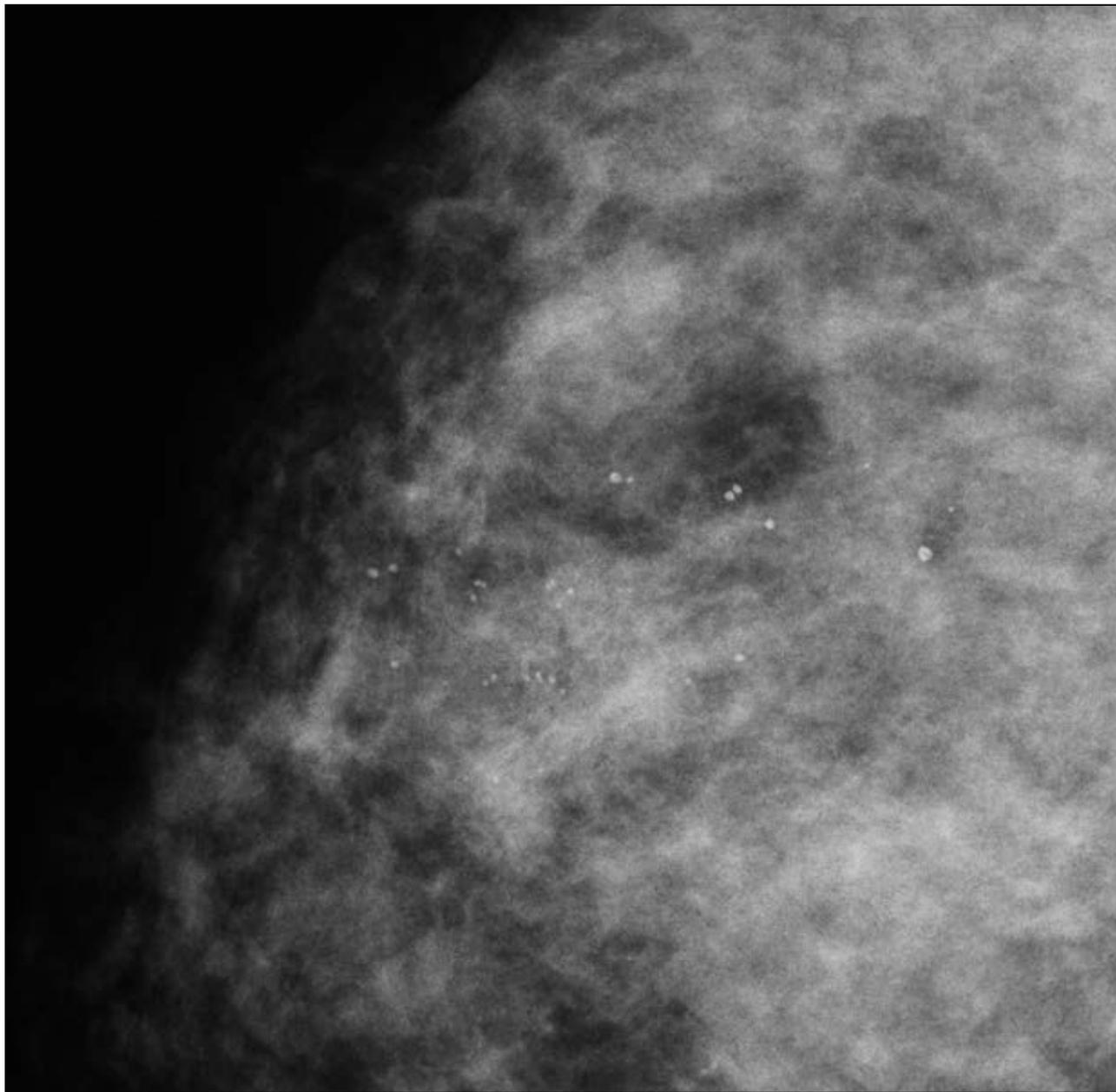
Calcifications
polymorphes
et linéaires

2886-01

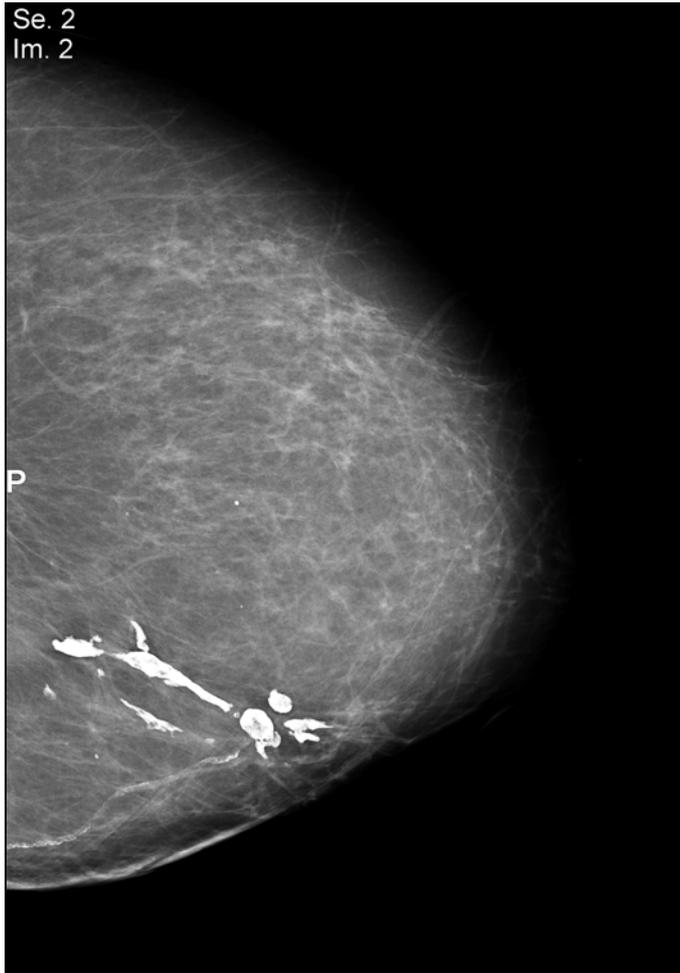


Calcifications rondes et rondes punctiformes éparses

2886-01

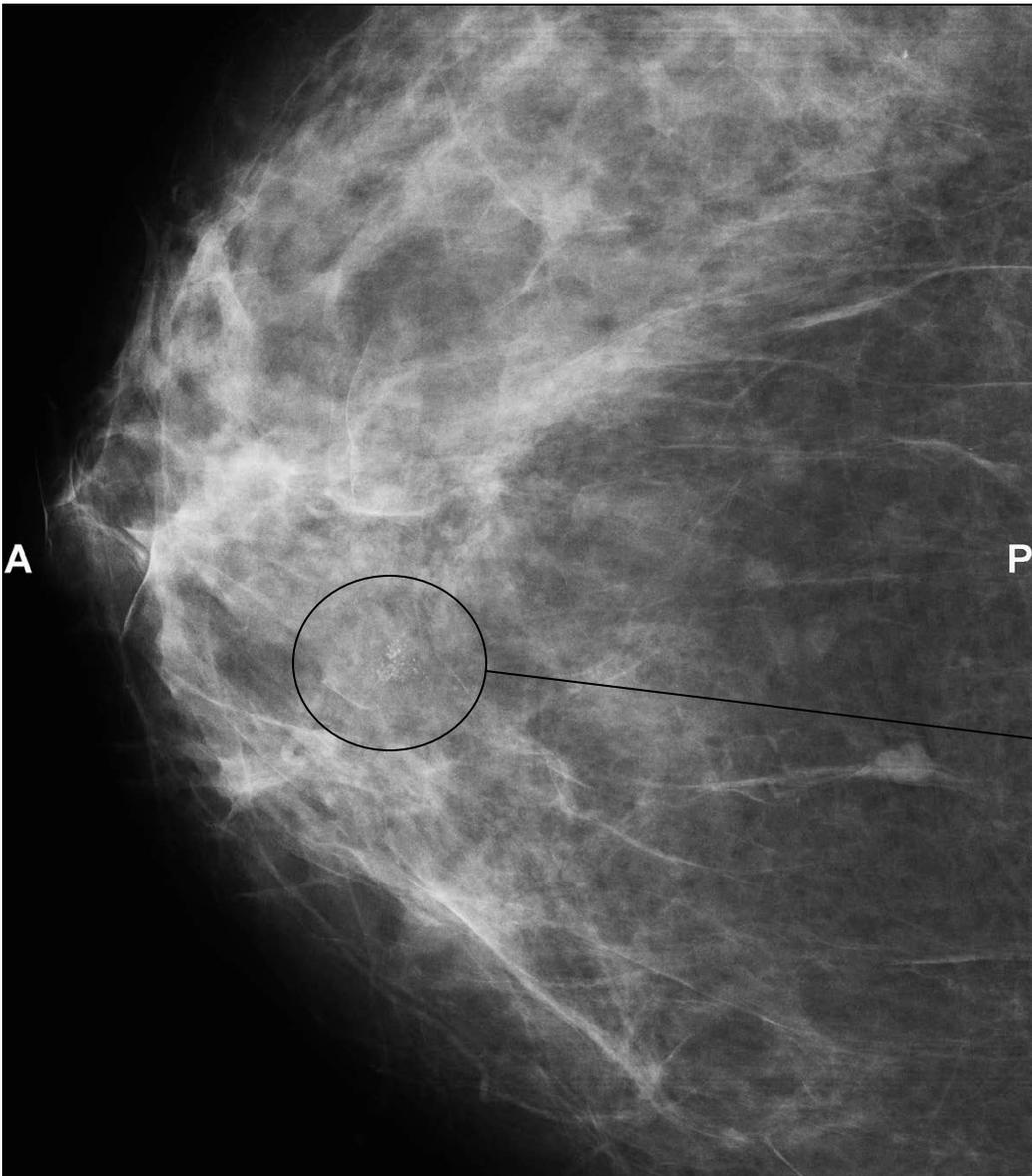


Calcifications rondes et rondes punctiformes éparses

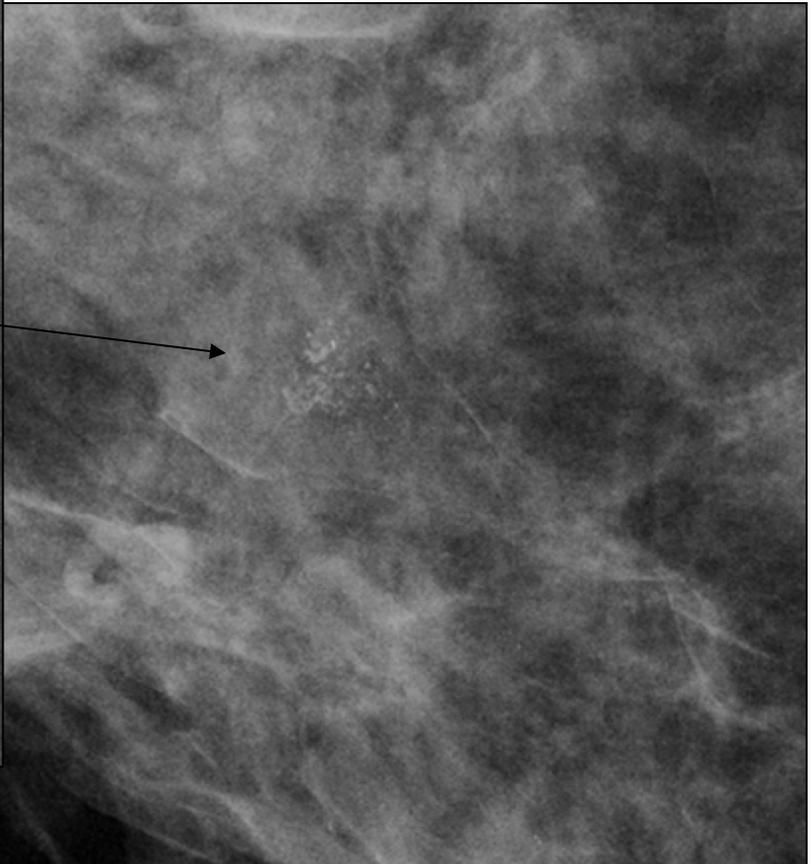


1363-96

Calcifications dystrophiques



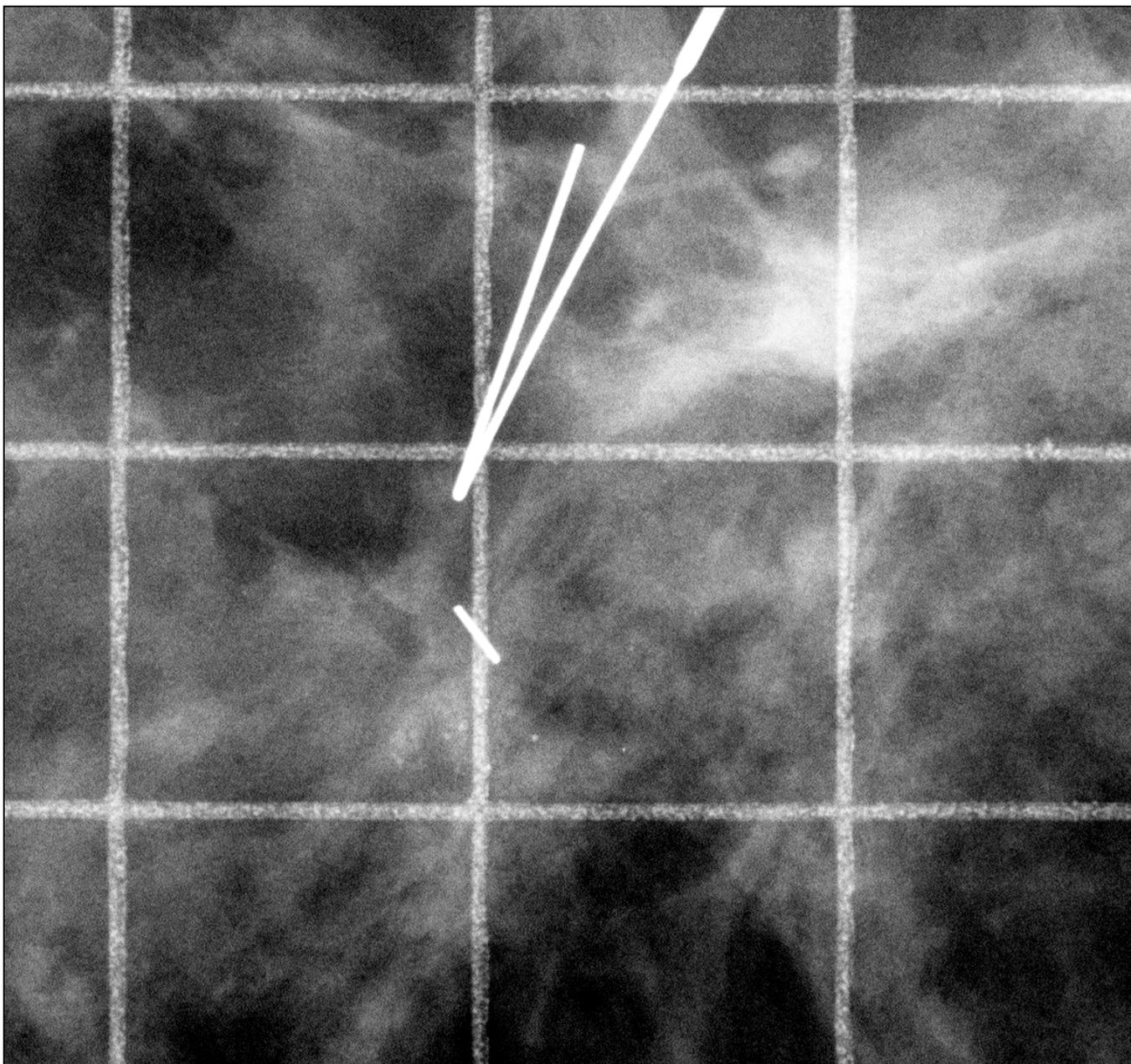
Amorphes , indistinctes en foyer
Risque intermédiaire



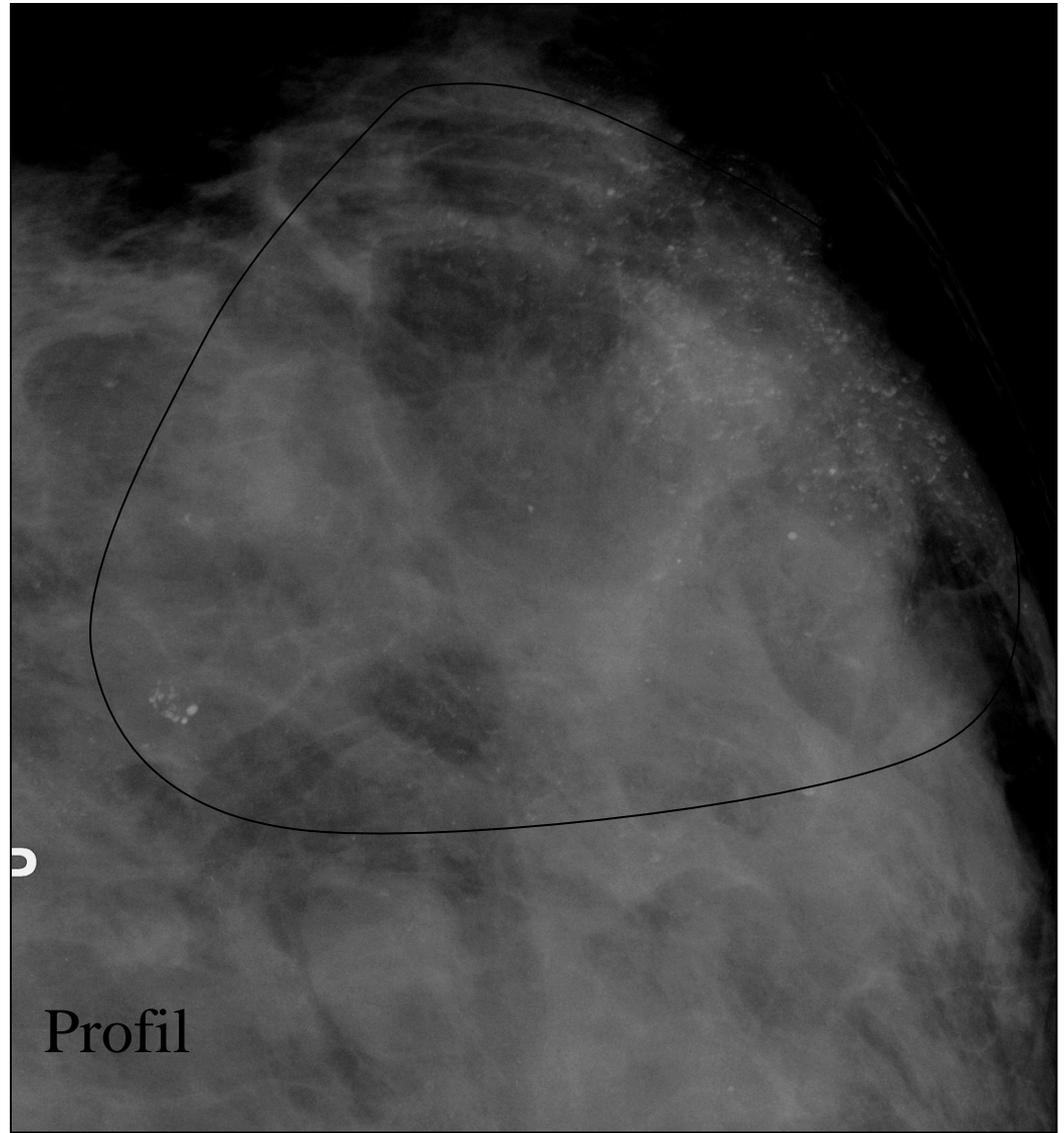
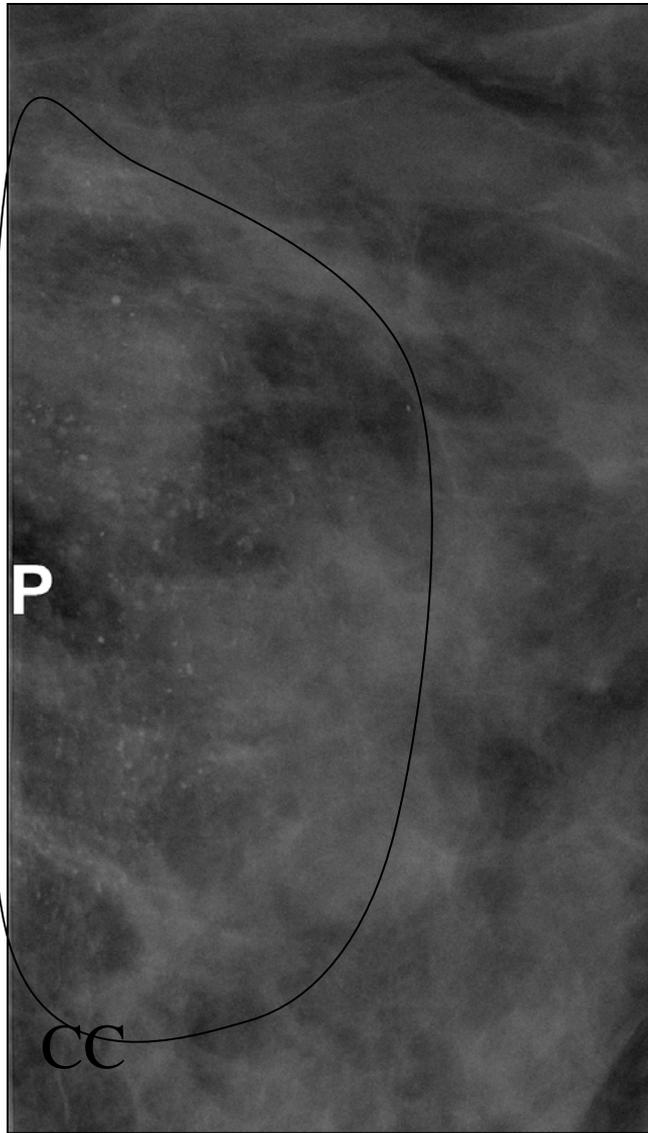
2251-05

CIC grade intermédiaire – massif et cribriforme

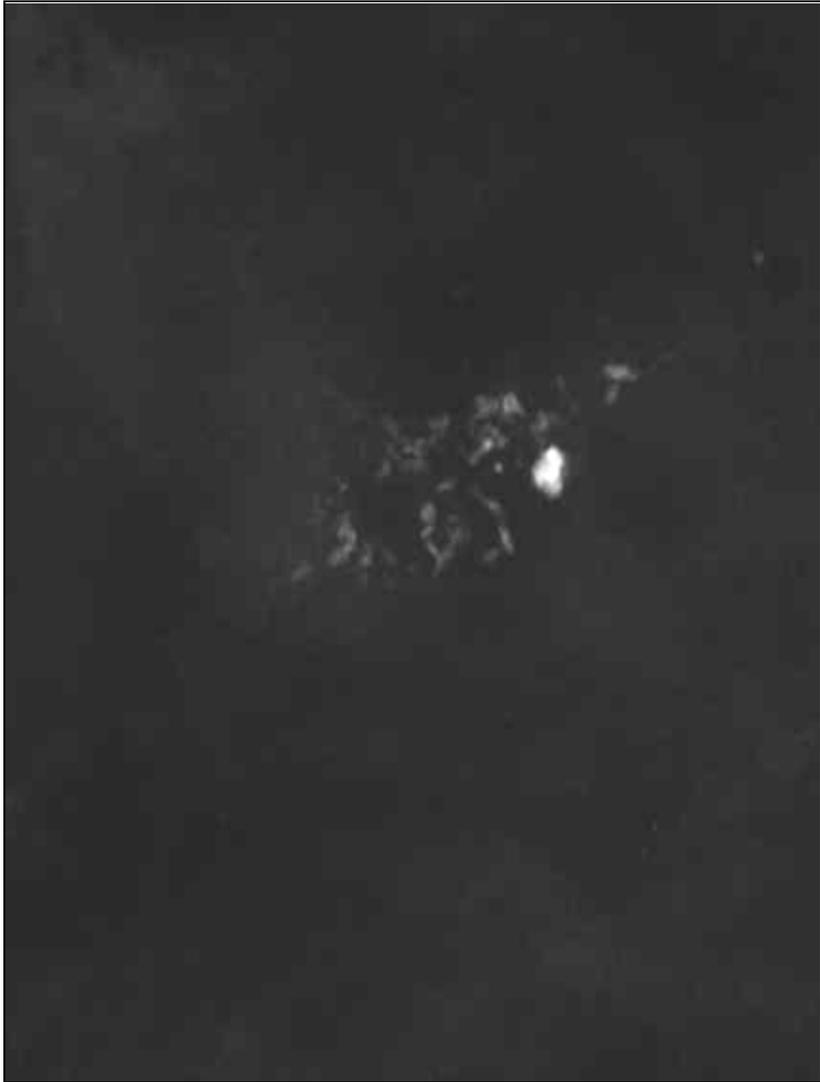
2251-05



Pièce opératoire (clip post mammotome)



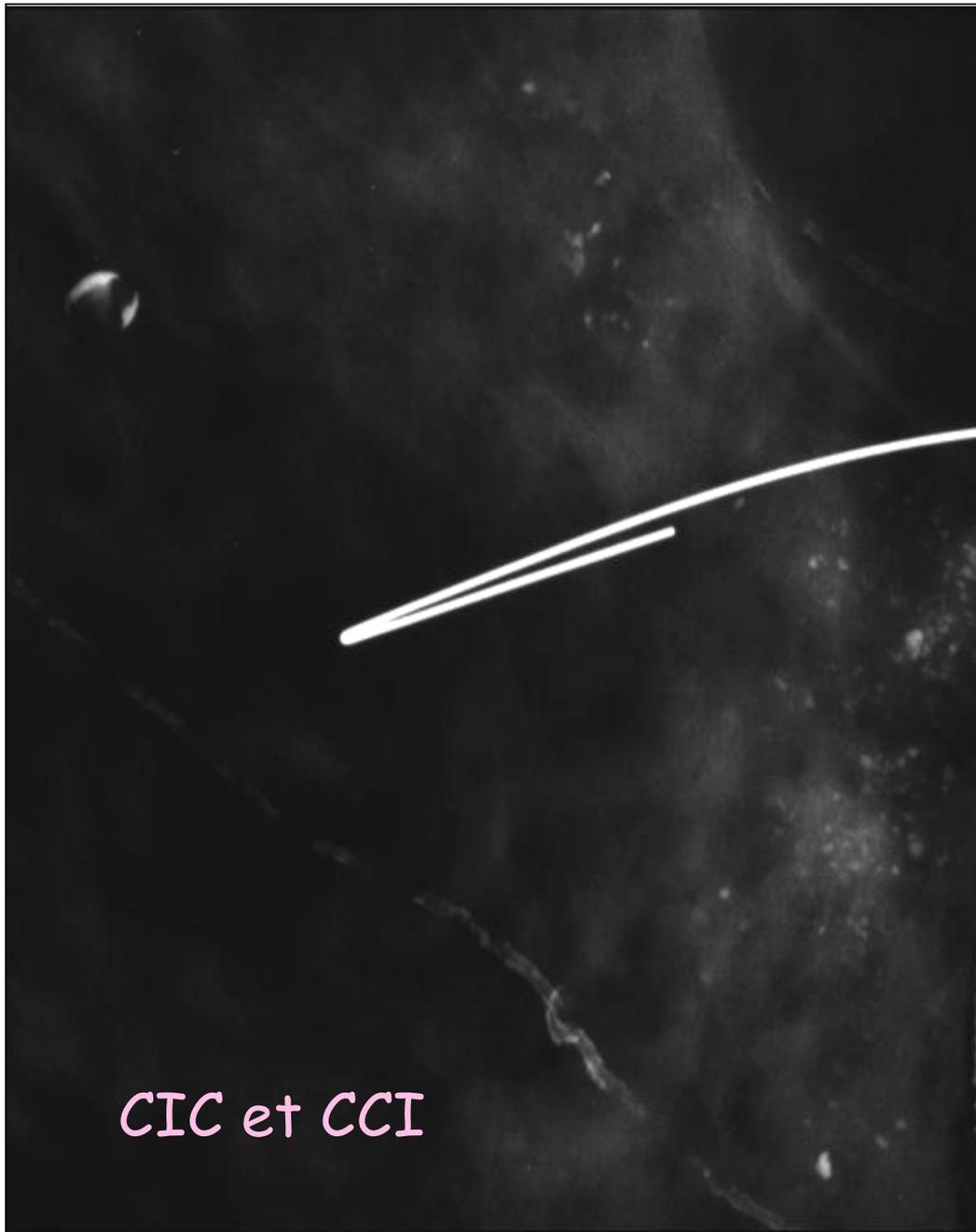
Amorphes et indistinctes de topographie régionale - changement de forme entre la face et le profil



CIC de haut grade

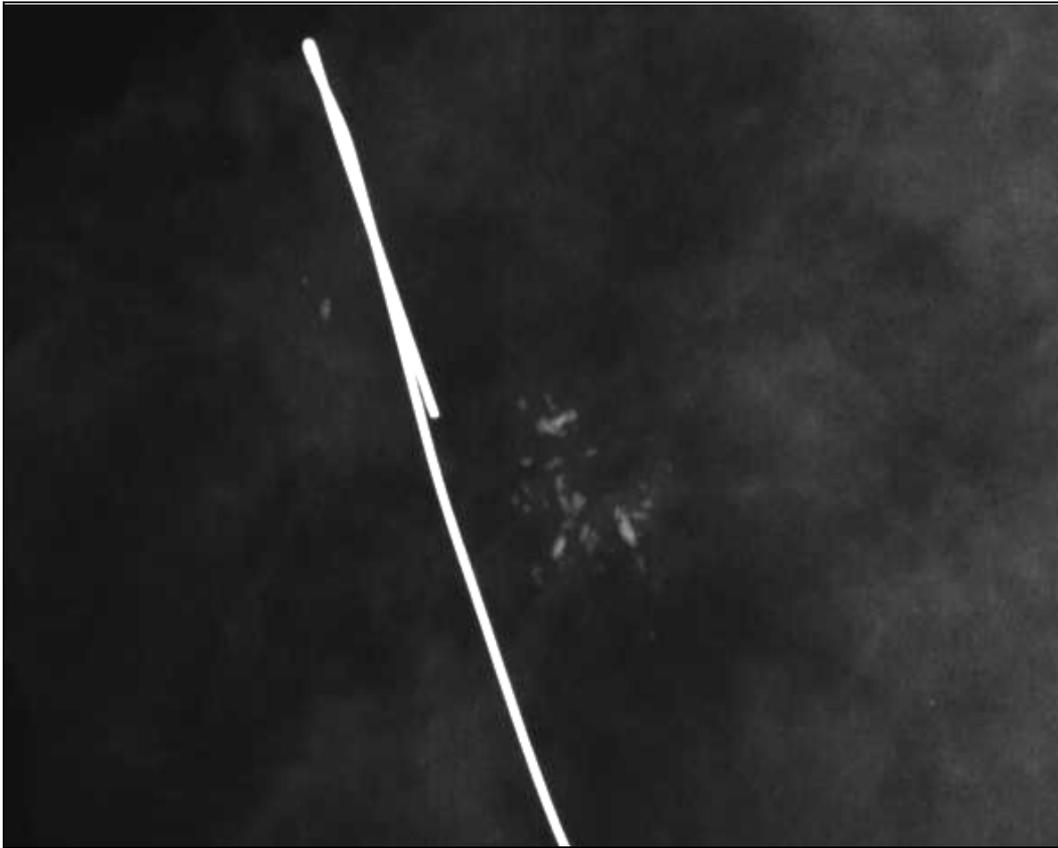
EXEMPLES DE BIRADS

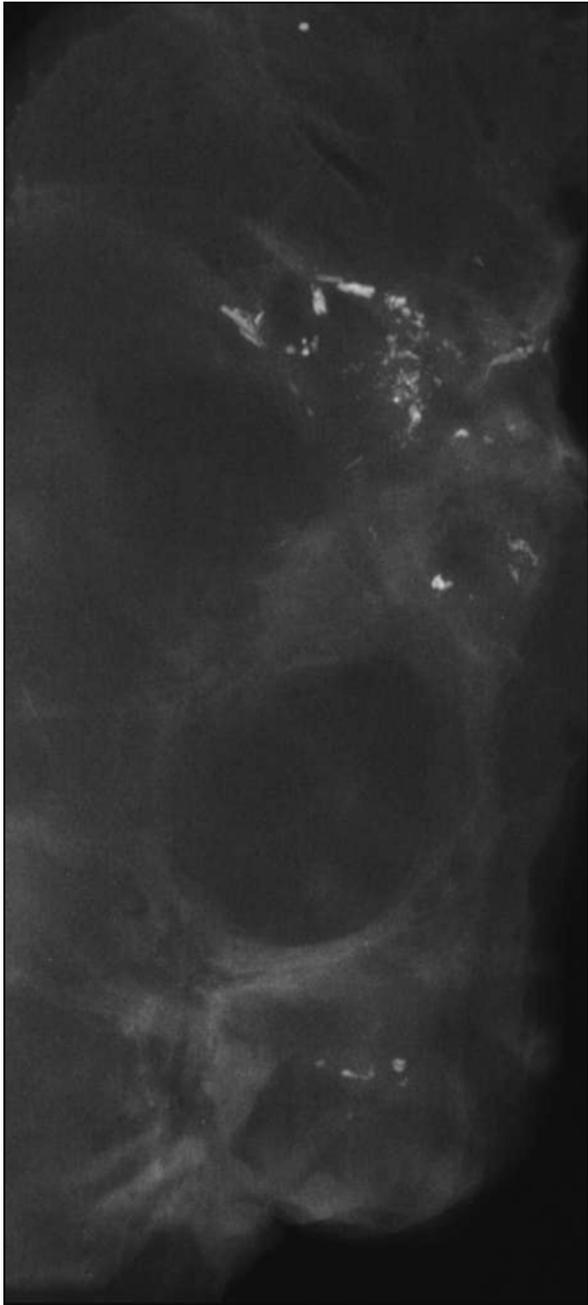
3



CIC et CCI

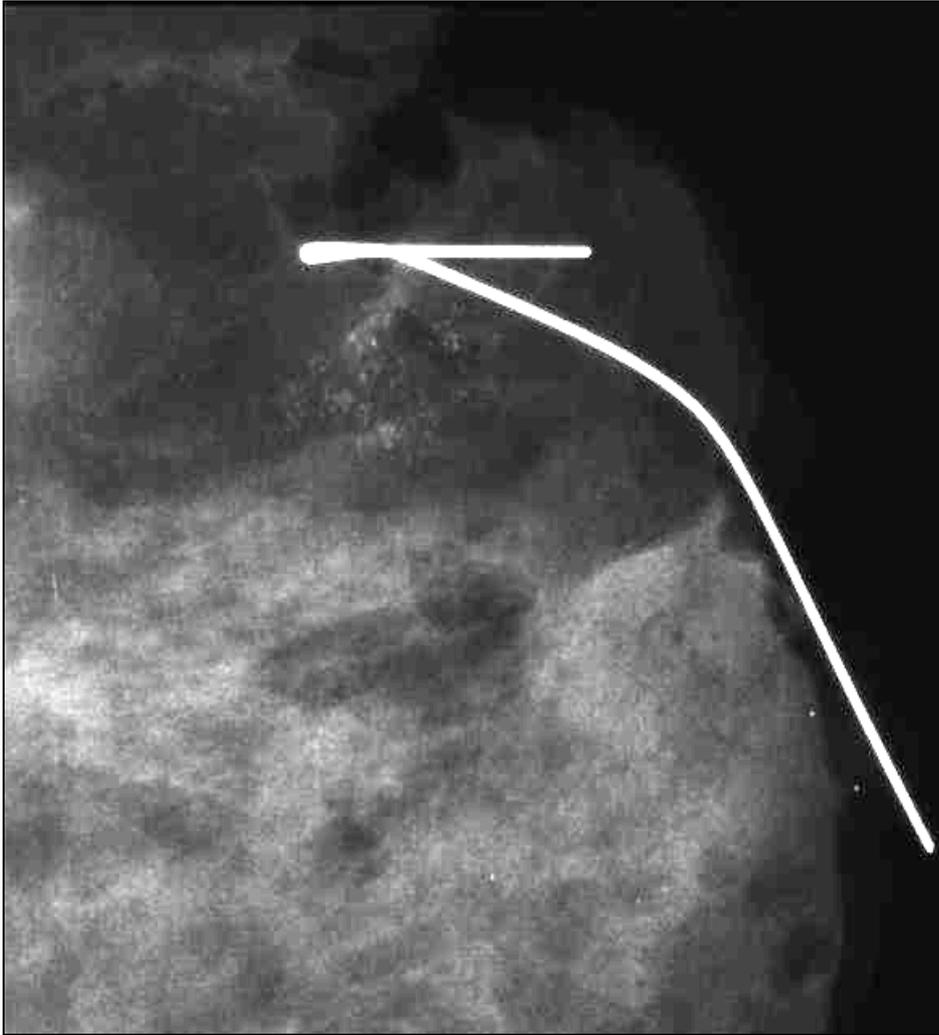
CIC cribriforme et papillaire



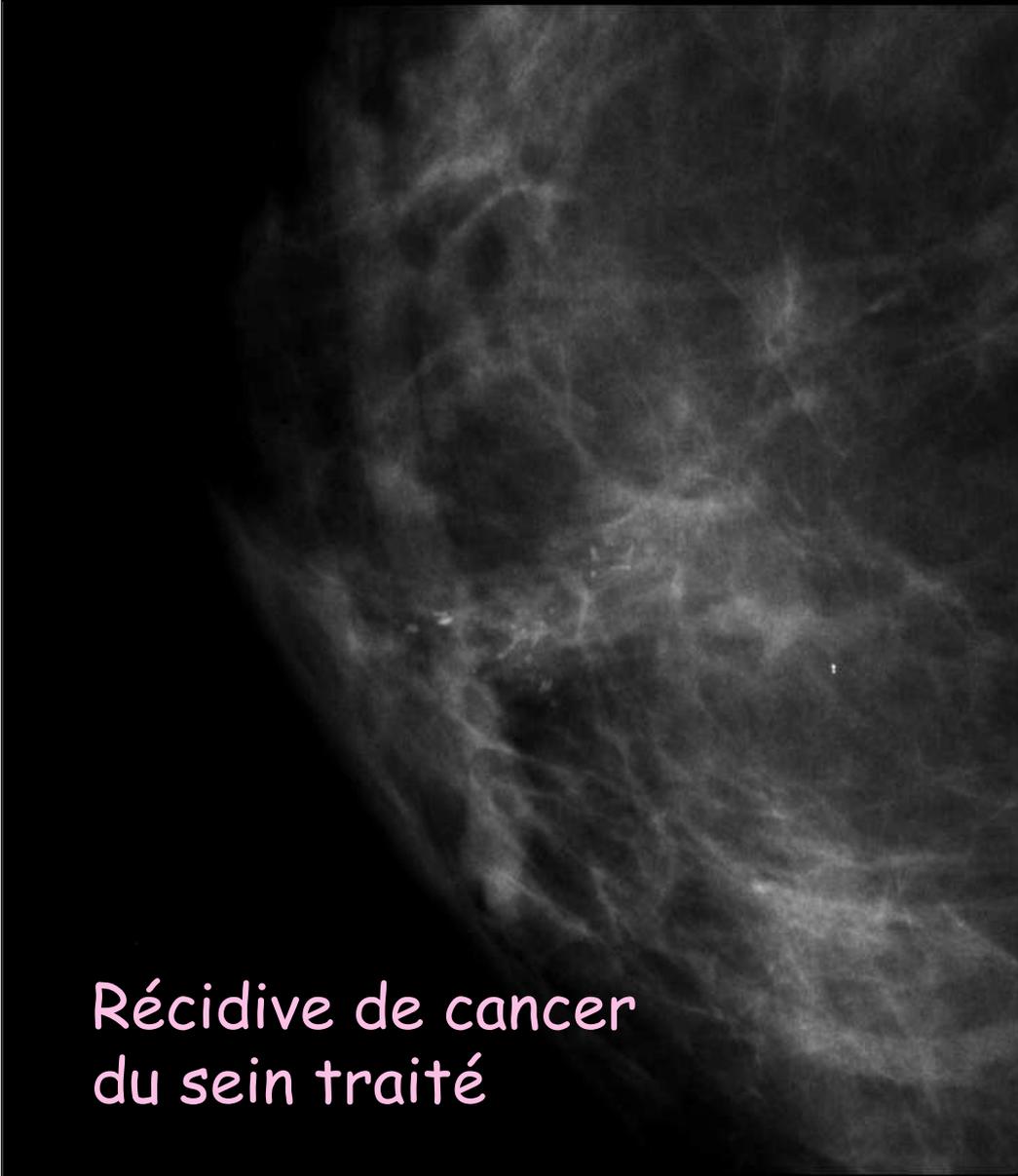


CIC



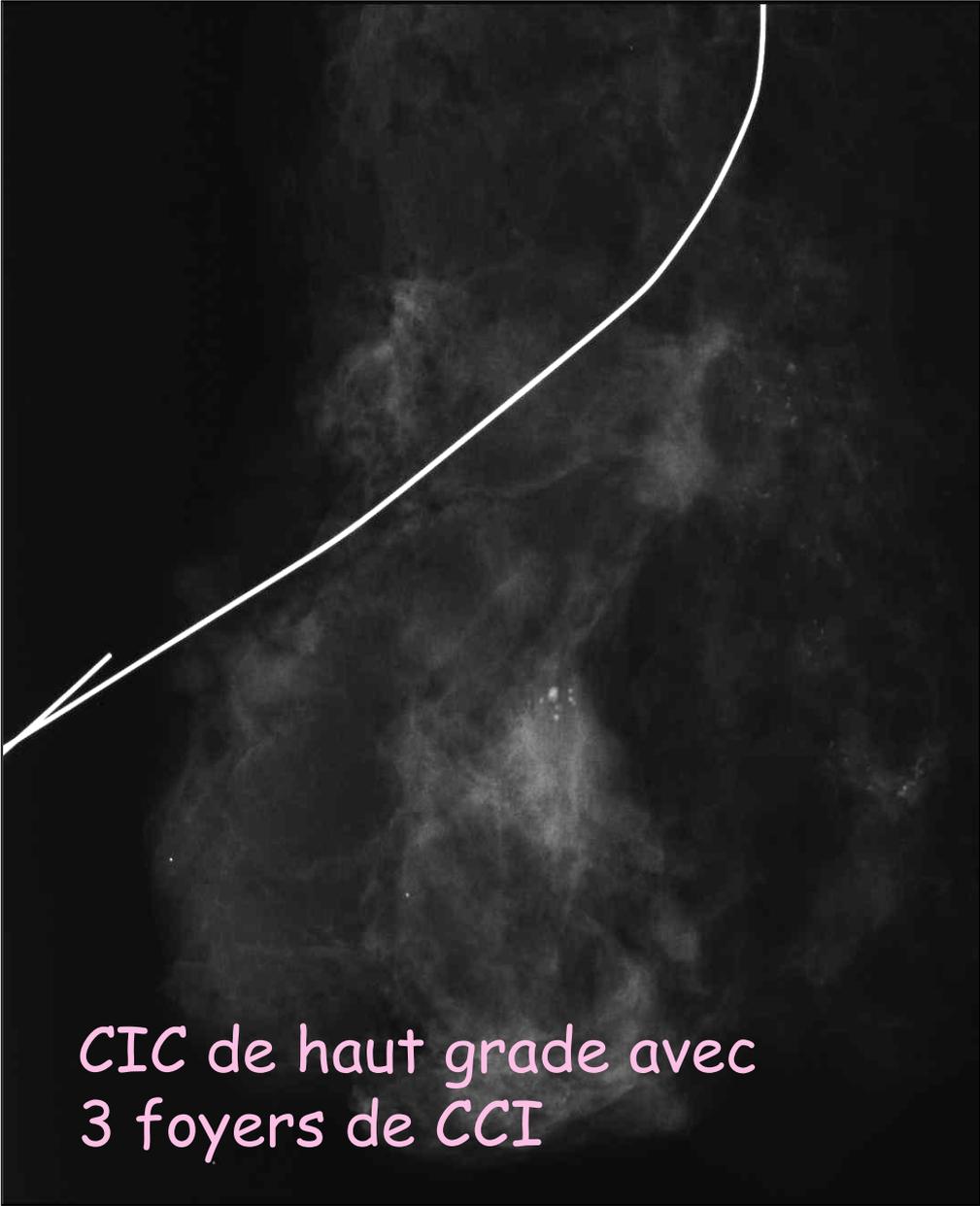


Hyperplasie canalaire
atypique



Récidive de cancer
du sein traité

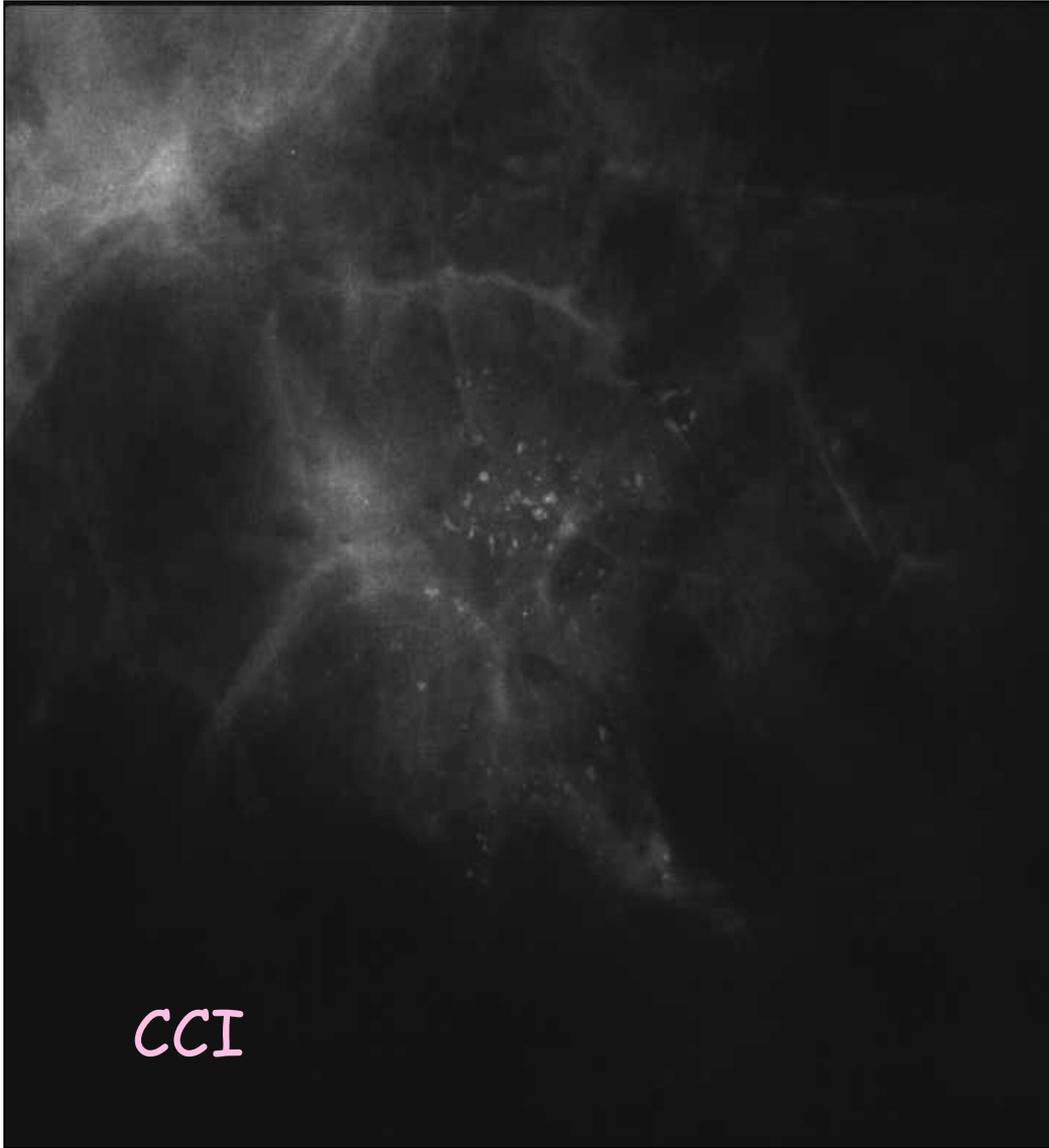
This is a mammogram image of a breast, showing a recurrence of cancer. The image is dark with a lighter, fibrous texture. There is a small, bright white spot in the center-right area, which is likely the site of the recurrence. The text 'Récidive de cancer du sein traité' is overlaid in the bottom left corner.



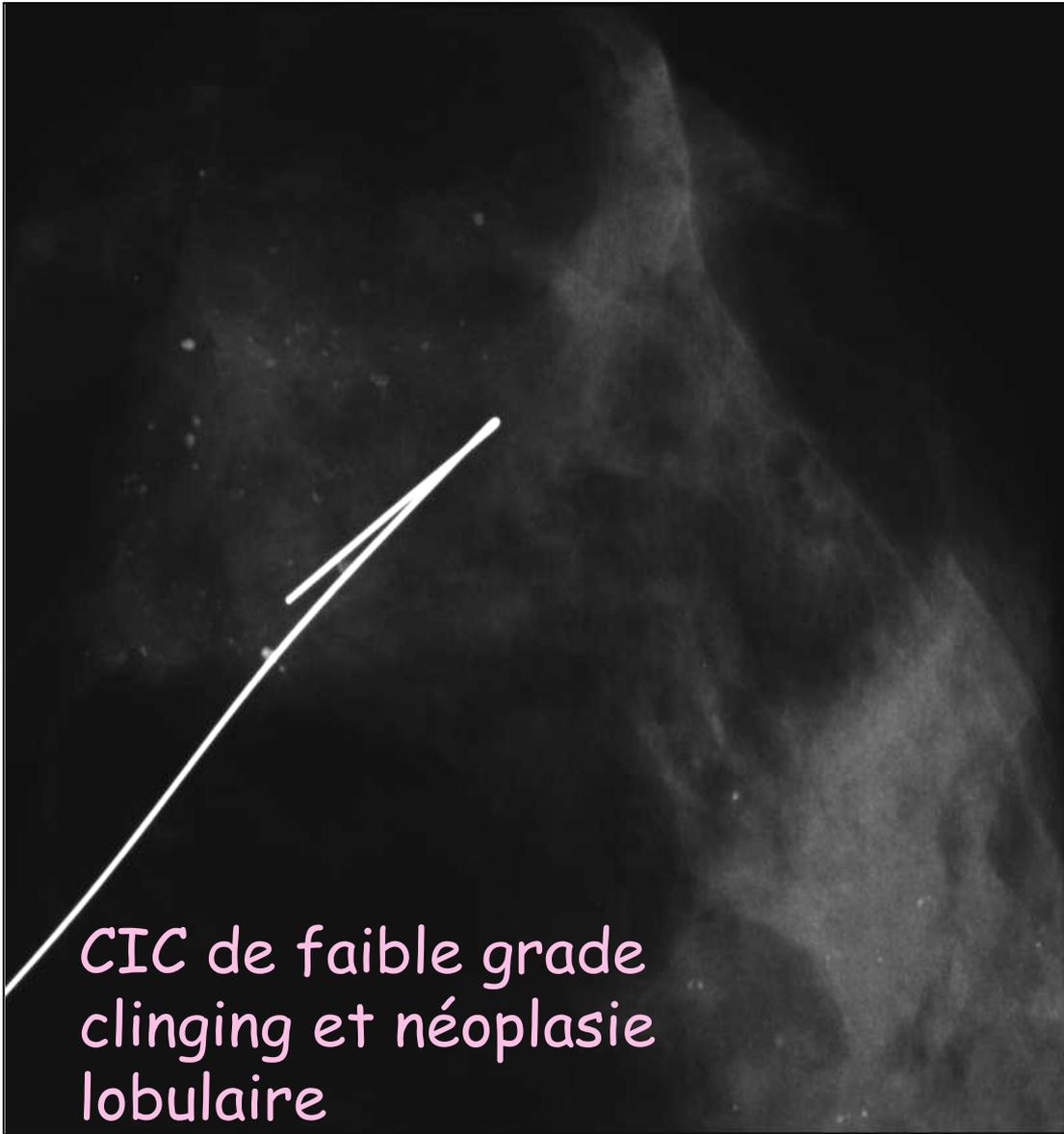
CIC de haut grade avec
3 foyers de CCI



adénose



CCI



CIC de faible grade
clinging et néoplasie
lobulaire

/

CIC massif



dystrophie