

Mammoland!

2024 Spring Breast Imaging Symposium

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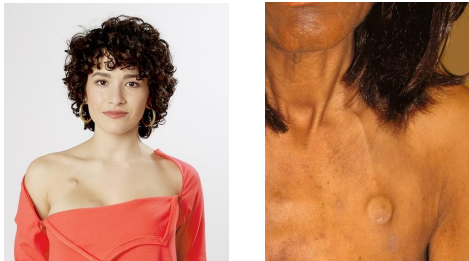
Question 1: What is one example of an iatrogenic device?

- a. Pacemaker
- b. Implant
- c. Skin marker
- d. Nipple marker



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Question 2: The best additional view for imaging a patient with an iatrogenic device is:

- a. LM/ML
- b. LMO
- c. SIO
- d. TAN



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Iatrogenic Device

The word "iatrogenic" comes from the Greek roots "iatros" meaning "the healer or physician" and "gennan" meaning "as a product of." Hence "iatrogenic" means due to the action of a physician or a therapy and "iatrogenic devices" are any objects, tubes, catheters and lines introduced or placed in a patient for therapy or diagnosis or to serve a particular purpose. These include CSF shunts, endotracheal tubes (ETTs) and feeding tubes (FTs), intravenous and **intra-arterial catheters, cardiac devices** and orthopedic devices.

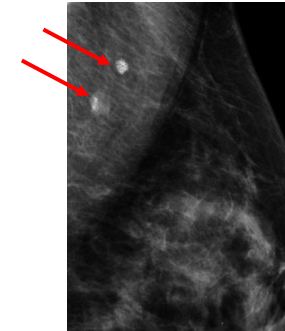


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https://www.researchgate.net/publication/281070615_iatrogenic_devices

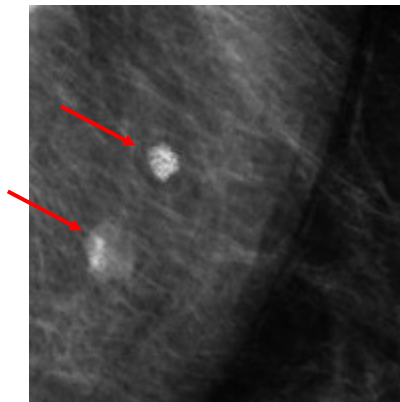
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Question 3: What do you think these are?



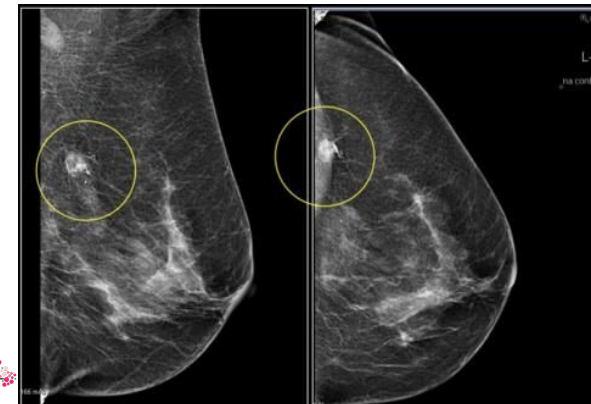
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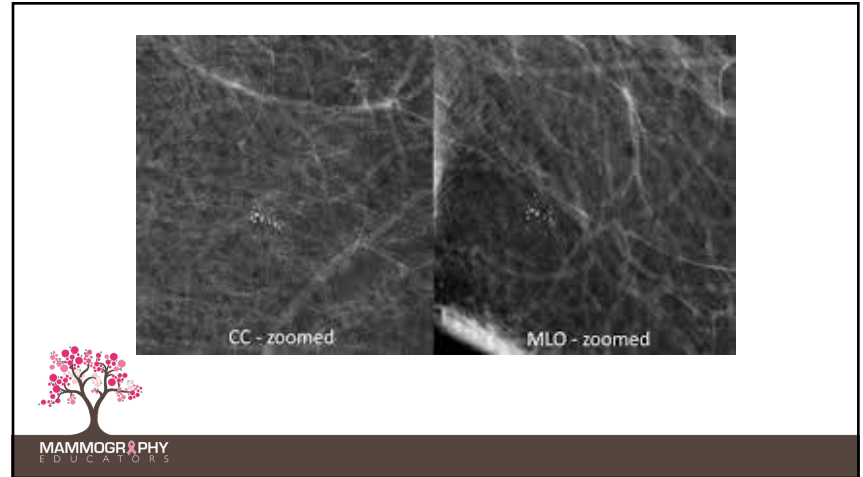


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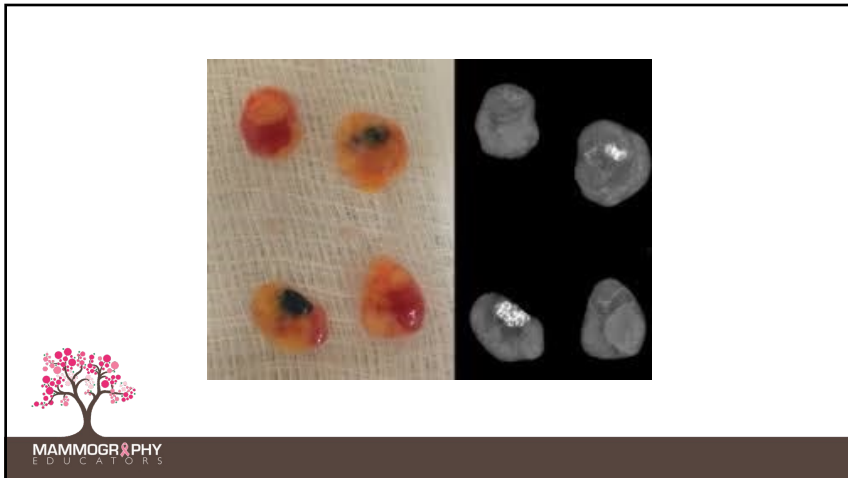
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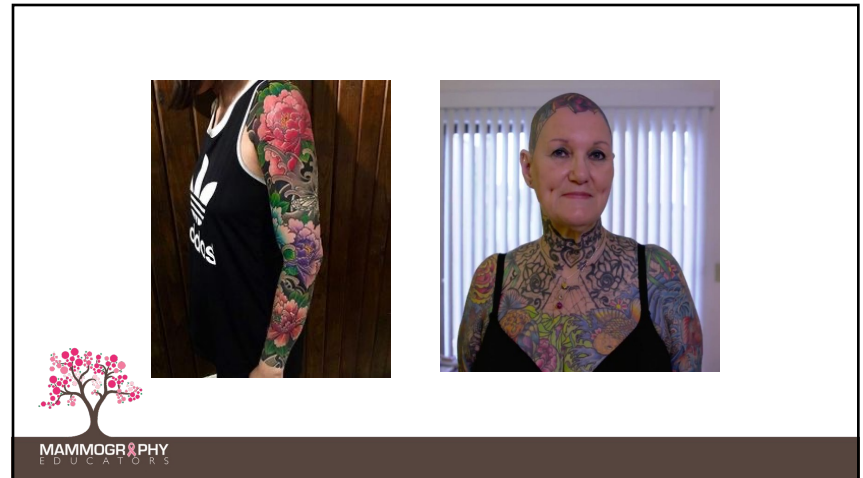
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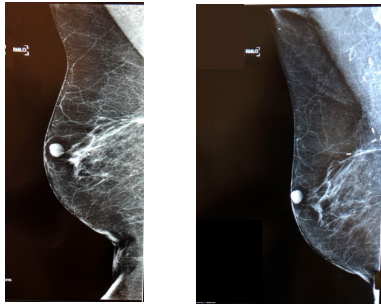


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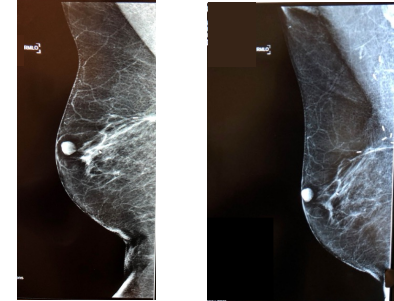
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Question 4: What did the tech do to improve image quality?



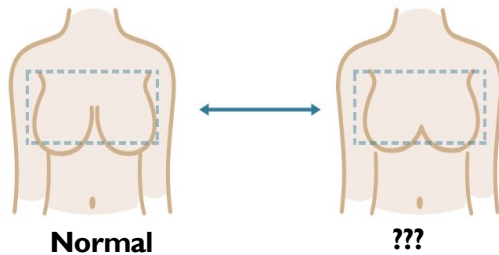
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- a. Increase the angle
- b. Bring the latissimus dorsi in front of the IR
- c. Got another tech to do it
- d. Turn the patient in



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Question 5: What is the correct medical term for “webbed breasts”?



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Symmastia



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Congenital Symmastia



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Defect of Surgical Breast Augmentation



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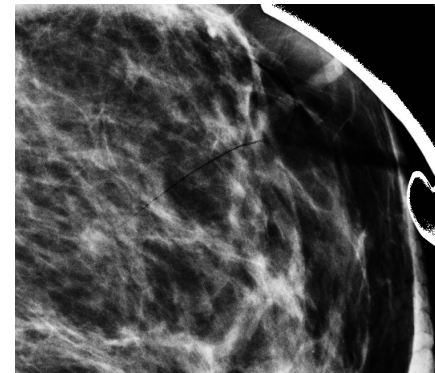
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Question 6: Do you see anything wrong with the following image? If so, what do you think it is?



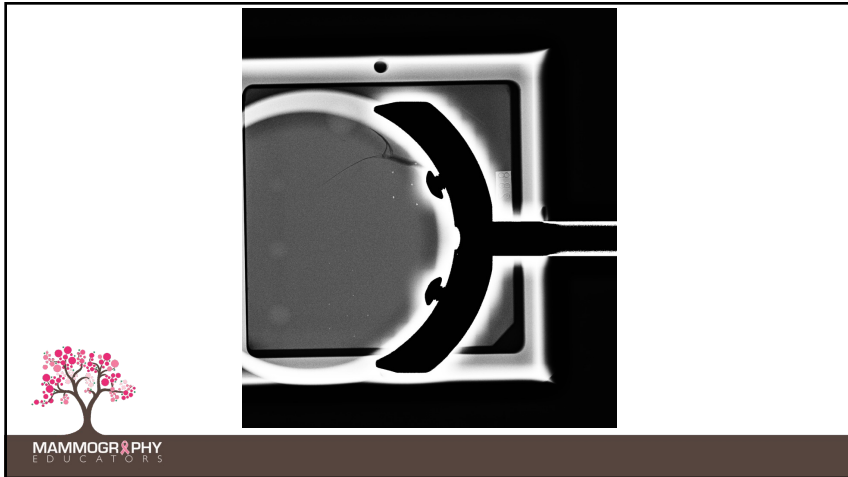
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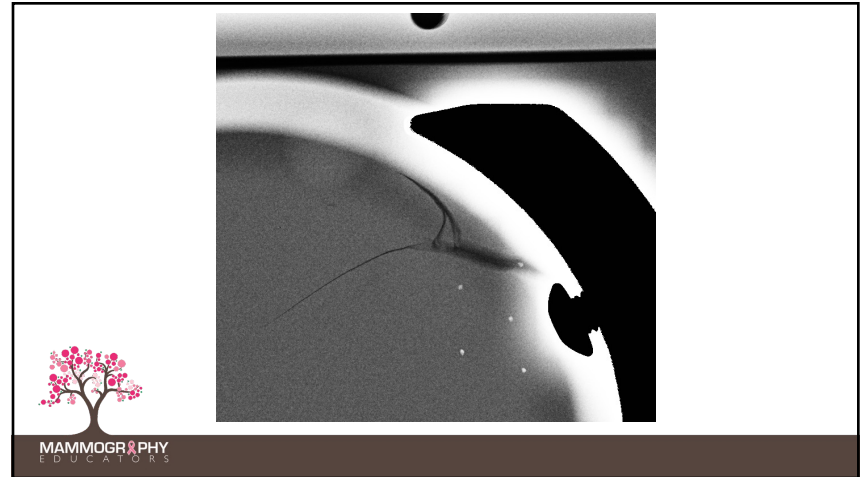


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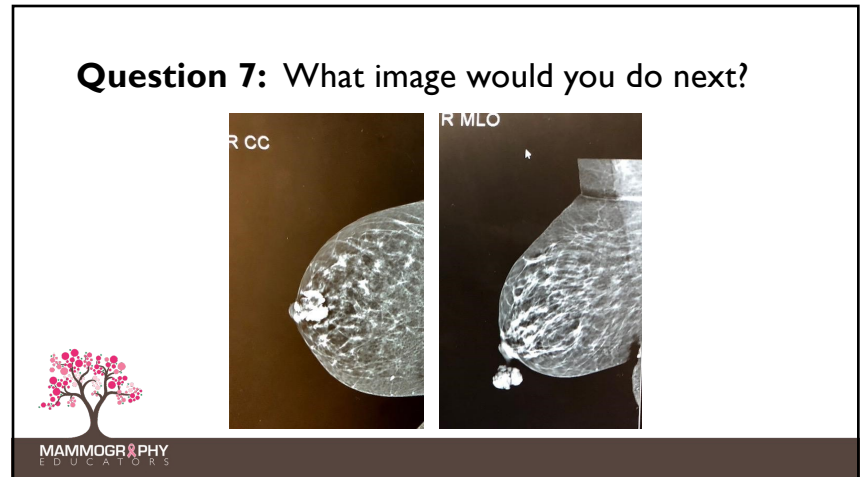
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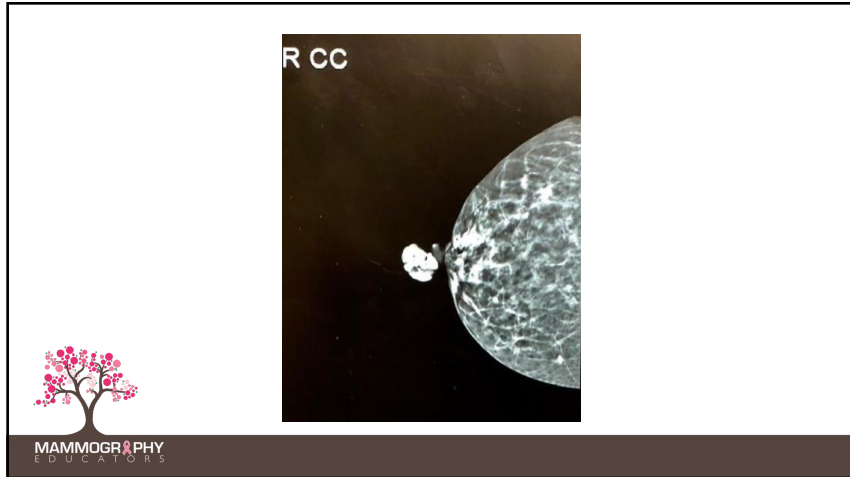
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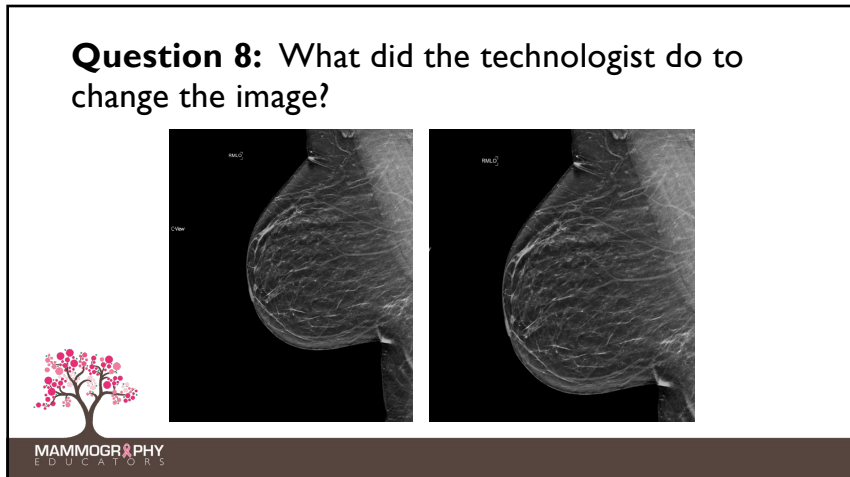
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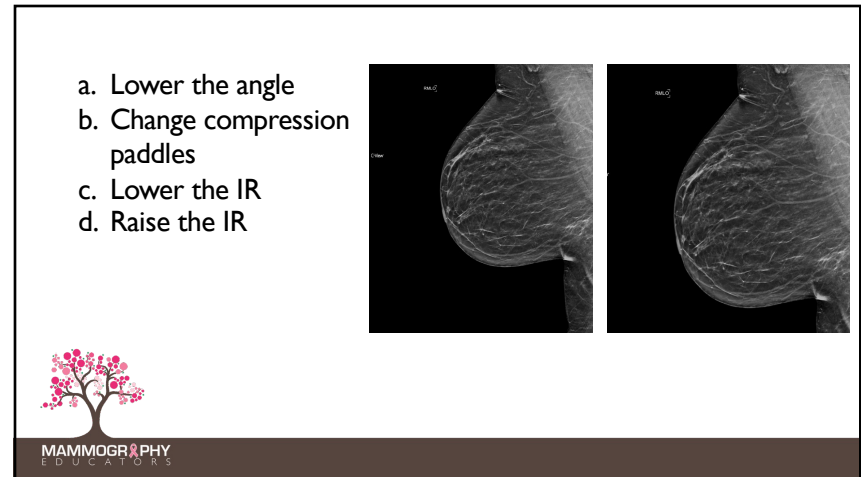
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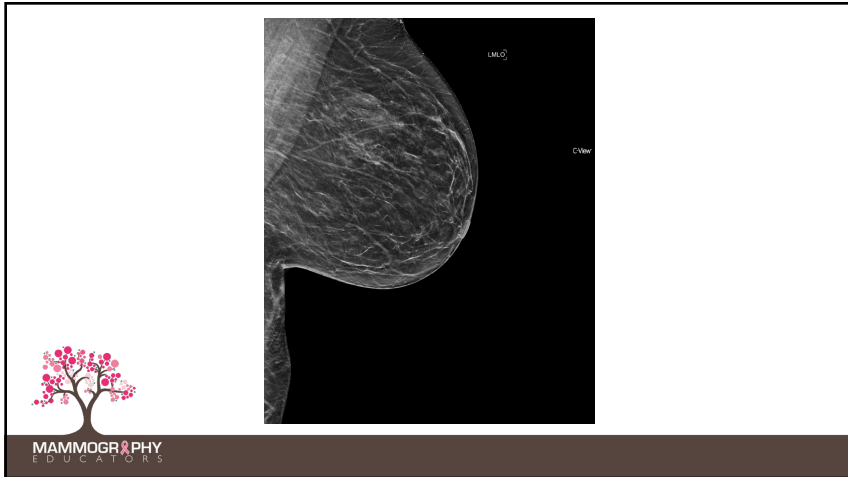
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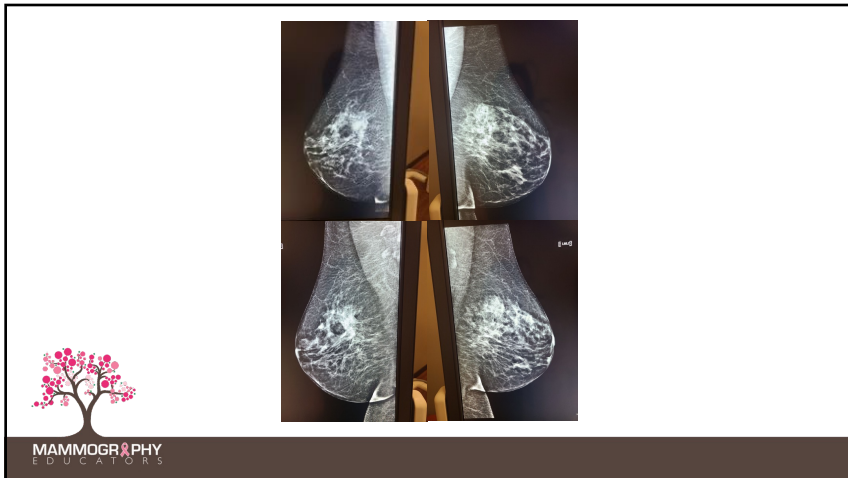
Question 9: What is the best angle to use for patients who have undergone reduction mammoplasty?

- a. 45 degrees
- b. 50 degrees
- c. 40 degrees
- d. 35 degrees

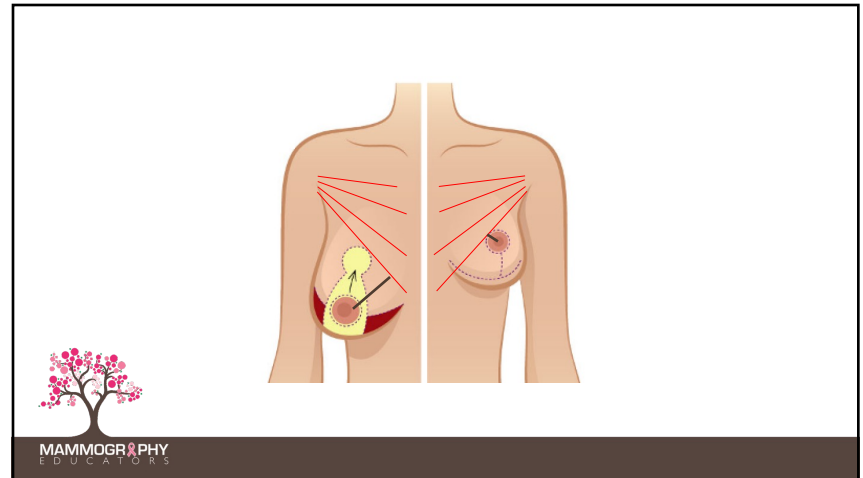


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Question 10: Which of the following are normal findings on post-reduction mammoplasty?

- a. Fat necrosis
- b. Cranial displacement of the nipple
- c. Shortened pec muscle on the MLO
- d. All of the above



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Radiographic Changes after Reduction Mammoplasty

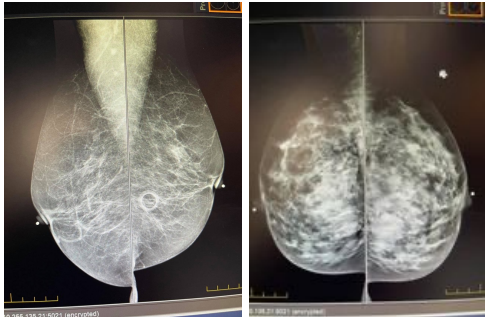
- Alteration of breast contour
- Elevation of the nipple
- Displacement of breast parenchyma
- Architectural distortion
- Fat necrosis
- Suture calcifications
- Skin thickening
- Retroareolar fibrotic band
- Disruption of subareolar ducts



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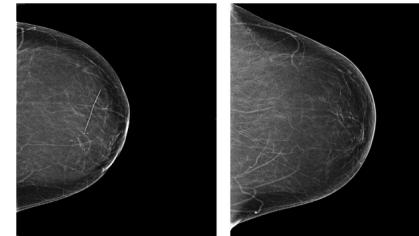
Question 11: Do you think these images should pass ACR?



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Question 12: What did the technologist do to improve this image? (List 3 things)



BEFORE: 12.5 cm

AFTER: 14.8 cm



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Question 13: What is the greatest difference in the two images?



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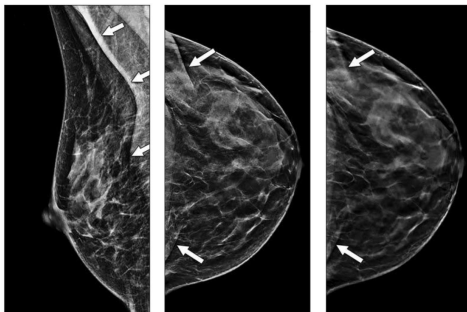
Question 14: What specifically did the technologist do to achieve this result?

- a. Decrease the angle
- b. Raise the IR
- c. Reposition the shoulder
- d. All of the above



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Question 15: Are these skin folds acceptable with DBT?

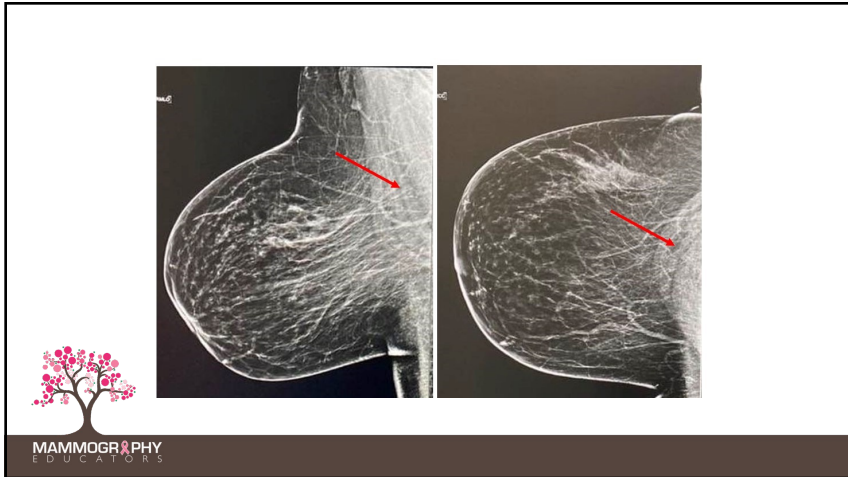


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Question 16: What do you think this is?



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Question 17: What causes this?

- a. Poor positioning
- b. Poor compression
- c. Muscle tension
- d. Body-building
- e. None of the above



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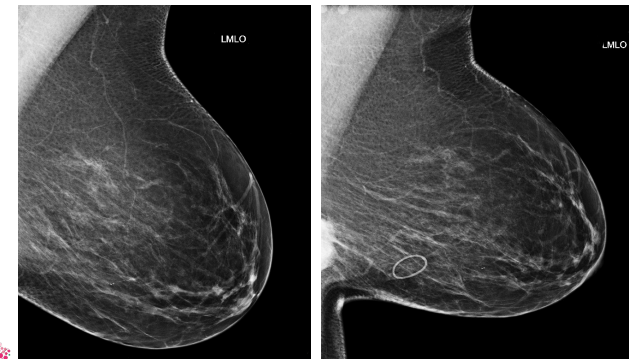
Question 18: What is the most common area of the breast missed on a mammogram?

- a. Posterior and superior
- b. Medial and posterior
- c. Medial and anterior
- d. Lateral and anterior



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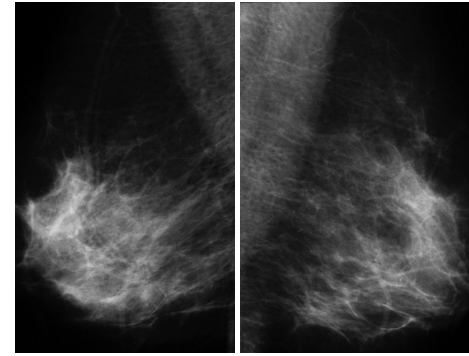
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Question 19: Name the second most common area missed on the MLO

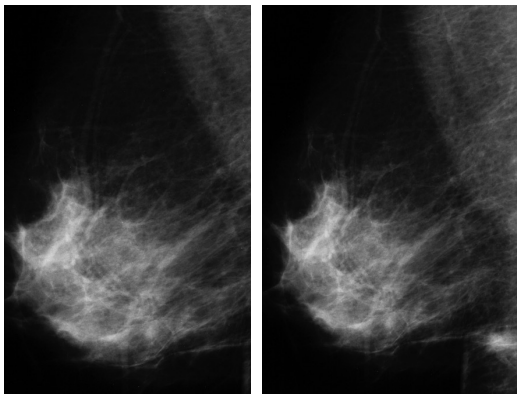


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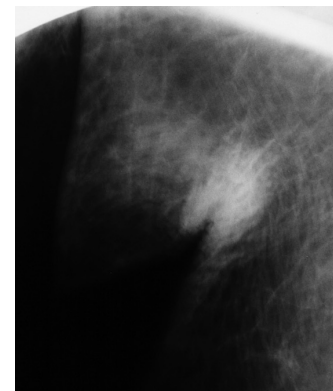


Case Courtesy of Laszlo Tabar, MD

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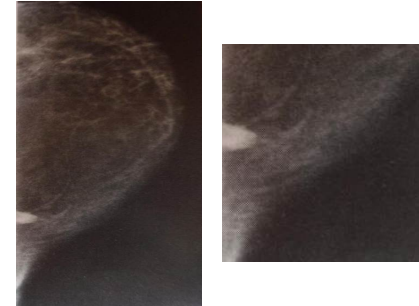
Question 20: Which of the following is NOT a finding that may be associated with breast cancer

- a. Asymmetric veins
- b. Chronic asymmetry
- c. Skin thickening
- d. Nipple retraction or inversion
- e. Enlarged lymph nodes

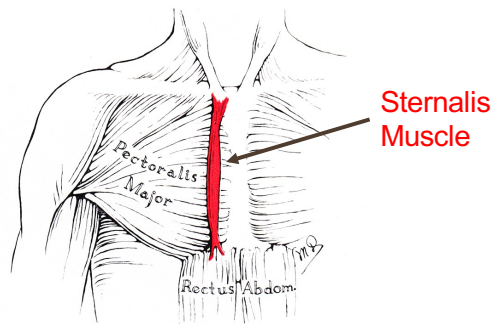


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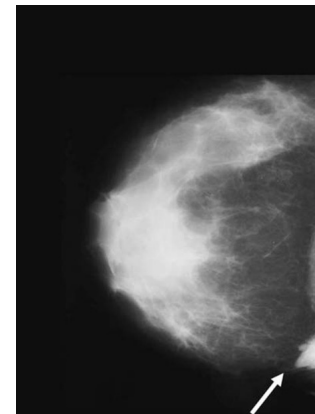
Question 21: What do you think this is?



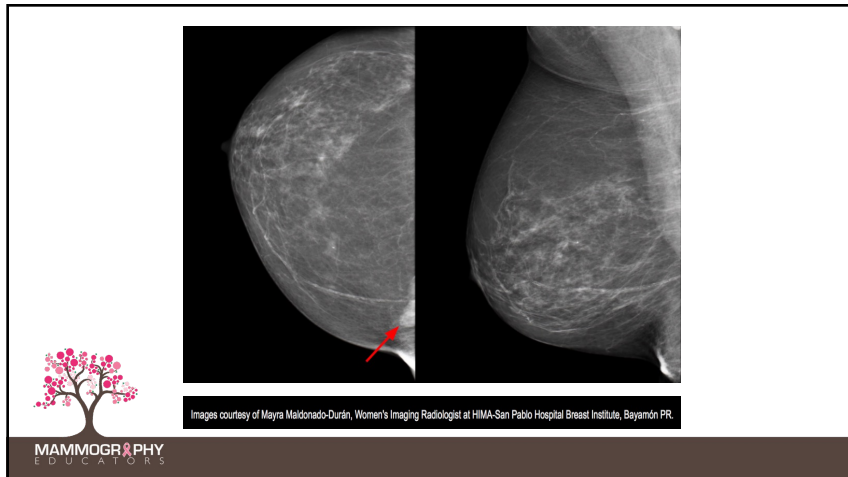
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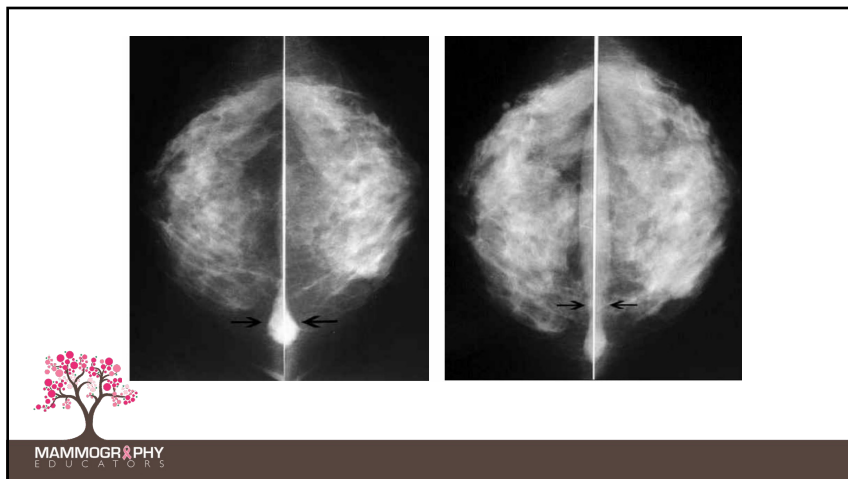


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Sternalis Muscle

- Flame-like appearance (similar to an appendix)
- Present in only 7-10% of the population
- Seen medially on a mammogram
- Often misdiagnosed as the insertion of the pectoralis muscle

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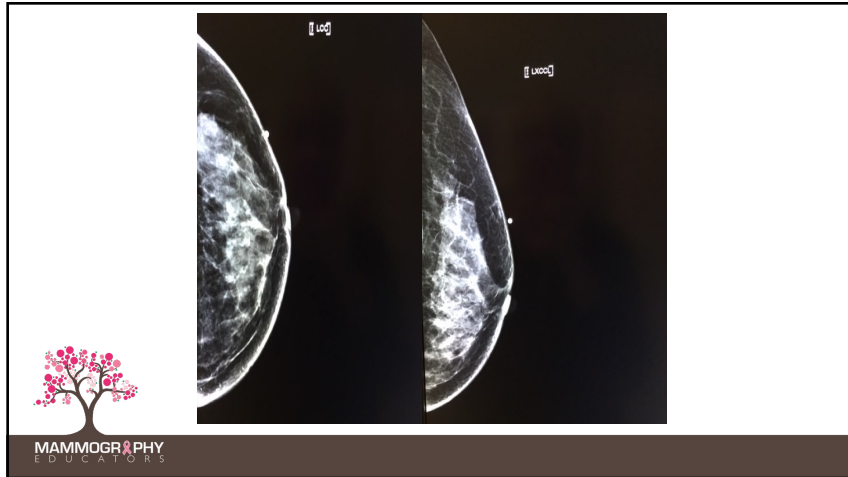


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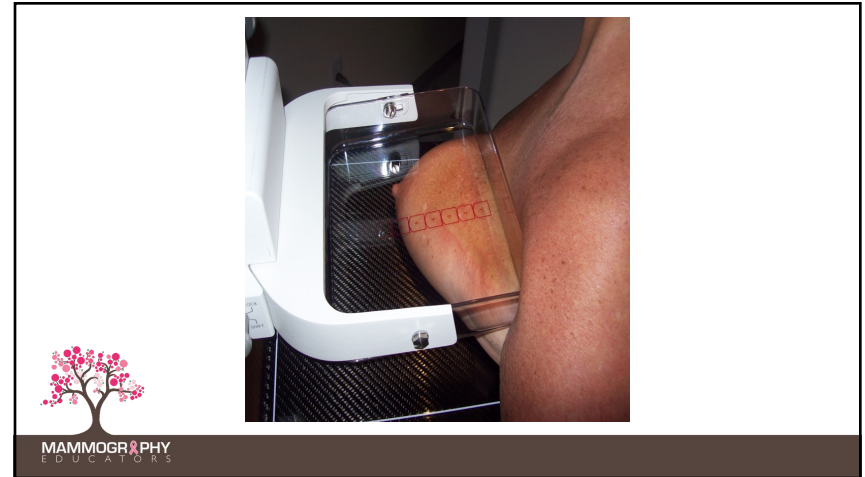
Question 22: Which of the following is true about an XCCL?

- a. It is used for visualization of posterior medial breast tissue in a CC projection
- b. Should be angled at 5-10%
- c. Patient's shoulder should drop
- d. All of the above
- e. None of the above

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An XCCL is a variation of the CC

- Should not be angled; use 0 degrees
- The patient should not be angled, or leaning back
- Visualization of the pectoralis muscle may occasionally be seen but is not a requirement and not preferred as it may indicate the tube or patient is “angled”



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Use of the XCCL in Screening

- Used on a baseline mammogram when lateral, posterior breast tissue is not visualized on the CC
- On subsequent screening an XCCL is not necessary if, on the MLO, you have visualized glandular breast tissue back to the retromammary fat space



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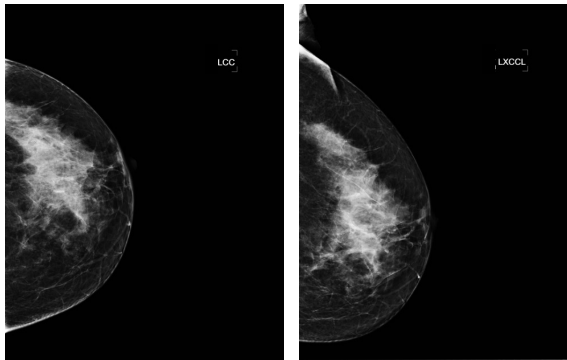
Use of the XCCL in Screening

- The only published available data on the use of the XCCL in screening (Cardenosa, 1994) states that it is needed in less than 10% of all screening exams
- Currently, expert breast imaging radiologists in the US, report that the XCCL is used/needed on less than 3% of all screening exams



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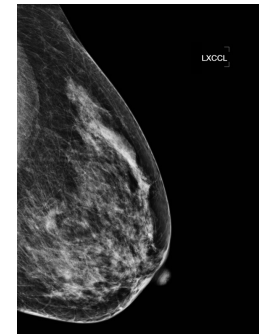
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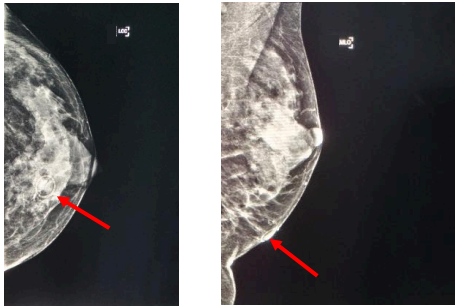
Pec or No Pec?



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Question 23: What do you think this is?



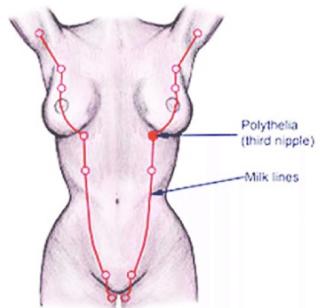
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Polythelia or Ancillary Nipple



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Embryonic Milk Line



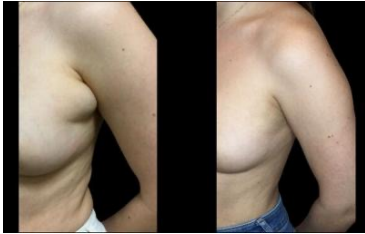
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Question 24: What do you think this is?



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Ancillary/Accessory Breast



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Axillary Fat Pad



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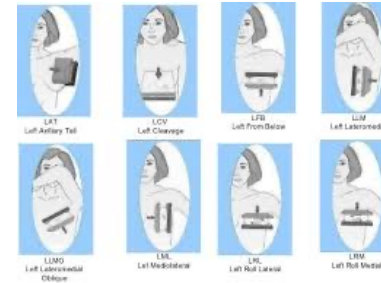
FINAL JEOPARDY:

This is the labeling code for the Caudocranial View



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Caudocranial - FB



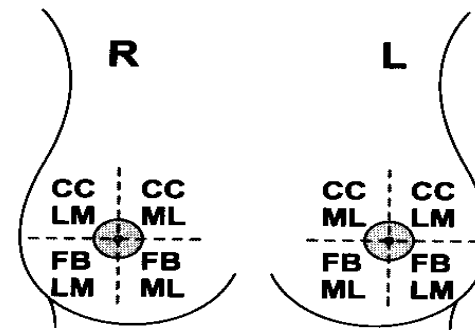
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FINAL JEOPARDY:

Would you perform this view to localize dermal calcifications that are seen in LLIQ before performing a TAN view?



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