

Mammoland 2025

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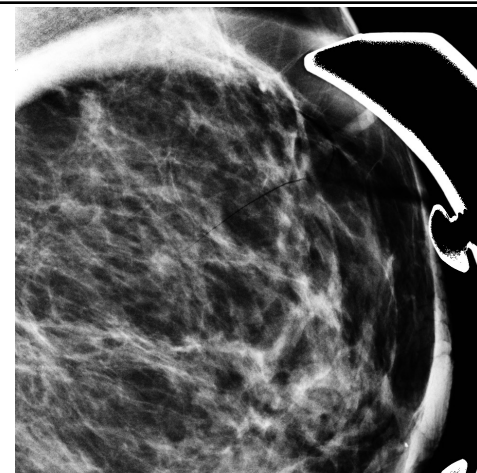
Question 1

Do you see anything wrong with this image...
and if so, what do you think it is?



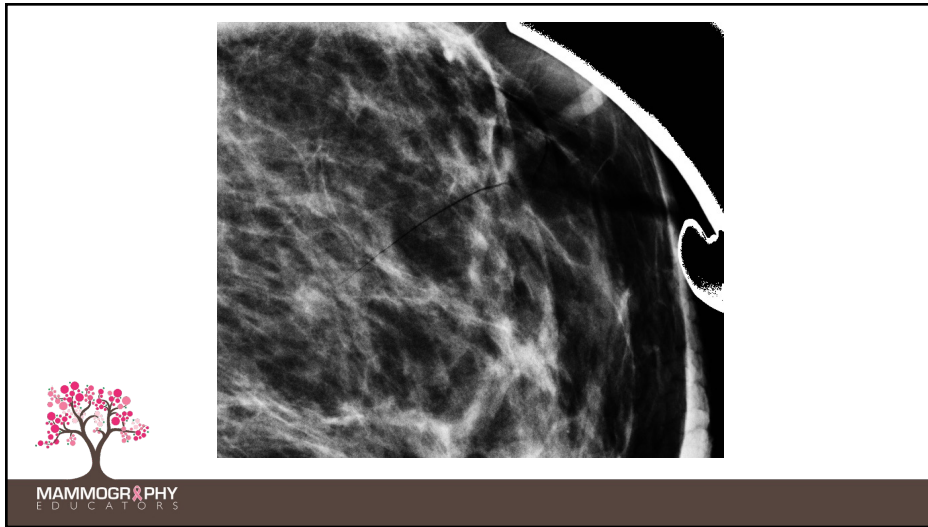
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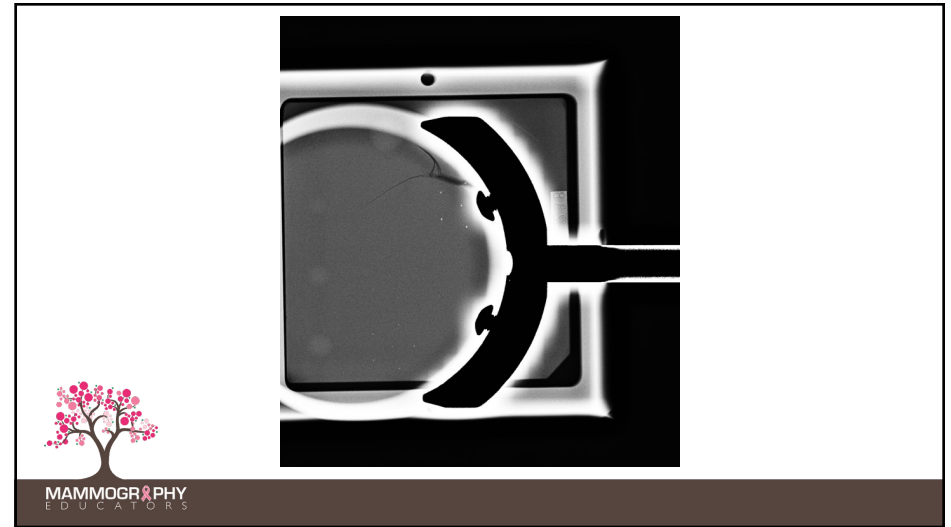


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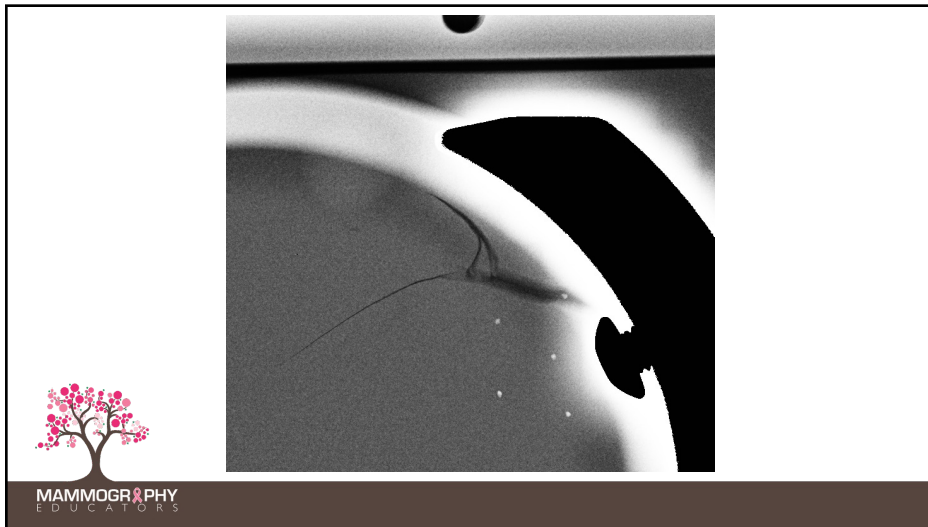
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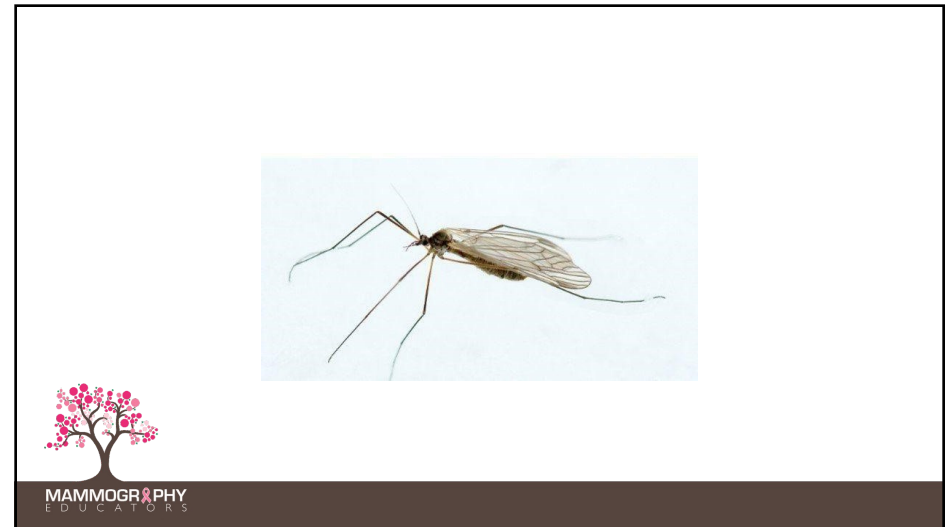
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Question 2

What specifically did the technologist do to improve image quality?

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

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Question 3

The sensitivity of breast cancer diagnosis drops ____ due to poor positioning.

- a) 21.1%
- b) 11.8%
- c) 18.1%
- d) 1.18%



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Question 4

True or False

Redness, swelling and a fever are symptoms common to both Mastitis and Inflammatory Breast Cancer.



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**Inflammatory
Breast Cancer**



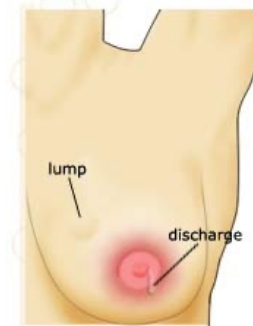
Mastitis



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Symptoms of Mastitis



The main symptoms of mastitis are: breast pain, swelling, redness, fever, enlargement, changed nipple sensation, discharge, itching, tenderness, and/or a breast lump.

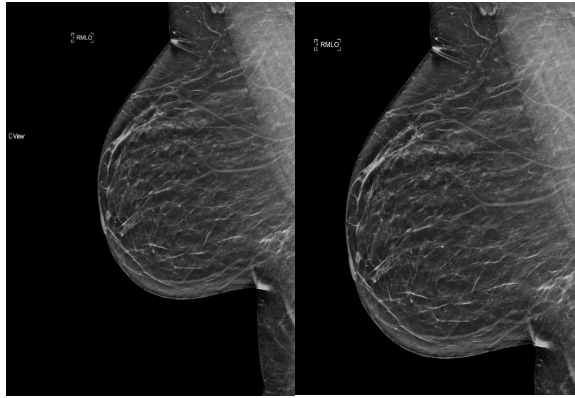


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Question 5

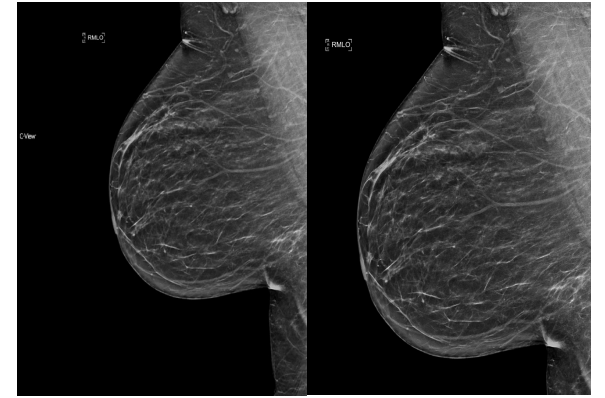
What did the technologist do to change the image?



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- a) Lower the angle
- b) Change the compression paddles
- c) Lower the IR
- d) Raise the IR



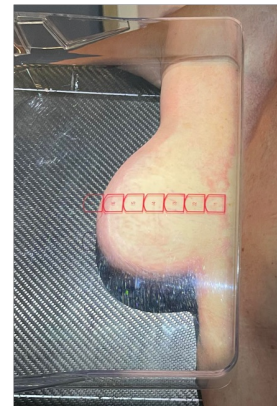
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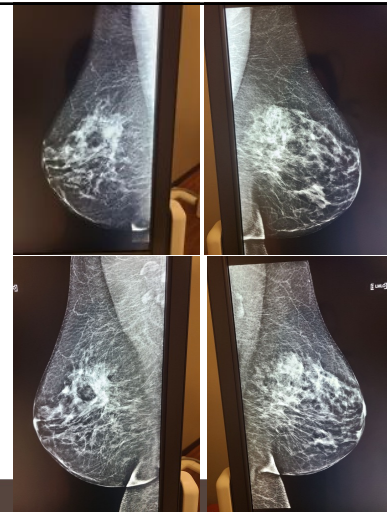
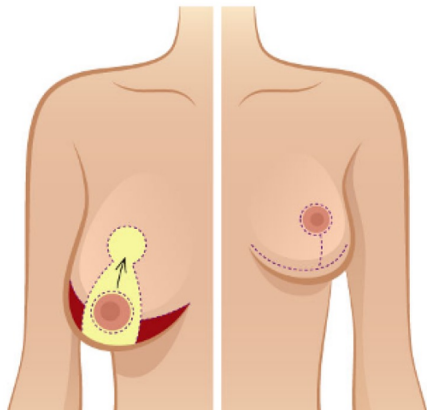
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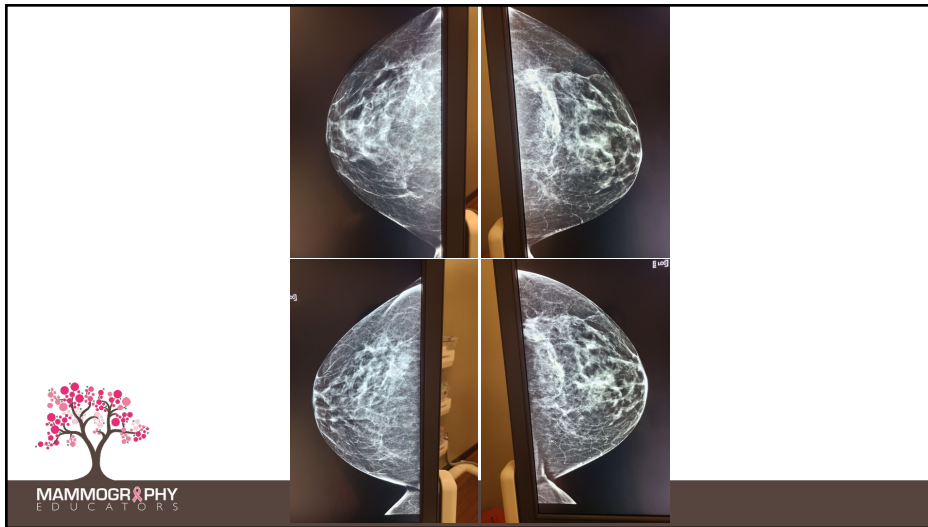


Question 6

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 7

Which of the following are normal findings on post reduction mammoplasty?


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



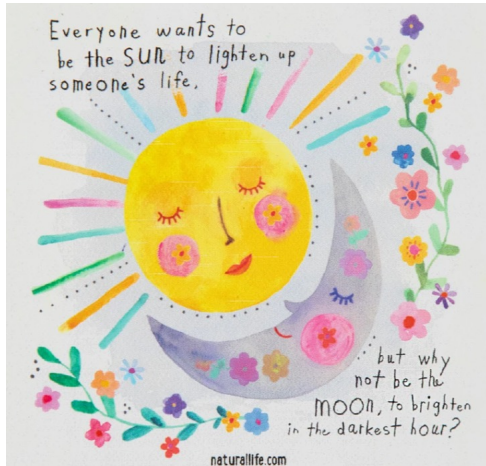
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Radiographic Changes After Reduction Mammoplasty

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




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Everyone wants to be the SUN to lighten up someone's life.

...but why not be the MOON, to brighten in the darkest hour?

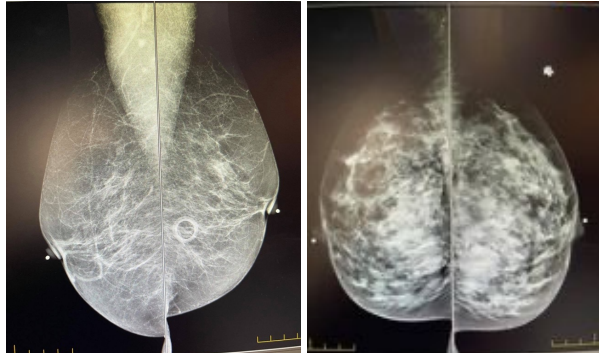
naturellife.com



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Question 8

Do you think these images should pass ACR/CAR?



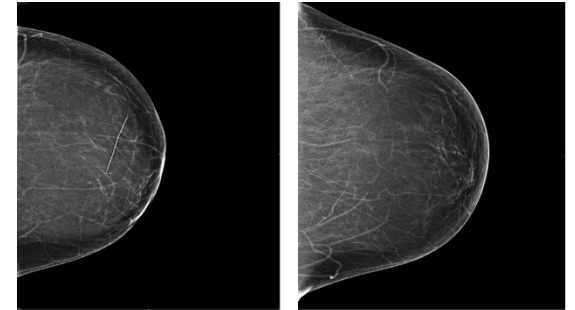
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Question 9

What did the technologist do to improve this image?

List 3 things...



BEFORE: 12.5 cm

AFTER: 14.8 cm



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What did the tech do to improve?

- Elevate the breast properly
- Pull the breast on with both hands
- Anchor the breast
- Lift the other breast onto the IR
- Have the patient turn their hip towards the machine
- “Push” the patient in with your elbow in the middle of their back.

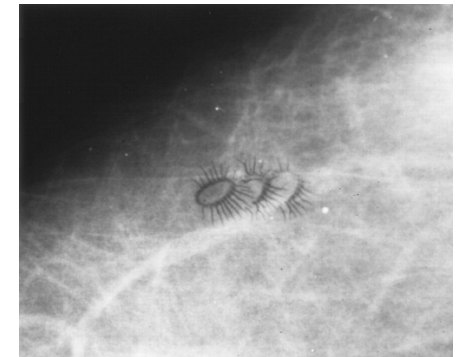


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Question 10

What is this?

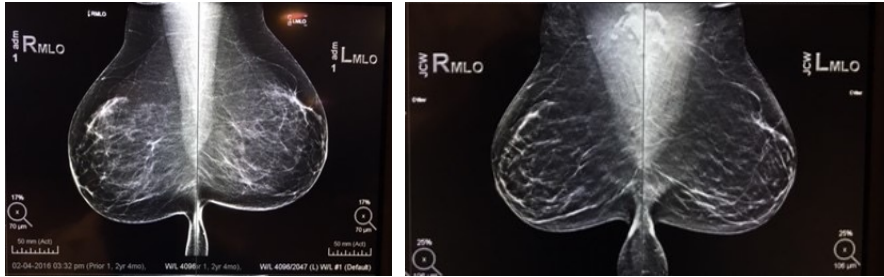


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Question 11

What is the greatest difference in these images?



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Question 12

What specifically did the technologist do to achieve these results?

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



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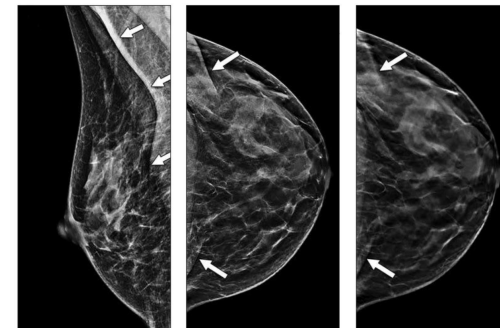


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Question 13

Are these skin folds acceptable?



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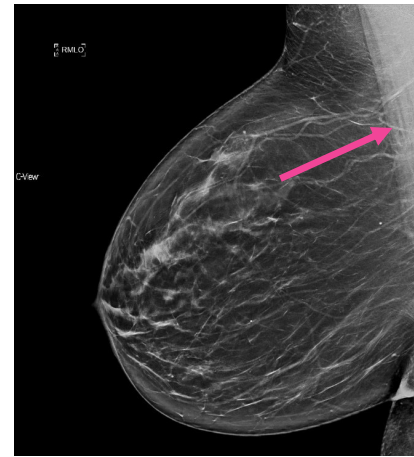
Question 14

What do you think this is?



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Question 15

What causes these muscle striations?

- a) Poor positioning
- b) Poor compression
- c) Increased BMI
- d) Body building



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Question 16

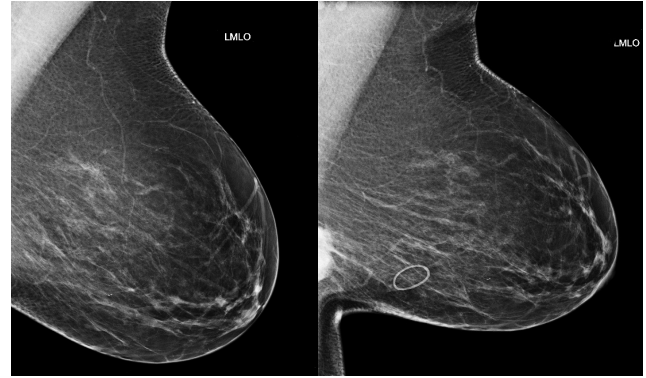
What is the most common area of the breast missed on a mammogram?

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



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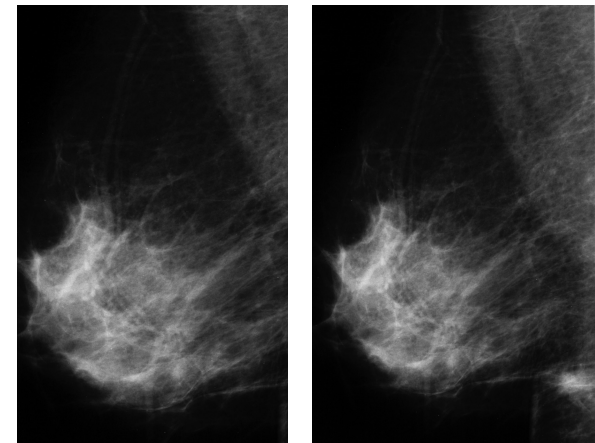
Question 17

Name the second most common area missed on the MLO.



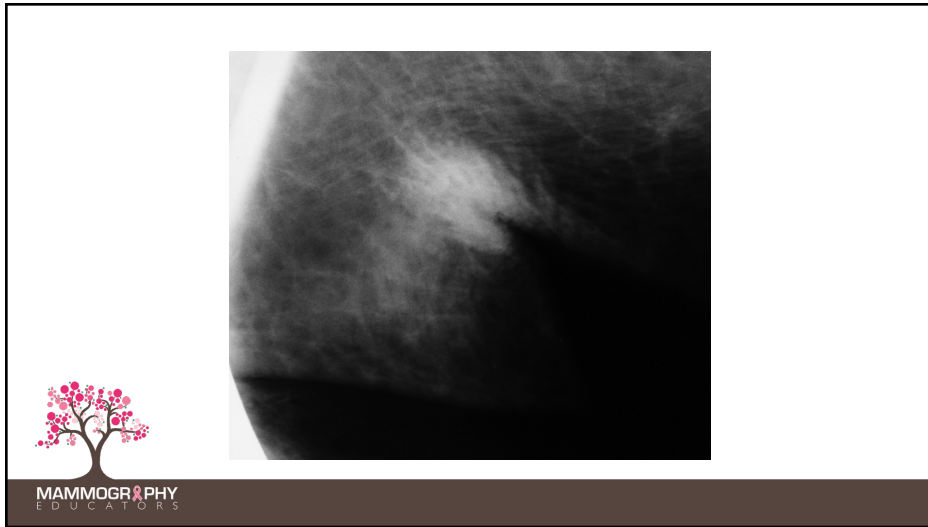
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Question 18

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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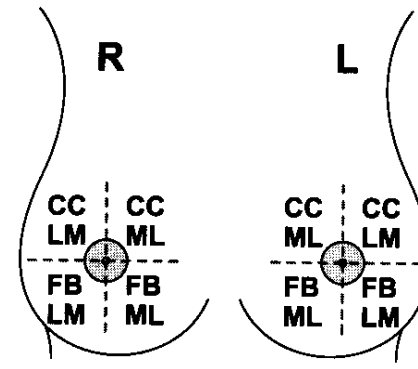
Question 19

If dermal calcifications are located in the LLIQ, which view would you use in order to localized the calcifications and then do a tangential view?



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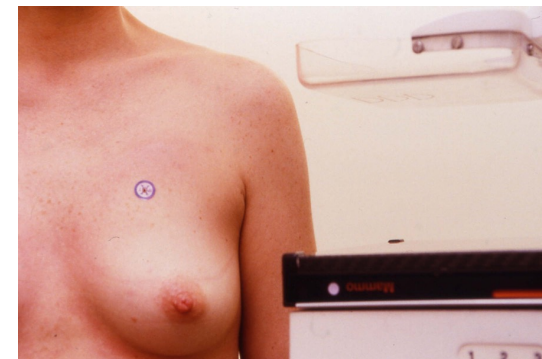
TAN – Tangential View

- To prove the existence of dermal calcifications
- Enhanced visualization of palpable masses that may otherwise be superimposed on glandular breast tissue



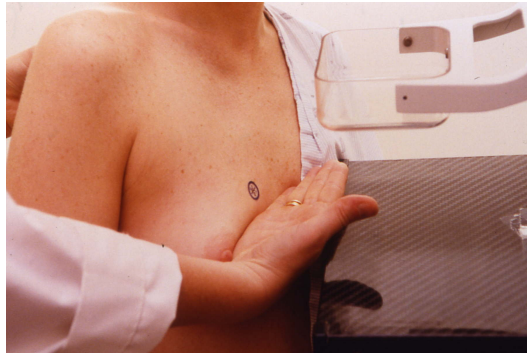
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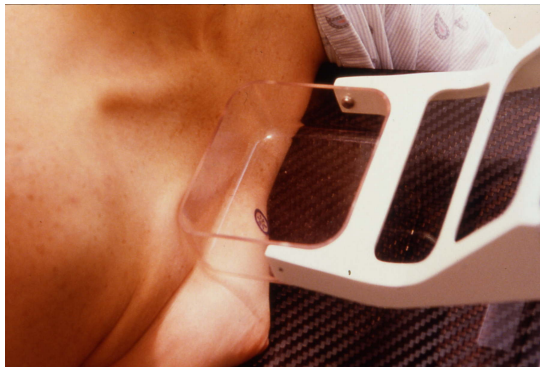
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Localization for Verification of Skin Calcifications

- Decreased with use of DBT
- Setup the same as a needle localization
- Determine which quadrant the calcifications are located



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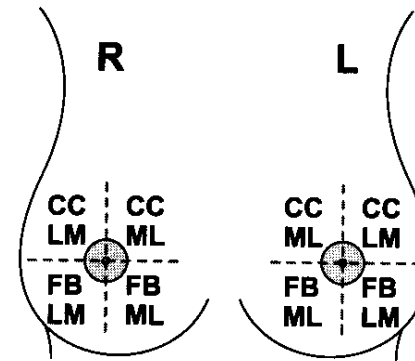
Localization for Verification of Skin Calcifications

- Use biopsy paddle
- Select direction of approach so that the window of biopsy paddle is closest to the area in question



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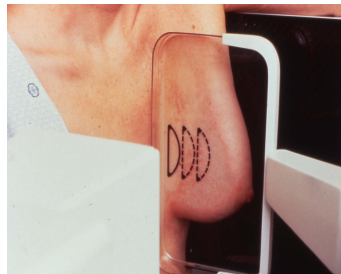
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ML versus LM

Mediolateral (ML):

The opposite breast must be pulled back to allow the compression paddle to pass and may therefore eliminate visualization of deep medial breast tissue.



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ML versus LM

Lateromedial (LM):

- The posterior medial breast tissue is the hardest part of the breast to image and is most often missed on the MLO
- If done properly, by off-setting the IR into the contralateral breast, you will be able to go deeper against the chest wall



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Why perform the LM?

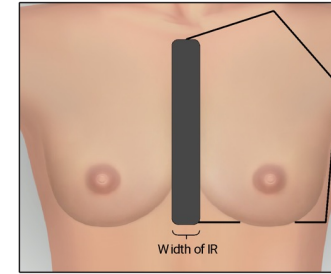
There is no issue of the contralateral breast impeding the path of the compression paddle.



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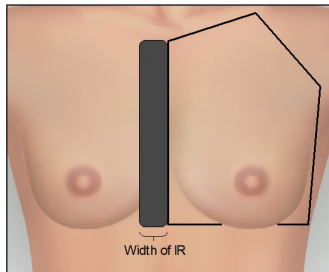
Improperly positioned LM with breasts separated, so the middle of the IR is centered on midsternal line. This excludes deep medial breast tissue on the side you are imaging.



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Properly positioned LM with breasts separated so the top edge of the IR is centered on midsternal line and the width of the IR pressing against the contralateral breast.



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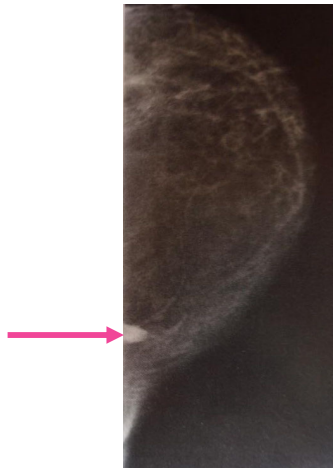


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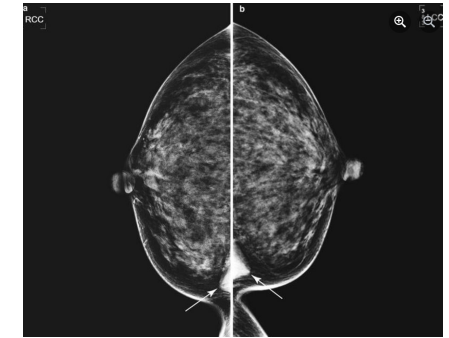
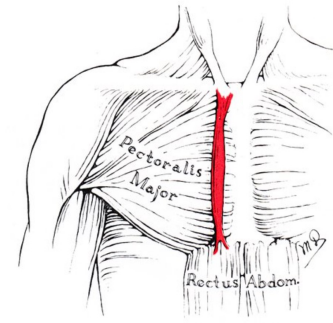
Question 20

What do you think this is?



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Sternalis Muscle



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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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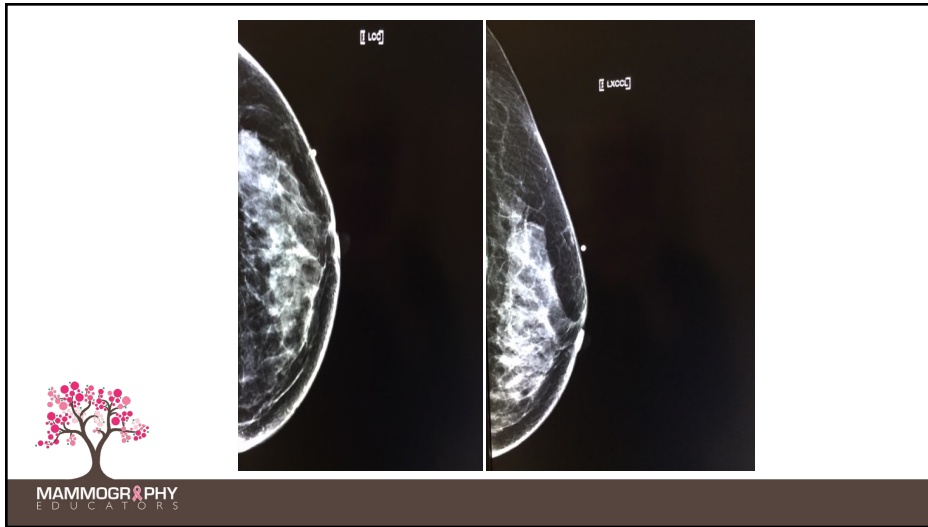
Question 21

Which of the following are true about an XCCL?

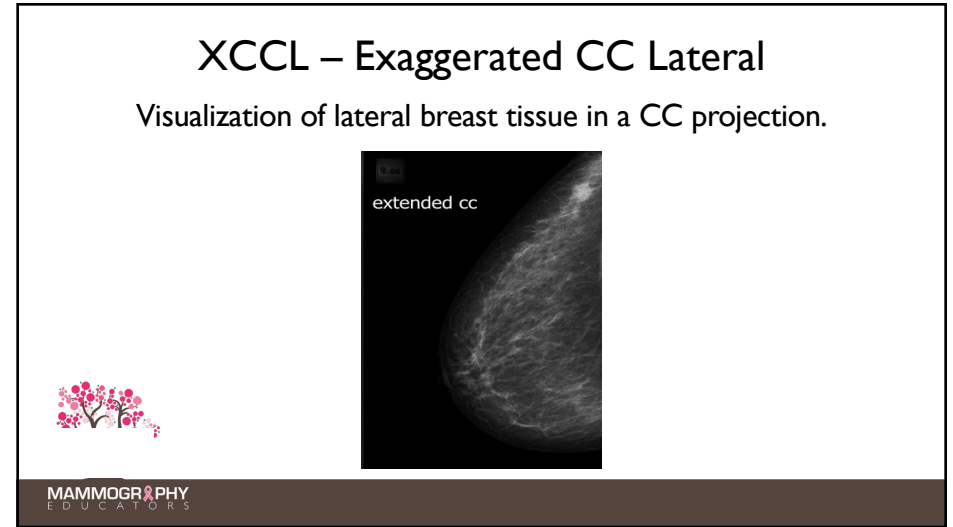
- It is used for visualization of posterior medial breast tissue in a CC projection
- Should be angled at 5-10°
- Patient's shoulder should drop
- All of the above
- None of the above



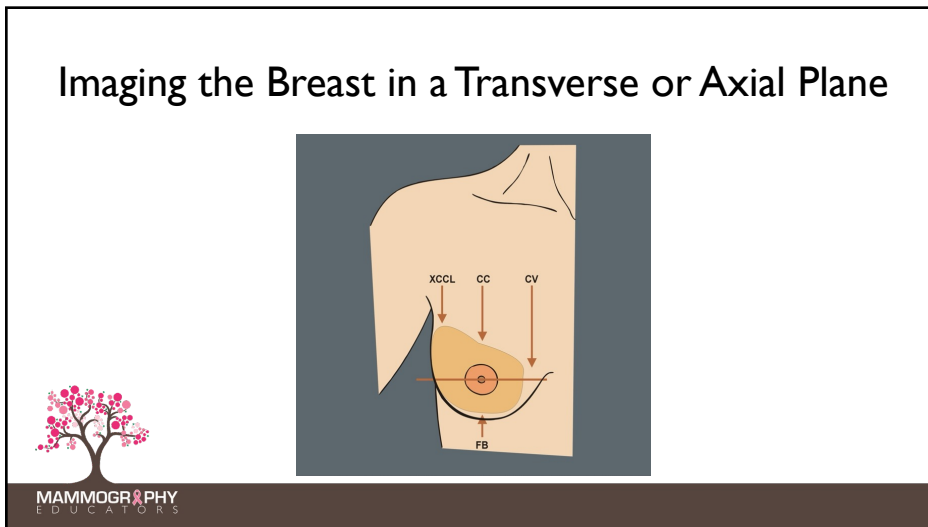
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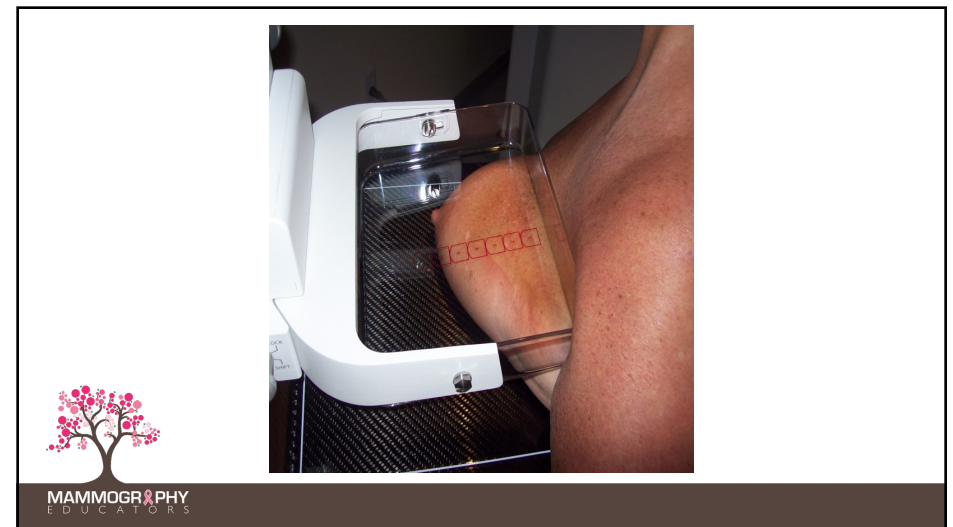
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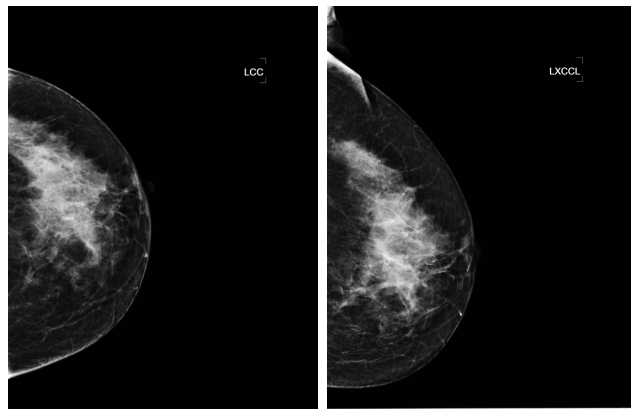
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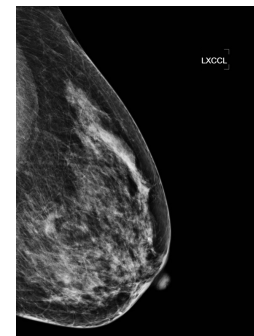
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Question 22

Is it preferable to see muscle or NO muscle on the MLO view?



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Use of the XCCL

- Should be used on a baseline exam when lateral posterior breast tissue is missing on the CC
- If glandular breast tissue on subsequent screening views is visualized back to the retromammary fat space on the MLO, an XCCL is not needed



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Use of the XCCL

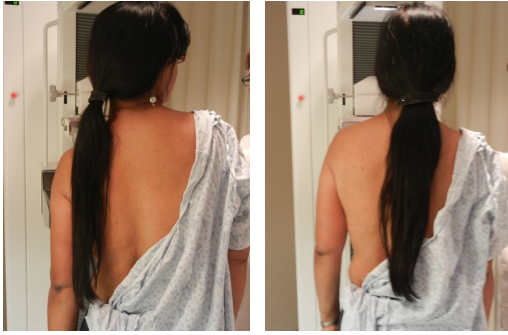
- Should be performed on **less than 10%** of all patients, but more realistically, **2-3%**
- Performed at 0 degrees angulation
- Do NOT angle the patient or lean them sideways
- Patient's body habitus is at a 45-degree angle to the IR
- Nipple should be pointing towards the upper corner of the IR



Source: Cardenosa, 1994

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Use of the XCCL

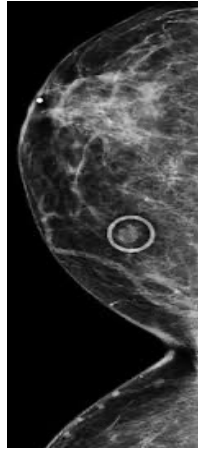


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No XCCM – Why?*

- If you need better visualization of deep medial breast tissue, perform a CV view
- Also, as the medial border of the breast is fixed, you cannot “exaggerate” it



**Our opinion...no data.*



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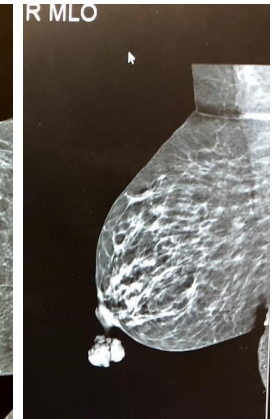
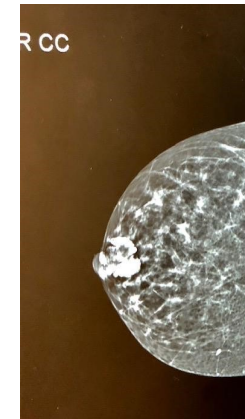


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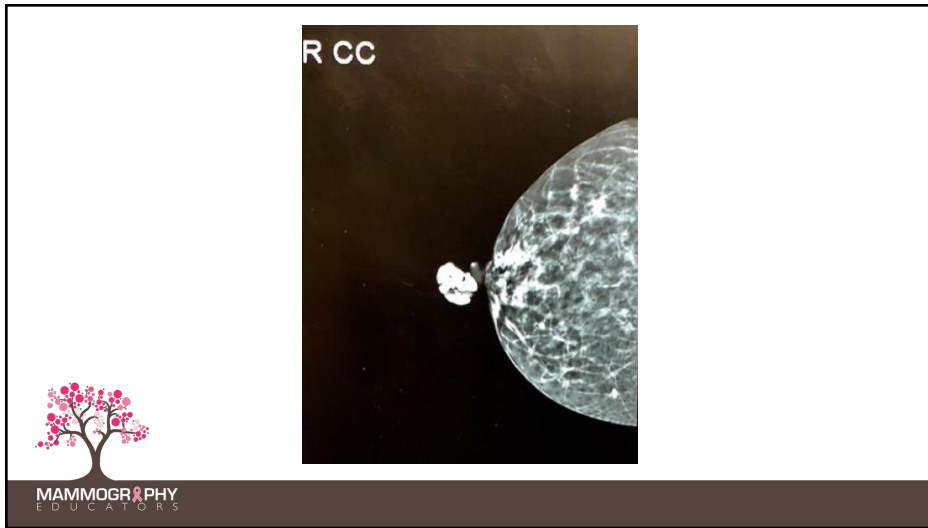
Question 23

What image would you do next?



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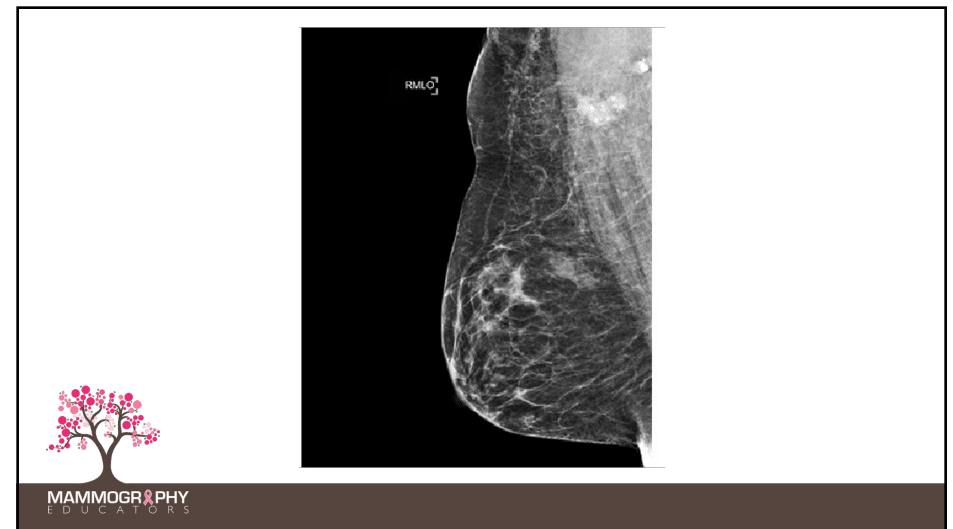
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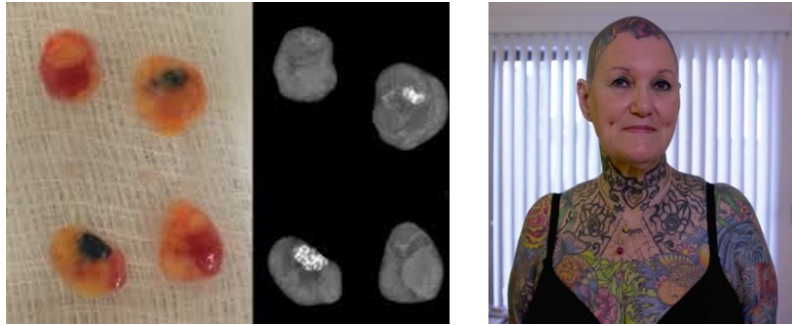


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Tattoo Ink



Bonus Point

What is the medical term of a breast(s) without a nipple?



Athelia



MammoQueen 2025



Thank You!

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