

# Friendship Hospital

# Beijing, China



## Case 1 Infiltrating Ductal Carcinoma IDC

**Patient Age:** 60 years

**Clinical Findings:** None

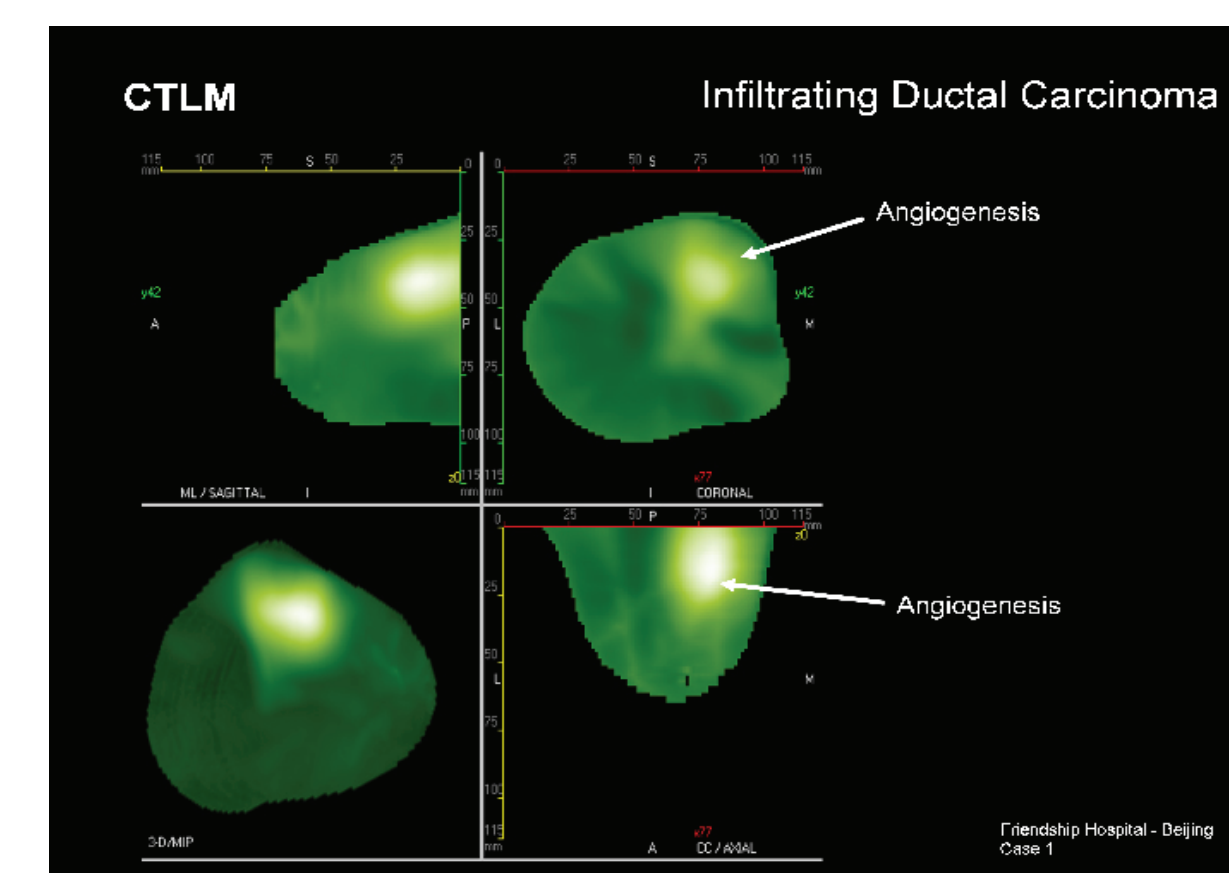
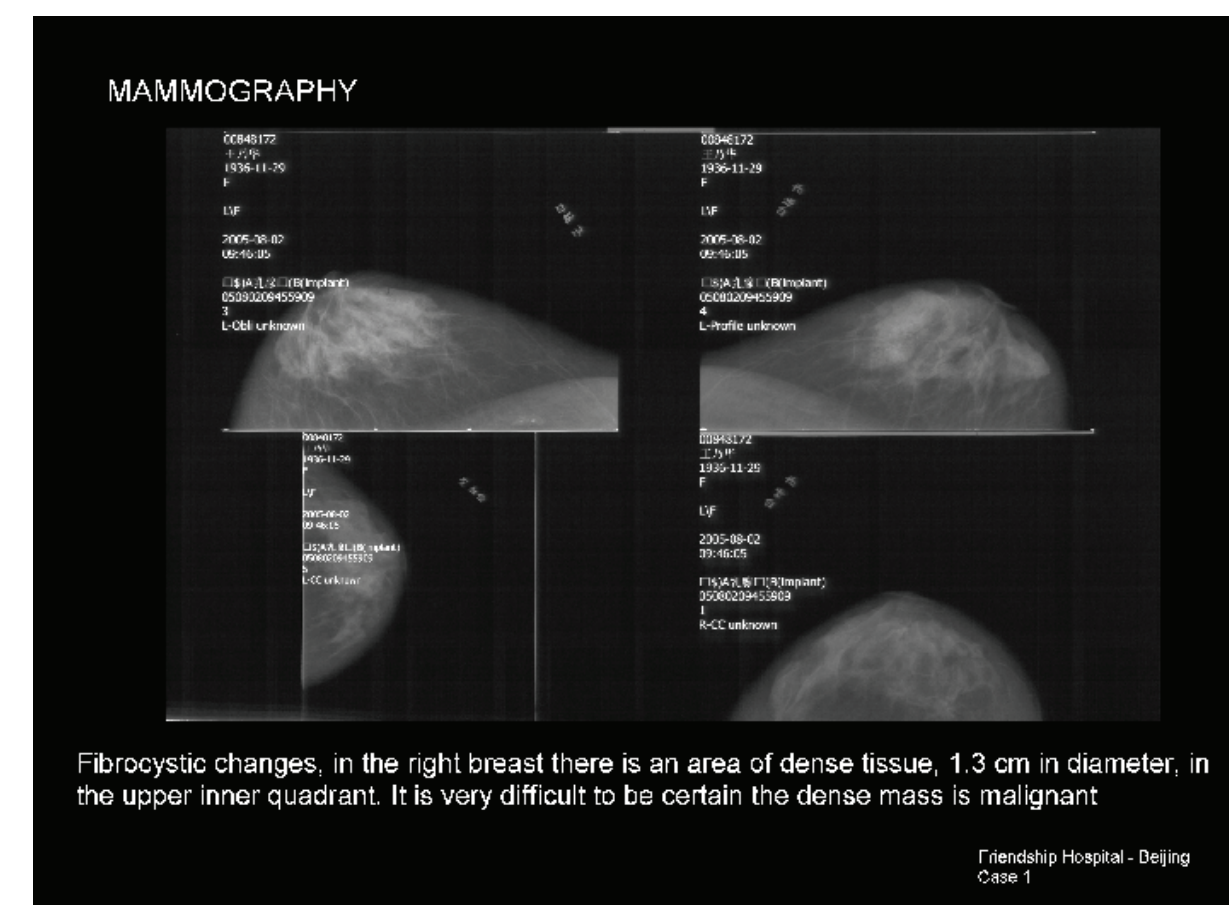
**Mammography:** Mammography of the right breast shows fibrocystic changes, and there is an area of dense tissue, 1.3 cm in diameter, in the upper inner quadrant. It is very difficult to be certain the dense mass is malignant

**Ultrasound:** Ultrasound reveals an indeterminate mass 1.0 x 1.1.cm in the upper inner quadrant

**CTLM:** FTB shows extensive angiogenesis in the upper inner quadrant

**Pathology:** Infiltrating Ductal Carcinoma (IDC) and hyperplasia

**ISDI Comment:** *The extent and intensity of the angiogenesis suggest there is a very aggressive lesion. Window and level values were adjusted to reduce normal anatomy signals, permitting the angiogenesis to be very clearly demonstrated.*



# Catholic University

Simona Gaudino, MD

## Rome, Italy



## Case 1 Cystosarcoma Phyllodes

**Patient Age:** 60 years

**Clinical Findings:** Palpable, right retroareolar mass, with rapid growth in 1 year. No skin or lymph nodes involvement; no previous MX or US. Patient has no family history of breast cancer.

**Mammography:** Large (6-cm), round, high density mass is seen, with predominantly well-defined margins, no associated calcifications, no evidence of additional masses, no skin thickening is identified

**Ultrasound:** A complex mass, with anechoic portions, septae and mural nodularity is seen. Enhancement is noted deep to the lesion; no architectural distortion, no overlying skin thickening, bilateral normal size and appearance of lymph nodes.

**Doppler US:** Doppler US interrogation demonstrates flow within the mural nodularity of the mass

**MRI:** MRI reveals a round mass, with irregular peripheral and nodular enhancement, no other suspicious enhancing foci.

**CTLM:** CTLM reveals high light absorption in the area of mural nodes. No light absorption in the cyst area.

**Pathology:** Cystosarcoma Phyllodes

**IDSi Comment:** *The CTLM study reveals particularly well that this huge mass has virtually no vascularity in its center but has a peripheral “shell” of angiogenesis thicker superiorly. Most large tumors will show this “rim angiogenesis.”*

*As the tumor outgrows the angiogenic vessels, the center usually becomes necrotic. Virtually all breast tumors over 1.5 cm in size are necrotic in the center."*

