

Volume 6, No. 1 (Supplement)

June 2011

ISSN 1823-2140

The
National University
with an
INTERNATIONAL REACH



UNIVERSITI
KEBANGSAAN
MALAYSIA
National University of Malaysia

MEDICINE & Health

The Official Journal of The Faculty of Medicine UKM

7th Malaysia Indonesia Brunei Medical Sciences Conference "TOWARDS A HOLISTIC AND INTEGRATIVE APPROACH IN HEALTHCARE"



22nd - 24th July 2011

Equatorial Hotel, Bangi, Selangor,
MALAYSIA

officiated by

Y.B Datuk Rosnah Haji Abdul Rashid Shirlin
Deputy Minister of Health Malaysia

Organised by



DO CALCIFIED FIBROADENOMATA OF THE BREAST REQUIRE ROUTINE SONOGRAPHY?

A Norlia¹, S Radhika², MR Isa³, AH Saeid³

Department of ¹Surgery, ²Radiology and ³Pathology, Faculty of Medicine, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

Background:

Calcium deposits in breast tissue result in breast calcifications. Many confuse calcification with ossification. Calcifications can occur during ossification. However, ossification does not commonly occur during calcification. Normally found on mammography, they are divided into macrocalcifications (large white dots/dashes) and microcalcifications (fine white specks like salt grains). Macrocalcifications are degenerative changes that may occur in cysts, inflammation, duct ectasia, fibroadenoma, breast arteries or trauma (injury, surgery, radiation). Fibroadenomata can form large popcorn- like calcifications.

Materials & Methods:

A 56 year old woman presented with a screen that detected a calcified fibroadenoma of the right breast. She has had several benign lumps excised from both breasts in the past. Ultrasound of this hypoechoic 0.8cm nodule was reported as suspicious (Birads 4). An ultrasound guided biopsy found hyalinised fibrous stroma surrounding glands with fibroadipose tissue. We were concerned of a non-representative specimen. She then underwent a hookwire localization excision of this lesion.

Results:

This 1.5cm operated specimen had focal areas of osseous metaplasia consisting of bone trabecule and bone marrow formation. There was florid hyperplasia and apocrine metaplasia without atypia or malignancy. She is followed up with an annual physical examination and a mammograph every other year.

Conclusion:

As macrocalcifications are almost always benign, many choose to ignore them. McDermott has described differentiating a calcified fibroadenoma from an aggressive osteogenic sarcoma based on its association with soft tissue density on mammographs. Calcified fibroadenomata should be assessed with ultrasound as well, to avoid missing suspicious lesions, as in this case. Osseous metaplasia may occur in fibroadenoma, fat necrosis, phyllodes tumour, primary osteosarcoma and primary pleomorphic adenoma. A malignant phyllodes tumour with osteosarcomatous component has been described occurring in a benign lesion with osseous metaplasia seen two years earlier. Tissues with osseous metaplasia should be excised to achieve comprehensive pathological assessment.

Keywords:

calcified, fibroadenoma, osseous, metaplasia, sonography