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Title: Clinical value of core needle biopsy in screening of mastopathy without obvious mass

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关键词: [无肿块乳腺疾病](#); [空芯针穿刺](#); [病理诊断](#)

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摘要: 目的 评价空芯针穿刺活检 (core needle biopsy, CNB) 在无明显肿块的乳腺病变诊断中的应用价值。 方法 选择2011年5-12月我科门诊以乳房疼痛和乳房包块为主要症状就诊者, 触诊单侧乳房呈非对称性大团块状或斑片状腺体增厚; 经彩超及钼靶检查双乳BI-RADS分级 ≤ 3 级; 经三苯氧胺或抗乳腺增生中成药治疗1个月以上症状不能改善或效果不佳。行空芯针穿刺活检, 将乳腺病变的临床触诊表现和病理组织学诊断进行比较分析, 并对穿刺病理结果提示为不典型增生的患者进行随访。 结果 共891例经空芯针穿刺病理检查。组织学诊断为浸润性导管癌5例, 导管内癌 6例, 恶性淋巴瘤1例, 导管上皮不典型增生35例, 其余为乳腺良性病变。35例不典型增生患者失访6例; 接受手术治疗22例, 手术后病理提示浸润性导管癌11例, 导管内癌5例, 腺病伴不典型增生6例; 另7例不同意手术仍随访观察。 结论 对临床触诊单侧乳房非对称性大团块状、斑片状腺体增厚者, 若经药物治疗无明显改善或效果不佳时, 应行空芯针穿刺病理检查以排除乳腺癌或癌前病变。

Abstract: **Objective** To evaluate the clinical value of core needle biopsy (CNB) in the diagnosis of mastopathy without obvious mass. **Methods** From May to December 2011, 891 patients were enrolled in the study, with the following including criteria: with breast pain and mass (asymmetrical mass or patchy glands thickening in unilateral breast); with Breast Imaging Reporting and Data System (BI-RADS) at 0 to 3 by molybdenum target mammography or color Doppler

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ultrasonography; with no obvious improvement after treatment with tamoxifen or Chinese herbal products. They all accepted CNB. The clinical manifestation in palpation and histopathological changes were correlatively analyzed. The patients diagnosed with atypical hyperplasia were followed up. Results According to the results of CNB, 5 patients was diagnosed as invasive ductal carcinoma, 6 intraductal carcinoma, 1 malignant lymphoma, 35 atypical ductal hyperplasia, and the rest were benign diseases of breast. Among these 35 patients with atypical ductal hyperplasia, 22 patients accepted operation, and 11 of them were identified as invasive ductal carcinoma, 5 intraductal carcinoma and 6 adenosis and atypical ductal hyperplasia. The left 7 patients refused operation and remained in the follow-up. Conclusion For the patients with asymmetrical mass or patchy glands thickening in unilateral breast, CNB should be performed on the patients having no obvious improvement or poor outcome after drug treatment in order to exclude breast cancer or precancerosis.

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