

ASPECTS OF IMAGE OF RADIAL SCAR / COMPLEX SCLEROSING LESION

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BACKGROUND: The radial scar / complex sclerosing lesion (RS / CSL) is a benign breast disease, microscopic most, with a diameter 0.1 to 0.6 cm, often multiple and bilateral. The detection has become more frequent with increased screening mammography exam. The incidence reported in the literature is 0.3-0.9 per 1,000 screening mammograms. When detected in generally larger than 5 mm mammography, forming stellate or spiculated structures with radiolucent center. However, these findings are not specific and can be found in infiltrative carcinomas. They are rare before age 30 and more frequent among 40-60 years. They are not true scars. Idiopathic are unrelated to trauma or previous surgery. The clinical significance comes from the resemblance to the starry carcinomas in mammography and association with atypical hyperplasia and cancer by at least 10-40% of cases.

HYPOTHESIS: It is presented a case series of patients with radial scar / complex sclerosing lesions, which initially performed mammograms and ultrasound. There are cases that were complementary to MRI. The most illustrative imaging findings are presented, along with clinical and pathological data.

METHODS: There is a relationship between CR and carcinoma, especially the tubular. The presence of carcinoma, atypical hyperplasia and lobular neoplasia in some CRs reaches the range of 13.6% to 53.5%. Some authors have suggested that tubular carcinoma comes from the CR. However, no clear frequency of progression to CR tubular carcinoma. DCIS when present and associated with CR, is usually low grade, the cribriform type, solid and / or micropapillary. Lobular neoplasia was proliferative lesions most commonly associated with CR. More recently, it indicates that the CR is an independent risk factor for the development of breast cancer with a relative risk of 1.8, and the highest risk in patients with CR greater than 4 mm and when atypical hyperplasia coexist with CR

RESULTS: The present study is intended to demonstrate the various presentations of RS / CSL in mammography, ultrasound and MRI, as well as their association with atypical hyperplasia and carcinoma. Medical experts in breast disease should be aware of the limitations of mammography in the diagnosis of CR, the challenges of making an accurate histopathological diagnosis and increased risk for developing breast cancer in patients with CR.