



# Breast Biopsy with Placement of SCOUT® Reflector

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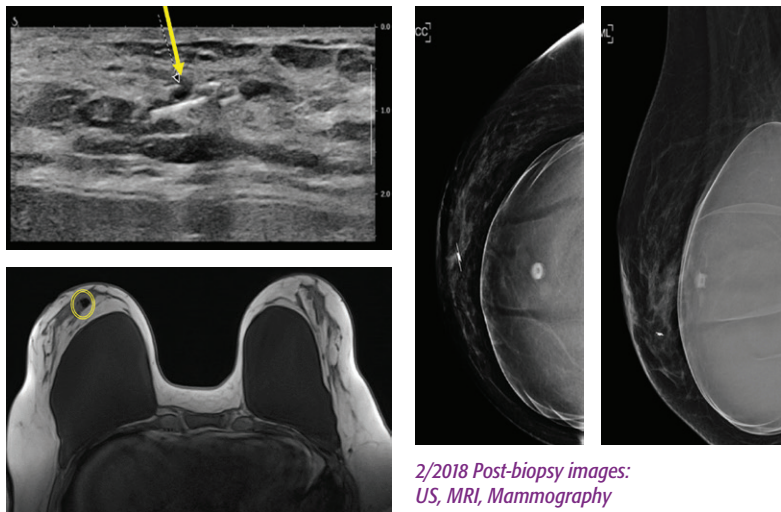
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**Patient:** 50-year-old female

**Diagnosis:** Bloody nipple discharge

**Rx:** Breast biopsy with placement of SCOUT reflector

**Challenge:** Streamlining redundant multi-day appointments with multiple image guided breast interventions into single-day appointment workflow



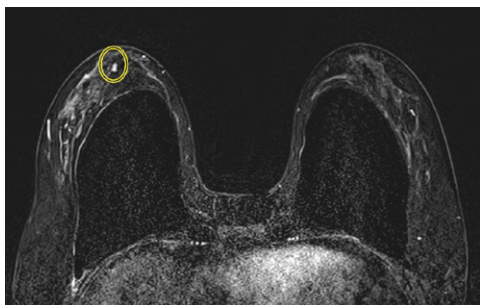
2/2018 Post-biopsy images: US, MRI, Mammography

**Patient History**

A 50-year-old female with saline implants underwent routine screening mammogram/ultrasound in December 2017. This showed cystic mastopathy and no suspicious abnormalities. Follow up routine physical exam revealed a single orifice pathologic (bloody) right nipple discharge. February 2018 workup with breast MRI showed a right retroareolar 7 mm enhancing breast mass. The surgeon requested a streamlined single day breast imaging and intervention appointment to include: 1) a targeted right retroareolar second-look ultrasound, 2) ultrasound-guided biopsy of the right breast mass, and 3) placement of a SCOUT reflector to guide surgery.

**Biopsy with Reflector Placement**

During the streamlined appointment in February 2018, the second-look ultrasound revealed a mass in the right retroareolar breast, and was felt to correspond to the MRI finding. The patient was immediately



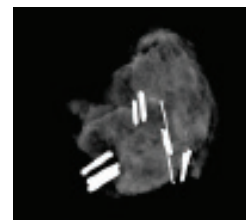
2/2018 MRI Right Retroareolar 7mm mass

forwarded for ultrasound-directed core needle biopsy with SCOUT localization to serve as both a clip and localization device.

Post-procedure mammography and MRI (non-contrast clip series) confirmed that the biopsied lesion, marked with SCOUT correlated with the MRI finding and that the implant remained intact. Pathology of the biopsy was a sclerosing intraductal papilloma.

**Surgery**

In April 2018, the surgeon performed right breast excision of the symptomatic papilloma via SCOUT localization. Since the tumor was located retroareolar and the patient was concerned with cosmesis and wanted to maintain an intact breast implant, a single periareolar incision was used to minimize surgical scar. The 6x7 mm papilloma tumor was excised using the SCOUT surgical guidance system. Implant was intact.



4/2018 Specimen X-ray

**Pathology**

The pathology report of the surgical excision documented removal of a 0.7 cm sclerosing intraductal papilloma.

**Postoperative Course**

The patient recovered well with no complications. The single periareolar incision allowed for minimal scar and excellent cosmetic outcome.

**Conclusion**

The surgeon and radiologists utilized a same day streamlined image-guided interventional care plan to optimize workflow for the patient and the treating teams. This streamlined the patient care approach, minimized redundant multi-day image guided interventions and provided the surgeon with an optimal approach for incision, excision, and best cosmesis with an intact implant for the patient.