

Diagnostic Value of Frozen Section in Patients with Non-Palpable Breast Lesions

Hacı Hasan Abuoglu¹, Emre Günay¹, Oğuzhan Sunamak¹, M. Rafet Yiğitbaşı²

¹Haydarpaşa Numune Training and Research Hospital General Surgery Clinic Üsküdar, İstanbul, Turkey

²Central Hospital Medical Director Kadıköy, İstanbul, Turkey

Abstract

Aim: We analyzed wire-marking, frozen section (FS) and surgical approach in malignancy-suspicious non-palpable lesions detected on mammography (MG) and ultrasonography (US) as breast mass, microcalcifications and distortions.

Material and Methods: A hundred patients in whom wire-marking and frozen section analysis was performed because of non-palpable, malignancy-suspected breast lesions at General Surgery Department, Goztepe Training and Research Hospital, İstanbul were analyzed retrospectively.

Results: Seventy-six % of the cases was in BIRADS 4, 21% in BIRADS 3 and 3% BIRADS 5, according to Breast Imaging Reporting and Data System (BIRADS) classification. There was a statistically significant correlation between paraffin block (PB) and frozen section analyses (kappa statistics: 0.872; $p < 0.01$). In BIRADS 4 group of the patients, there was a significant correlation between PB and FS results (Correlation ratio was 85.3% and kappa statistics: 0.853; $p < 0.01$).

Conclusion: In early stage breast cancer wire-marking and resection method is an important diagnostic tool. In BIRADS 4 patients with non-palpable breast lesions, wire marking, resection under general anesthesia and FS can be used trustfully. In patients with early breast cancer, breast-conserving surgery and sentinel lymphnode biopsy may avoid unnecessary axillary lymph node dissection.

Key words: breast cancer, frozen sections, non-palpable breast lesion, image-guided biopsy, breast-conserving surgery