

Male breast lesions: which abnormalities really need core needle biopsy?

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ABSTRACT

Aims and background. The purpose of the study was to identify clinical, mammographic or sonographic abnormalities of the male breast that require histological characterization.

Methods and study design. Clinical and imaging features of 31 male patients with breast lesions were retrospectively evaluated and correlated with core needle biopsy results.

Results. Seven of 31 (22.6%) lesions proved to be malignant and 24 of 31 (77.4%) benign, with a benign/malignant ratio of 4.4:1. In the case of a suspicious clinical presentation (firm mass, nipple retraction) and/or the presence of risk factors for breast cancer (BRCA2 mutation, previous breast cancer), core needle biopsy always demonstrated malignancy. All malignant lesions identified on mammography (4 of 7) appeared as a mass. Benign lesions detected on mammography (21 of 24) presented as an area of increased density (20 of 21) more frequently than a mass (1 of 21).

Conclusions. Sonographic features of cancers were not different from those of benign lesions. Clinical and mammographic findings, along with patient history, can be useful in the identification of male breast lesions that require core needle biopsy. **Free full text available at www.tumorionline.it**

Key words: core needle biopsy, gynecomastia, male breast carcinoma.

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Received February 7, 2009;
accepted November 10, 2009.