A B S T R A C T

Aim: This paper describes our experience of 20 cases identified in the FEA vacuum core biopsy.

Background: Screening mammography has contributed to the increased recognition of early cancer, premalignant and preinvasive breast lesions. A premalignant lesion called FEA (flat epithelial atypia), although rarely recognized as the only lesion in the core biopsy, is a major challenge in clinical proceedings. Increasing recognition is associated with an increasing use of the vacuum core biopsy as a tool for verifying nonpalpable lesions identified by mammography, and suspected of being breast cancer.

Materials and methods: Of 4326 mammotome biopsies performed at our institution in 2000–2006, FEA was diagnosed in 20 patients (0.46%). These patients underwent surgery for reexcision. Data were collected for clinical, radiological and pathological findings to assess factors associated with the underestimation of invasive lesions.

Results: Among 20 patients with FEA diagnosis, the mean age was 59.6, range 52–71. When compared to the ADH group (mean age 55.45), the FEA patients were found to be statistically significantly older ($p = 0.0002$). Two patients 2/20 (10%) showed underestimation, with invasive cancer on the final pathology were G1 tubular cancer T1b, and G2 lobular cancer T1a.

Conclusion: Although FEA is rarely diagnosed as the only lesion in a core biopsy, the ever more common use of this diagnostic technique forces us to establish a clear clinical practice. The problem is the underestimation of invasive lesions in the case of primary diagnosis of FEA. It seems that some percent of these cases can be identified by certain radiological or pathological features, thus helping implement appropriate clinical management.

Keywords: Flat epithelial atypia; Breast cancer; Core needle biopsy