Suspicious breast pseudocalcifications

Nuno André Almeida Costa, Gisela Rio, João Garrido Santos

DESCRIPTION
We present a follow-up case of an invasive right ductal breast carcinoma in a 72-year-old woman.

A follow-up mammography study (figure 1) performed 1 year after right lumpectomy (wide local excision) shows postsurgical changes in the right breast and reveals ‘de novo’ coarse/amorphous microcalcifications in the left breast axis. Some of these calcifications show radiolucent centre, and can only be depicted in the cranio-caudal mammographic images, raising concern for hypothetic cutaneous location, although presenting suspiscious features. Cancer biomarkers and clinical status were unremarkable.

An ultrasound (US) evaluation was further advised. The patient was told not to apply any cream, lotion or deodorant on the day of the US study. Two weeks later, the patient was referred for the US examination. The evaluation was unremarkable. On the same day, a mammography study was repeated (figure 2) revealing total absence of the calcifications previously seen.

The patient reveals previous use of a zinc-based ointment on the breast sulcus, which she applied on the day of the first mammographic study. Ointment, deodorant and talcum may contain radiopaque components such as zinc, aluminium and magnesium, which may simulate calcifications at mammography.1 2

Artefacts reduce the quality of mammograms and may mimic or obscure abnormalities and cause interpretation errors.3

This case highlights the importance of obtaining high-quality mammographic images for accurate diagnosis as mammographic artefacts may obscure the true abnormalities or create pseudolesions.

Learning points
- Ointment, deodorant and talcum may contain radiopaque components such as zinc, aluminium and magnesium, which may simulate calcifications at mammography.
- To prevent these artefacts, technologists should inform the patients, in advance, not to wear powder, deodorant and body cream or ointment prior to the mammographic examination.
- Mammographic artefacts may obscure the true abnormalities or create pseudolesions.

Contributors NAAC, GR and JGS: substantial contributions to the conception or design of the work, or the acquisition, analysis or interpretation of data. NAAC: drafting the work or revising it critically for important intellectual content; final approval of the version published; agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

REFERENCES