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Atypical lobular hyperplasia and lobular carcinoma in situ without other high-risk lesions diagnosed on vacuum-assisted core needle biopsy. The problem of excisional biopsy

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ABSTRACT

Aims. Verification of clinical procedure in patients with primary diagnosis of lobular carcinoma *in situ* and atypical lobular hyperplasia found on the basis of 11-gauge mammotomic biopsy.

Material and methods. A retrospective evaluation of 4326 mammotomic biopsies carried out in one clinic by three oncological surgeons in view of the diagnosed lobular carcinoma *in situ* or atypical lobular hyperplasia without concomitant invasive lesions. Biopsies showed that lobular carcinoma *in situ* or atypical lobular hyperplasia were concomitant lesions with benign changes of the mammary gland.

Results. Of 16 cases of lobular carcinoma *in situ*, invasive ductal cancer was observed in 2 patients, invasive lobular cancer in 2 patients, and ductal carcinoma *in situ* in 1 case. Seven patients did not undergo surgery but were kept under intensive oncological supervision. Of 17 cases of atypical lobular hyperplasia, after surgery it turned out that there were 4 cases of invasive ductal cancer and 1 case of ductal carcinoma *in situ*. Five patients did not undergo surgery but were kept under intensive oncological supervision.

Conclusions. After initial mammotomic diagnosis of lobular carcinoma *in situ*, invasive carcinoma or ductal carcinoma *in situ* was found in 31.25% of the cases and atypical lobular hyperplasia in 29.4%. This suggests that lobular neoplasia on core needle biopsy should prompt surgery. The open question is what factors are associated with the lower probability of concomitant invasive cancer. It seems that for isolated microcalcifications, which are totally removed in core biopsy, we can offer a close follow-up. We will have to wait for a follow-up longer than 2 years to be sure that surveillance is recommended for totally removed isolated microcalcifications.

Key words: atypical lobular hyperplasia, core needle biopsy, lobular carcinoma *in situ*, lobular neoplasia.

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