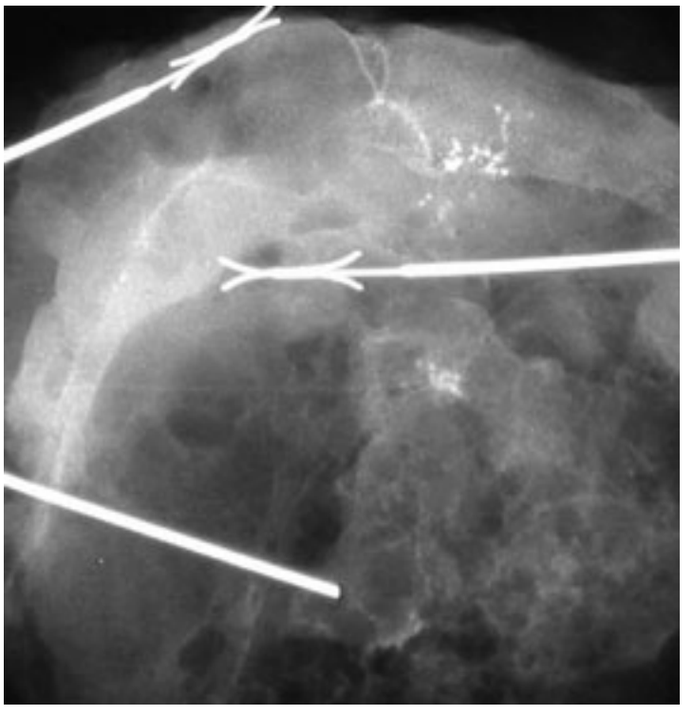
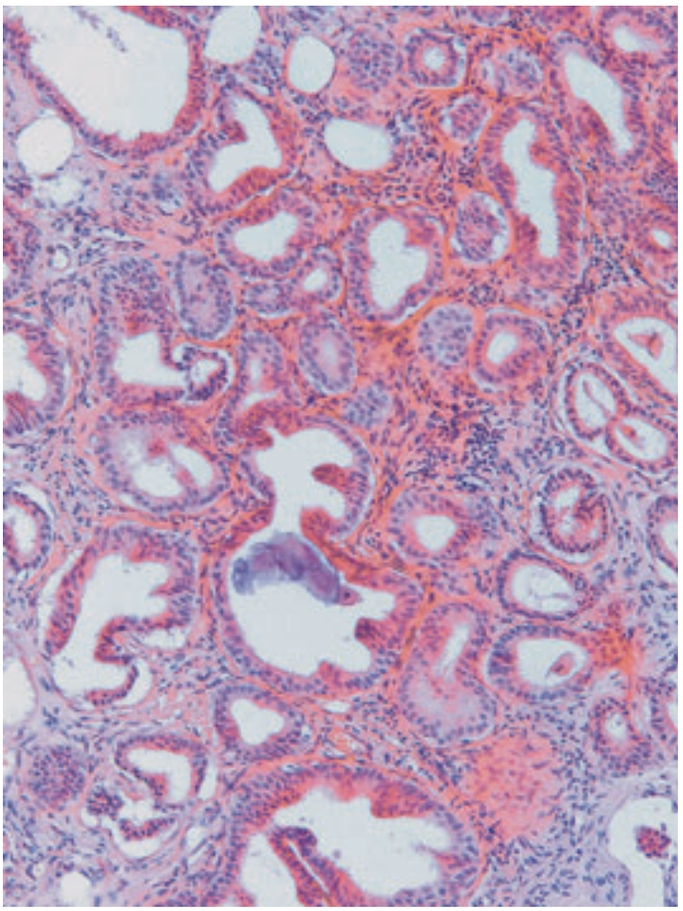
Fig. 4.25 **Borderline area between DH, ADH, and carcinoma.** *(continued)*



c Specimen radiograph with three localizing wires and the main calcification cluster.



d Histologic section of the calcifications. The sections were evaluated by three pathologists.

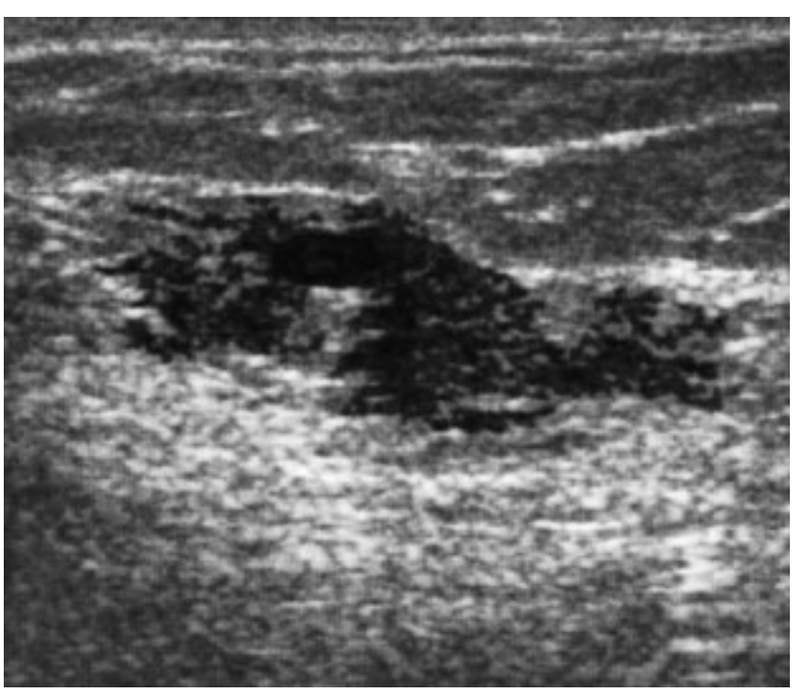
Question on Fig. 4.25

Which statement is correct?

(**a**) Benign calcifications were removed with clear margins.
(**b**) Malignant calcifications were removed with clear margins.
(**c**) Benign calcifications were not removed with clear margins.
(**d**) Malignant calcifications were not removed with clear margins.

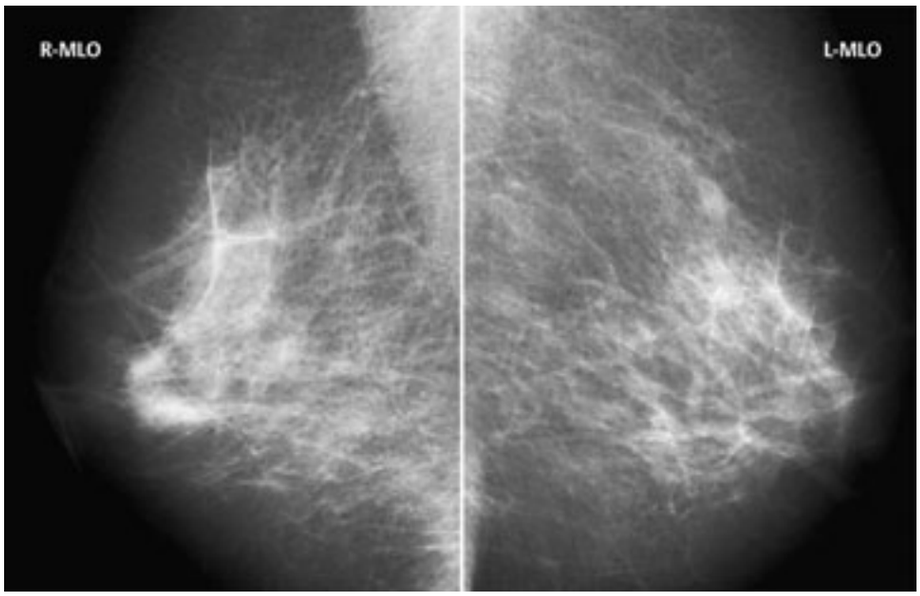
→ Answer on p. 347

Fig. 4.26 **A 62-year-old woman with an 18-month history of recurrent galactorrhea** from a single duct in one breast. She had no other clinical abnormalities and no family history of breast cancer (similar to the case in **Fig. 5.114 a**, p. 245).

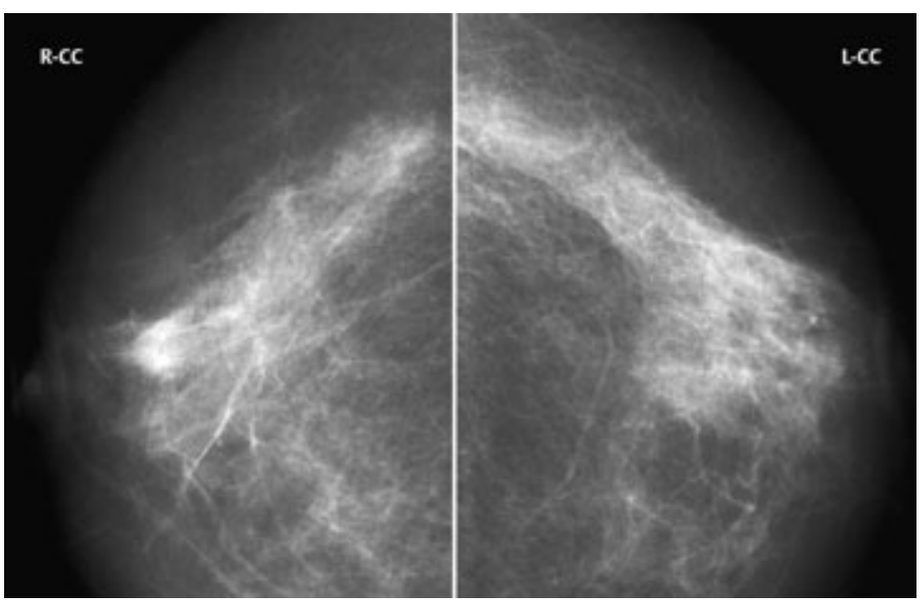


a Ultrasound scan of shows a 1.2 × 0.8 × 0.8 cm nodule with smooth margins and a well-circumscribed central hypoechoic cyst. The surrounding tissue is rich in stroma and appears normal.

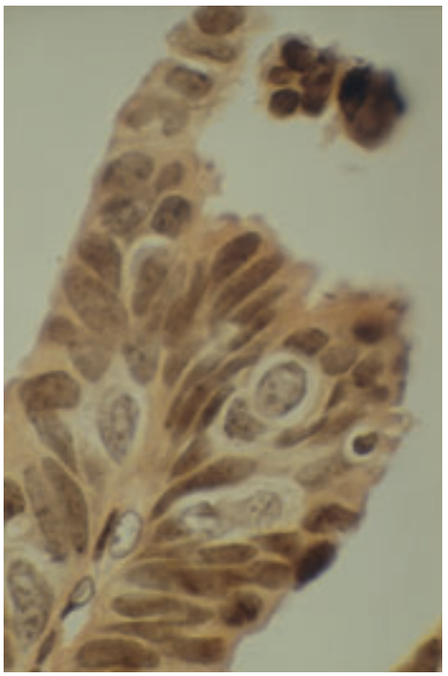
Fig. 4.26 **Recurrent galactorrhea.** *(continued)*



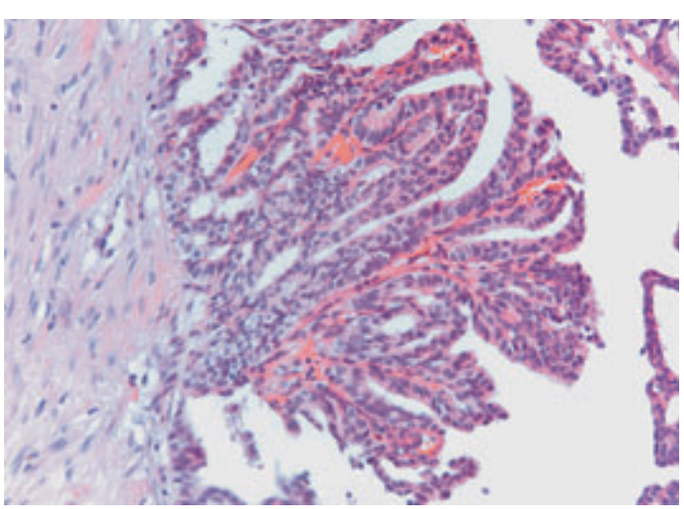
b Bilateral oblique mammograms (magnified views). (ACR 2, BIRADS?, P**G**MI).



c Bilateral craniocaudal mammograms (PG**M**I).



d Cytology: fine-needle aspiration (FNA) yields elongated cells with a narrow cytoplasmic rim that are arranged in a "school of fish" pattern.



e Histologic section shows intraductal proliferation with cells similar to those in **d**.

Question 1 on Fig. 4.26

Where is the tumor located in the mammogram? (Give coordinates.)

Question 2 on Fig. 4.26

How would you interpret the lesion based on clinical, cytological, sonographic, and mammographic findings?

(**a**) Fibroadenoma
(**b**) Medullary carcinoma
(**c**) Intacystic or intraductal papilloma

→ **Answers on p. 347**