



# The Accuracy of Ultrasound in Diagnosis of Palpable Breast Lumps

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## Abstract

To find the sensitivity, specificity and positive predictive value of ultrasound in detection of palpable breast lumps and to correlate the findings of ultrasound with the findings of fine needle aspiration cytology (FNAC), or histopathology. Ultrasonographic evaluation of 100 palpable breast lumps was done in our institute in the department of radiology. Diagnosis was made considering four features of the lumps i.e. shape, margins, width: AP ratio and echogenicity. Diagnosis was confirmed by fine needle aspiration cytology or histopathology. The sensitivity of ultrasound in detection of palpable breast lumps was 95%. The incidence of breast lumps was highest in the age group of 20-29 years. Lump alone was the presentation in 78% of the cases. 54% of the lumps were present in outer upper quadrant of the breast. The sensitivity, specificity and positive predictive value of ultrasound in fibroadenoma of the breast was 81.6%, 94.7% and 91.2% respectively. The sensitivity for carcinoma of the breast was 65% and for cystic masses it was 92%. The ultrasound features that most reliably characterized breast masses as benign were round or oval shape (95% were benign), circumscribed margins (86% were benign) and width: AP ratio > 1.4 (87% were benign). Features that characterised masses as malignant were irregular shape (47% were malignant), non-circumscribed margins (41% were malignant) and width: AP ratio 1.4 (39% were malignant). Ultrasound is a useful tool in differentiation of cystic from solid masses of the breast. It is useful in young females and pregnant women where mammography is not advisable. However its role in diagnosis of carcinoma of the breast needs further evaluation before it can be used for screening of carcinoma breast.

## Keywords

Breast, Lump, Ultrasound

## Introduction

Wild & Neal in 1952 were the first to report the use of diagnostic sonography in the evaluation of breast disease (1). In palpable breast lumps, it is the scare of breast cancer which most of the times makes women consult a doctor. The early diagnosis and management of breast lumps is important because of the fact that the breast is the commonest site for development of cancer in the females and accounts for around 20 percent of all malignancies in this sex. Large number of biopsies for benign breast abnormalities has long been recognized as a serious problem (2). Excessive biopsies have adverse effect on the society and on the women who undergo them. So the accurate diagnosis of breast lumps without

resorting to formal biopsy is highly desirable both for the patient who can be quickly reassured and counseled, and the clinician who can reduced unnecessary surgery. Ultrasound is a useful modality in the workup of breast abnormalities. Although its exact role is determined by the age of the patient and the nature of the lesion, its main role has been differentiation of cystic from solid abnormalities of the breast.

The availability of ultrasound and sonologist even at the level of sub-district hospital in our state along with increased incidence and prevalence of breast masses prompted us to take this study which deals with hundred cases of palpable breast masses evaluated by ultrasound

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at our institute and confirmed by fine needle aspiration cytology or histopathology.

### Material & Methods

Ultrasonographic evaluation of 100 cases of palpable female breast masses was done in our institute between January 2003 to Feb. 2005. Ultrasound examination of the breast masses was done by an expert Sonologist in the department of radio diagnosis. The area under evaluation was immobilized and skin adequately lubricated to facilitate ultrasound transmission. The transducer was gently applied and both longitudinal and transverse scans were taken. The scans included information regarding the four features of the breast:-

- (i) Shape Round/Oval or irregular.
- (ii) Margins Circumscribed or non-circumscribed.
- (iii) Width: AP ratio > 1.4 or = 1.4
- (iv) Echogenicity Hyperechoic, Isoechoic or Hypoechoic.

On the basis of these four features an impression about diagnosis was made. The confirmation of the ultrasound diagnosis was made by fine needle aspiration cytology or histopathology which was done by an expert pathologist in the department of pathology.

### Results

Out of hundred palpable breast lumps ultrasound diagnosed the lump in 95 cases' thus the overall sensitivity of ultrasound was 95%. The maximum number of patients in our study were in the age group of 20-29 years (40%) followed by 40-49 years (19%). 62 % of the patients were married. Lump alone was the presenting symptom in 78% of the patients followed by lump with pain (18%) and lump with discharge from the nipple (4%). The average duration of the symptoms was 5.82 months. 54% of the masses were present in the outer upper quadrant of the breast. Both breasts were involved in 8% of the cases.

The accuracy of ultrasound in the detection of carcinoma of the breast was 65%. The cystic masses of the breast had the highest diagnostic accuracy of 92% followed by fibroadenoma (81%).

Ultrasound features that most reliably characterized breast masses as benign were round or oval shape (60 of 63 [95%] were benign), circumscribed margins (58 of 66 [86%] were benign), width: AP ratio > 1.4 (58 of 67 [87%] were benign). 81% of isoechoic and 75% of hyperechoic masses were benign. Features that characterized masses as malignant were irregular

**Table 1. Accuracy of Ultrasound in the Diagnosis of Solid and Cystic Breast Masses**

Lesion	No. diagnosed by ultrasound	No. of final diagnosis	%age of correct diagnosis by ultrasound
Carcinoma	13	20	65
Fibroadenoma	31	38	81
Fibro-adenosis	13	19	68
Cysts	14	14	100
Cystosarcoma phylloids	6	6	100
Breast abscess	3	5	60

**Table 2. Association of Ultrasonic Features with Benign and Malignant Lesions**

Ultrasound features		Tissue Diagnosis	
		Malignant	Benign
Shape	Round/oval	3 (5)	60 (95)
	Irregular	17 (53)	15 (47)
Margins	Circumscribed	8 (14)	58 (86)
	Non- Circumscribed	12 (41)	17 (59)
Width: AP ratio	> 1.4	9 (13)	58 (87)
	? 1.4	11 (39)	17 (61)
Echogenicity	Hyperechoic	0 (0)	4 (100)
	Isoechoic	8 (19)	35 (81)
	Hypoechoic	12 (25)	36 (75)

shape (17 of 32 [47%] were malignant), Non-circumscribed margins (12 of 29 [41%] were malignant), width: AP ratio = 1.4 (11 of 29 [39%] were malignant), 19% of isoechoic and 25% of hypoechoic masses were malignant. No hyperechoic mass was malignant

### Discussion

Breast diseases range from mild changes in the tissue to full-fledged malignant change. These cause considerable physical and psychological morbidity. A palpable mass in a woman's breast represents potentially a serious lesion and requires prompt evaluation.

The average age of the patient with palpable breast lumps was 41 years. The highest incidence of breast lumps was in the age group of 20-29 years (44%) followed by 40-49 years (19%). This corresponds to a great extent with that of Khanna *et al* (3) which was 39.8% in the age group of 21-30 years. Out of 100 cases in our study 95 were detected by ultrasound for the presence of lump, thus giving a sensitivity of 95%. This is in close conformity with results reported by Rubin *et al* (4) (91%), Smallwood (5) (92.5%), and better than the results reported by Fleishcher *et al* (6) (84%) and Mansoor *et al* (7) (86%). In our study 100% of the cases of malignancy were married and



all of them were more than 35 years of age. Carcinoma of the breast was histologically found in 20 cases out of which 13 were correctly diagnosed by ultrasound, thus a sensitivity of 65%. This diagnostic accuracy was better as compared to Kopans *et al* (8) (52.6%), Mansoor *et al* (7) (57.14%). Out of the 13 cases diagnosed by the ultrasound, 12 were irregular, non-circumscribed hypoechoic masses. In the study by Durfee *et al* (9) 97% of cancers were hypoechoic. Benign lesions of the breast were more readily diagnosed by ultrasound than malignant lesions. Sensitivity of the ultrasound in diagnosis of fibroadenoma of the breast was 81.6%. This is consistent with the findings of Fleishcher *et al* (6) (89%), Hyashi *et al* (10) (93%) and Mansoor *et al* (7) (81.8%).

The accuracy of ultrasound in diagnosing cystic breast lesions was 92%, which is in accordance with findings of Fleishcher *et al* (6) (96%) and Mansoor *et al* (7) (90.9%). The Ultrasound features most predictive of a benign diagnosis were oval or round shape (95% were benign), circumscribed margins (86% were benign) and width AP ratio > 1.4 (87% were benign). This was similar to the results of Rahbar *et al* (11) where in these features were present in 94%, 91% and 89% respectively. The features most predictive of a malignant diagnosis were irregular shape (53% were malignant), Non-circumscribed margins (41% were malignant) and width AP ratio = 1.4 (39% were malignant). These results were again in conformity to the results obtained by Guita Rahbar *et al* (11), where in these features were present in 61%, 50% & 40% respectively.

In another study a sensitivity value of 95%, specificity of 94.10%, positive and negative predictive values of 95.50% and 93.75% were noted (12). Similar another study suggested that Ultrasound use should be considered in most instances of a palpable breast finding, particularly in young women. A primary advantage is the ability to directly correlate the physical exam finding with imaging. Ultrasound is useful in characterizing palpable masses as well as detecting cancer in women with negative mammograms. The negative-predictive value of imaging for cancer in the evaluation of a palpable lump is very high, which may reassure women with low-suspicion palpable findings (13). Most recent study also suggests that the negative predictive value of sonography for palpable breast masses with probably benign morphology was very high (99.4%) (14).

## Conclusion

Ultrasound is a simple, time saving tool for evaluation of breast masses. It should be the first investigation to be done in young females or pregnant women where mammography is not advisable. Its sensitivity for detection of cystic masses is very high so it has a definite role in differentiation of cystic from solid masses of the breast. The sonographic evaluation of a simple cyst should eliminate the need for further invasive procedures including aspiration and biopsy. The role of ultrasound in diagnosis of carcinoma of the breast needs further evaluation before it can be used for screening of carcinoma breast.

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