

Accuracy of preoperative ultrasound staging of the axilla a single institute experience in the UK

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Abstract

Background: Axillary node status remains one of the most important prognostic factors in breast cancer. Ultrasound of the axilla is still the only way of accurately staging of the axilla. The aim of this study is to evaluate the accuracy of pre-operative staging of the axilla in patient with suspected or confirmed breast cancer using an ultrasound (USS) machine.

Methods: 142 female patients have been diagnosed with breast cancer in between March 2011- August 2011. 55 patients (screen detected), 86 (symptomatic) and one patient (family history clinic). All patients subjected to USS and core biopsy of lymph node if suspicious. Ultrasound of the axilla using a 12-16 MHz matrix line array transducer on a Toshiba Aplio ultrasound platform. The nodal morphology was recorded, including whether the outline of the node was smooth, uni or multi-lobulated with normal or absent hilum. If the lymph node was >10 mm in maximum longitudinal dimension, then a biopsy was taken. If more than one node was identified, the most morphologically abnormal node was selected for biopsy.

Result: Out of 142 newly diagnosed breast cancer, 42 abnormal lymph nodes were identified and patients has had ALND. 100 patients underwent SLNB with normal preoperative axillary USS staging. Sensitivity 70% (56-80), specificity 90%(83-95), PPV 80%, NPV

83%, false positive 17%, and false negative 16%. Positive SNB (18), 6 invasion >10mm, 5 between 5-10mm, and 7<5mm.

Conclusion: In our practice, ultrasound is still the most acceptable modality for preoperative axillary staging with an acceptable false negative rate comparing to meta-analysis.

Biography:

Dr. Talaat Alaa is an Surgeon at the Boston Breast Unit surgical Department, United Lincolnshire Hospital Trust, United Kingdom.

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