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Advancing the age limit for core biopsy for U2 ultrasound lesions: Are we ready?

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Introduction:

In November 2019 the Royal College of Radiologists (RCR) suggested that a higher age cut-off of 30 years, as opposed to 25, may be appropriate in assessment of a lump when a fibroadenoma, lipoma or hamartoma is suspected and a needle biopsy may not be required. We assessed whether this change in practice could be safely implemented, supported by local data and if we could adopt this in a multi-ethnic inner-city population.

Method:

A retrospective audit of patients aged between 25 and 30-years undergoing core biopsy for well-defined U2 lesions from December 2018 to December 2019. Review of electronic health records for clinical grading and assessment, ultrasound and histology reports.

Results:

There were a total of 46 female patients with a mean age of 27 years. All patients had benign clinical findings, P2. All ultrasound reports were U2, a fibroadenoma was mentioned in 25 and a well-defined lesion in 21. Histology confirmed B2 pathology in 40 cases (87%) [fibroadenoma in 28, benign changes 4, stromal fibrosis 3, inflammation 2, hamartoma 2 and sclerosing adenosis 1] Four cases were B1 (9%) [Minor benign changes] and 2 (4%) were B3, phyllodes cannot be ruled out. The latter 2 were excised with a final pathology of a cellular fibroadenoma in one case and benign phyllodes.

Conclusion:

Our retrospective data suggests that to raise the biopsy threshold to 30 years would potentially miss a clinically significant diagnosis in only 2% of cases. However, further prospective audit is required before adoption of the new recommendation.

Biography

Riddhi Shah is affiliated to Newham University Hospital, Barts Health NHS Trust, London, UK.

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