Microcalcifications (Core)

Ductal carcinoma in situ (DCIS) found in biopsies performed for microcalcifications will almost always be at the site of the calcifications or in close proximity.^{1,2} Some of these lesions may also include an invasive component.

The pathologist must be satisfied that the specimen has been sampled in such a way that the lesion responsible for the calcifications has been examined microscopically. The presence of the targeted calcifications in the specimen can be confirmed by specimen radiography. The relationship of the radiologic calcifications to the DCIS should be indicated.

References

- Silverstein MJ, Lagios MD, Recht A, Allred DC, Harms SE, Holland R, Holmes DR, Hughes LL, Jackman RJ, Julian TB, Kuerer HM, Mabry HC, McCready DR, McMasters KM, Page DL, Parker SH, Pass HA, Pegram M, Rubin E, Stavros AT, Tripathy D, Vicini F and Whitworth PW (2005). Image-detected breast cancer: state of the art diagnosis and treatment. *J Am Coll Surg* 201(4):586-597.
- 2 Owings DV, Hann L and Schnitt SJ (1990). How thoroughly should needle localization breast biopsies be sampled for microscopic examination? A prospective mammographic/pathologic correlative study. *Am J Surg Pathol* 14(6):578-583.