

Role of axillary ultrasound examination in the selection of breast cancer patients for sentinel node biopsy

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Background: Sentinel node biopsy (SNB) is a time-consuming procedure that can be avoided in presence of axillary metastases. The aim of this study was to assess the accuracy of ultrasound scan (US) in the prediction of axillary nodes status in patients scheduled for SNB.

Methods: Axillary US was performed and when feasible, a core-biopsy of suspicious nodes was taken. The nodal status as assessed by US and/or core-biopsy was compared with final histology.

Results: Of the 132 patients enrolled, 31 (23.5%) had suspicious axillary nodes according to US; 19 (61.3%) were true positive, whereas 12 cases (38.7%) were not. In 14 of 31 suspicious cases an US-guided core-biopsy was taken, that in 11/14 cases (78.5%) confirmed the neoplastic involvement. Overall, core-biopsy of the nodes correctly predicted the final histology in 13/14 cases (92.8%).

Conclusions: The US of axillary nodes, possibly associated with core-biopsy, improved the preoperative evaluation of breast cancer patients scheduled for SNB.