

Impact of factors involved in underestimation rate of ductal carcinoma in situ in patient with atypical ductal hyperplasia

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A typical ductal hyperplasia (ADH) is a proliferative lesion, where in some instances ductal carcinoma *in situ* (DCIS) exists simultaneously. But this co-existence may be underestimated in core needle biopsy (CNB). To date, contributing factors in co-existence of DCIS have been not elucidated completely. We conducted a retrospective study, in which all the medical records of patients who had been diagnosed with ADH from 2009 to 2017 were reviewed. All these patients had undergone surgical excision. In cases where, result of surgical excision was not compatible with result of CNB, those patients considered as underestimation rate. Multivariate analysis was performed to obtain the odds ratio for factors. Mean age of patients was 47.13 (± 8.17) years; also median age of patients was 47.50 years, ranging from 25 to 64 years. In 34 (40.5%) patients result of pathology of surgical excision was DCIS. Odds ratios are as follows: age (p-value: 0.015, odds ratio: 1.180, CI: 1.033-1.348), mass+calcification (p-value: 0.047, odds ratio: 9.625, CI: 1.027-90.211), foci>3 (p-value: 0.008, odds ratio: 10.259, CI: 1.817-57.925), segmental pattern of calcification (p-value: 0.047, odds ratio: 9.625, CI: 1.027-90.211). The underestimation rate for DCIS was 40.5%. The effective factors in predicting underestimation are: age, foci>3, mammographic features such as: concurrent existence of mass and calcification, segmental distribution of calcification. Surgical excision should be considered for all patients in the same global institutes with a high underestimation rate.

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