

# Pathologisch-anatomische Aufarbeitung von Mammaexzidaten (insbesondere bei BET)

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# Pathologisch-anatomische Aufarbeitung von Mammaexzidaten (insbesondere bei BET)

1. **Topographie-orientierte Positionierung des Exzidates auf Schablone**
2. **Mamilläre und periphere Fadenmarkierung (ggf. weitere)**
3. **Postoperative Präparate-Radiographie ( in zwei Ebenen)**
4. **Makroskopische Präparation**
  1. **Lamellierung**
  2. **Farbmarkierung**
  3. **Abgleich mit Radiogramm**
  4. **Repräsentative Gewebsentnahmen (stratografisch + farbmarkiert)**
  5. **Obligate Gewebsentnahmen mamillär, peripher, tumorverdächtige Areale (lt. Radiogramm), Umgebungsgewebe**
  6. **Keine Schnellschnitt-Untersuchung (ggf. Absetzungsrand)**
  7. **Histologie ( ggf. Nachschnitte)**

# Pathologisch-anatomische Aufarbeitung von Mammaexzidaten (insbesondere bei BET)

1. Exzidate bis ca. 3 cm Größe werden in toto eingebettet
2. >3 cm repräsentative Gewebsentnahmen

# Pathologisch-anatomische Aufarbeitung von Mammaexzidaten (insbesondere bei BET)

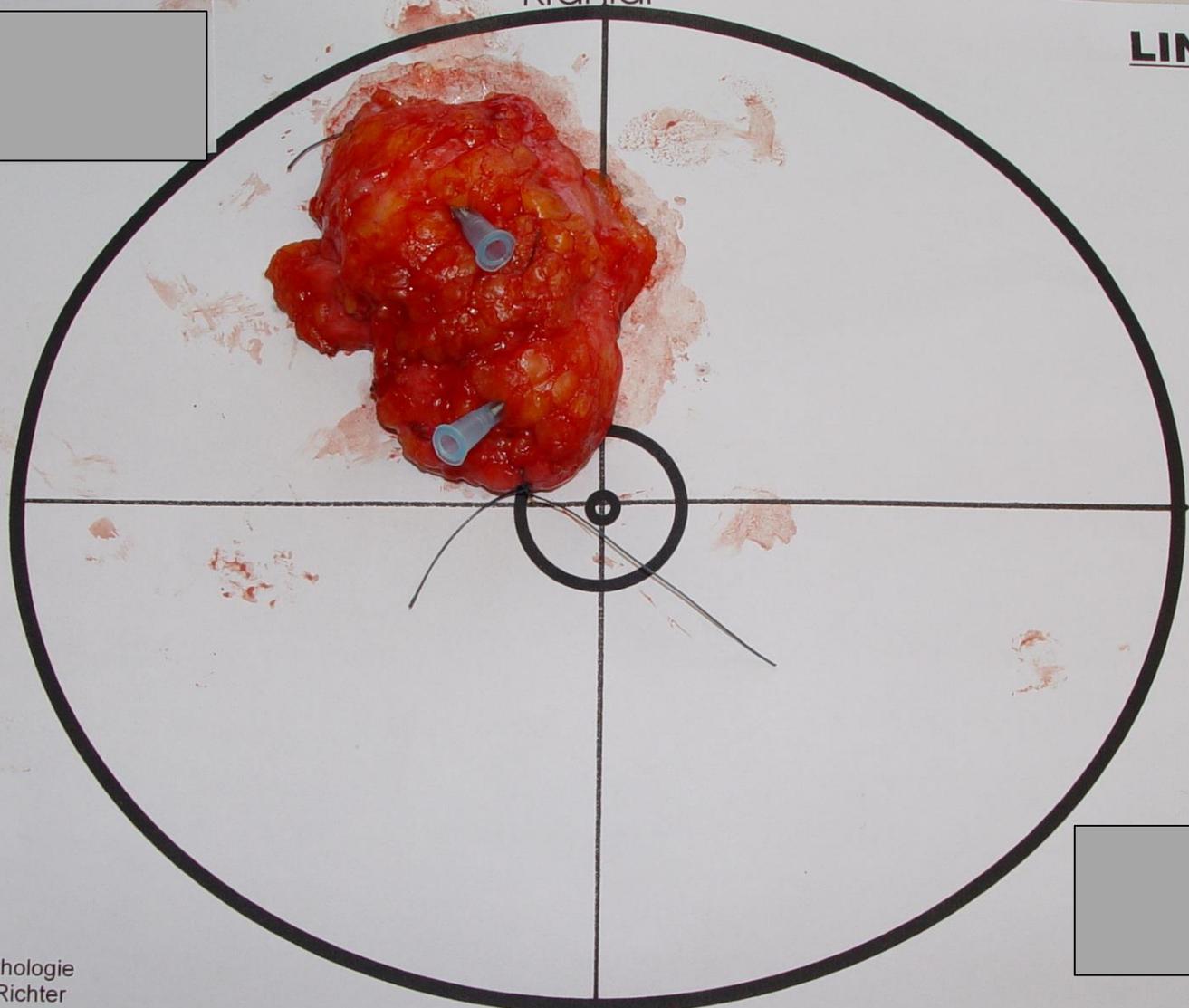
1. Mikrokalk (welcher ?)
2. Architekturstörung
3. Tumor (palpabel, Raumforderung)

## B-Klassifikation in der Stanzbiopsiediagnostik:

1. B1 ungenügend / Normalgewebe
2. B2 benigne (z.B. Fibroadenom)
3. B3 Läsionen mit unsicherem Malignitätspotential  
z.B. ADH = neu: atypische duktale Proliferation;  
LCIS = intralobuläre Neoplasie A + B,  
wobei die ALH nach der neuen Nomenklatur mit der  
intralobulären Neoplasie A identisch ist;  
radiäre Narbe; Papillom ; phylloider Tumor
4. B4 Verdacht auf Malignität
5. B5 maligne
  - a. intraduktal
  - b. invasiv
  - c. nicht sicher, ob invasiv oder nicht

Kranial

**LINKS**



Medial

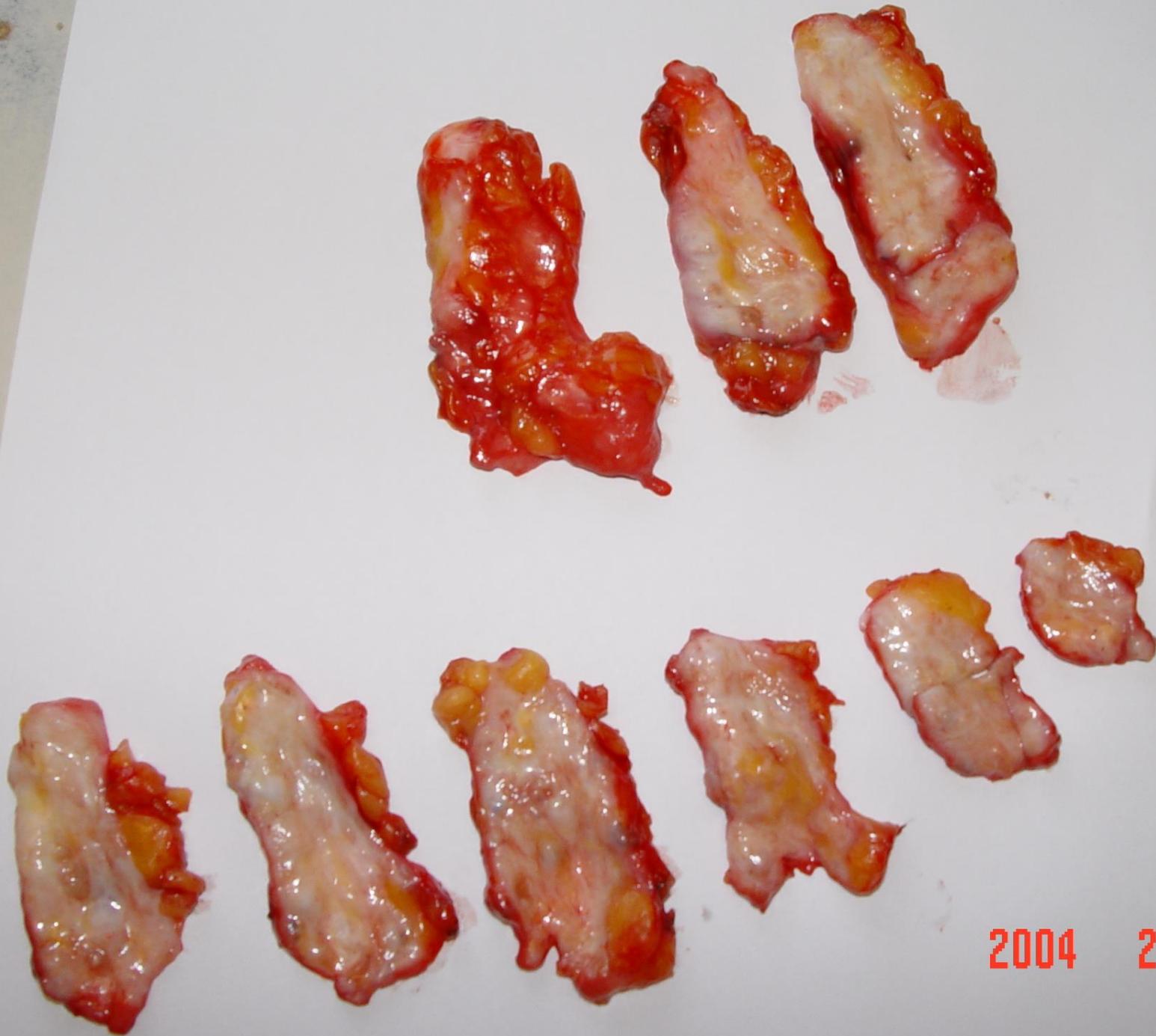
Lateral



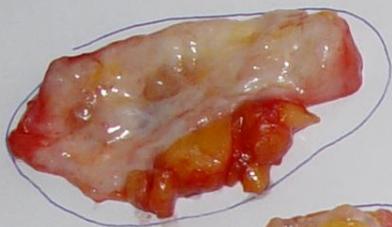
Kaudal

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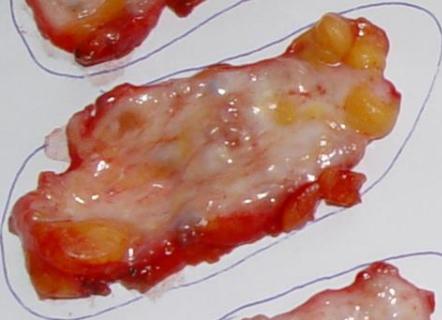
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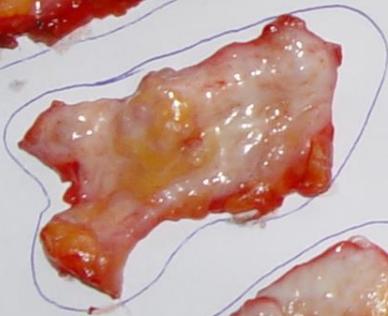
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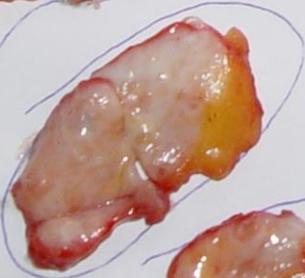
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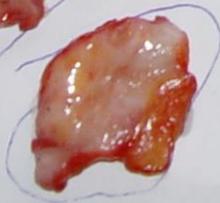
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3



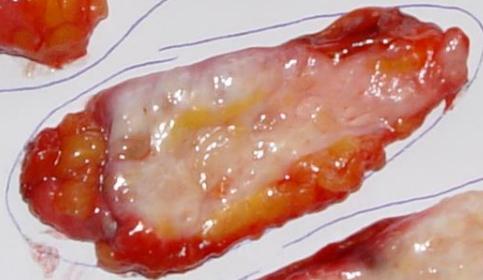
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1



9



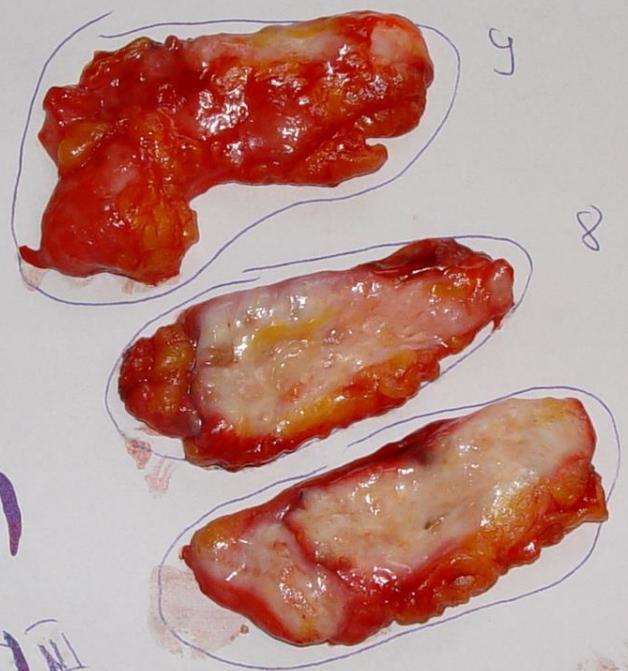
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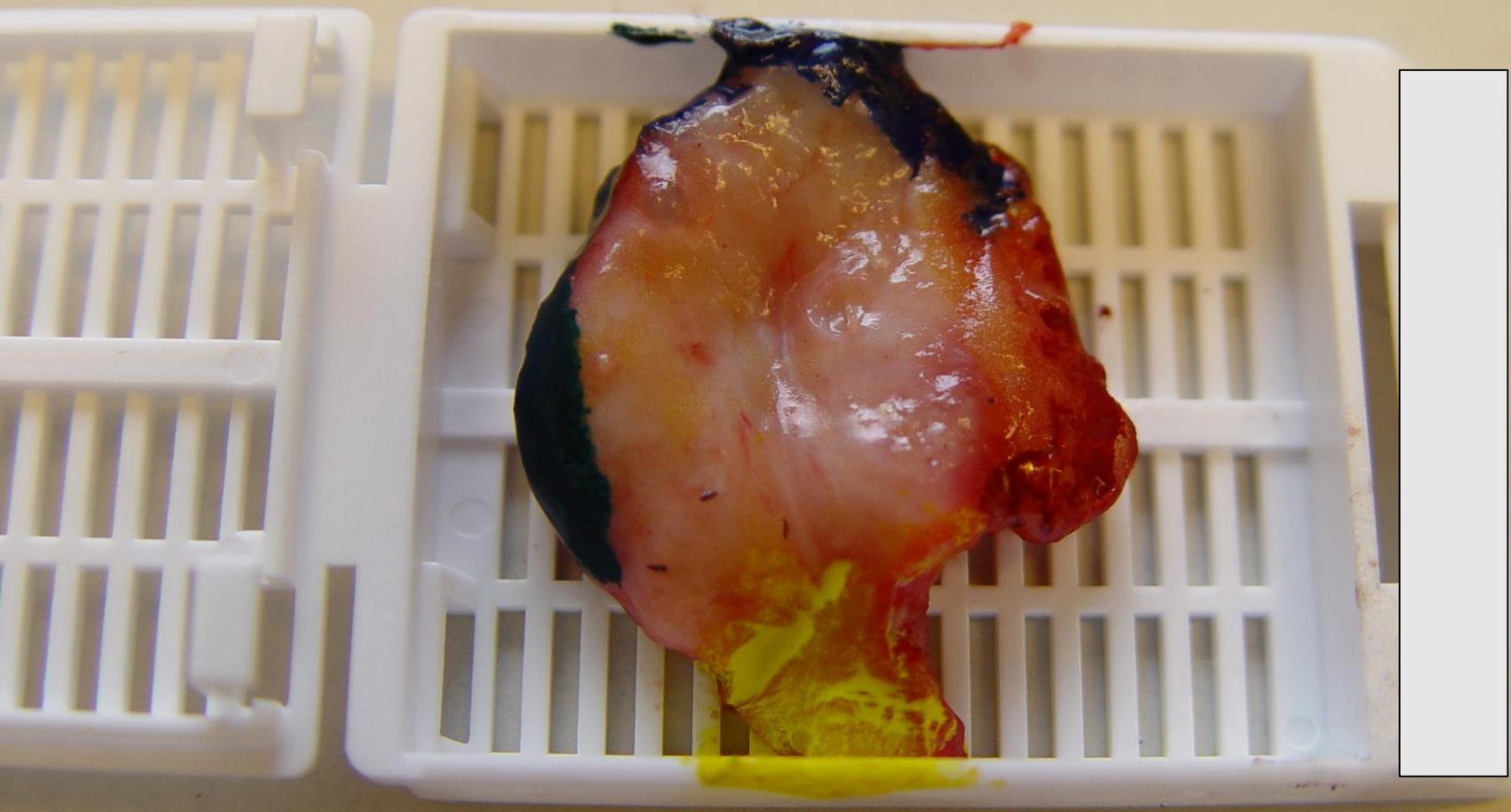
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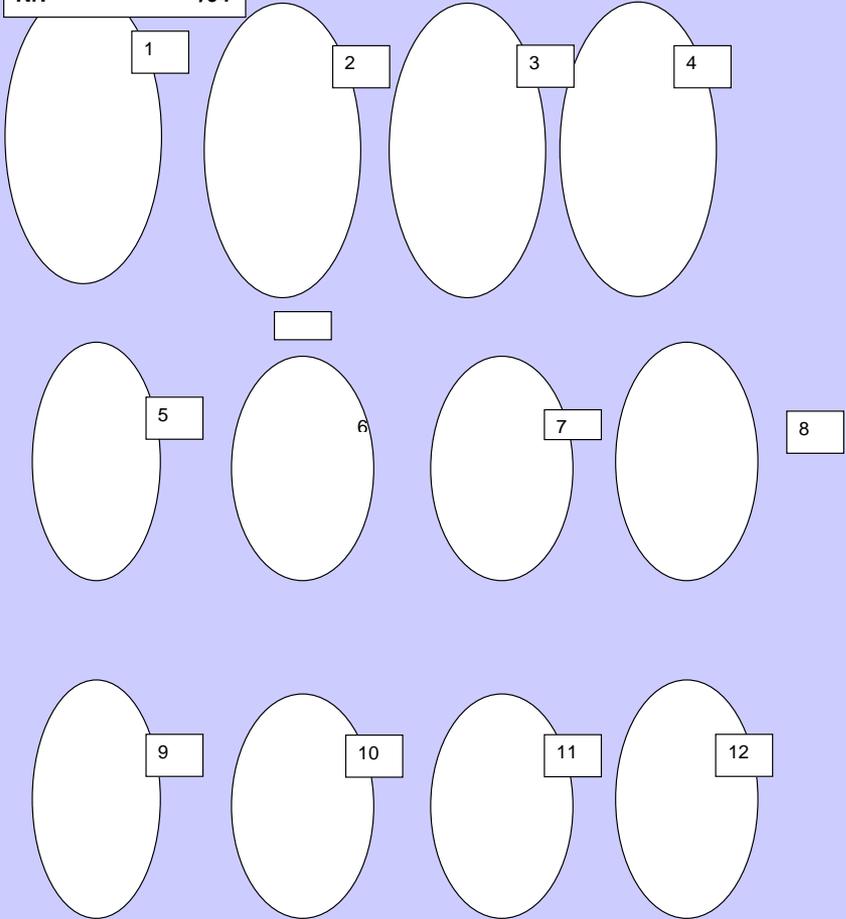


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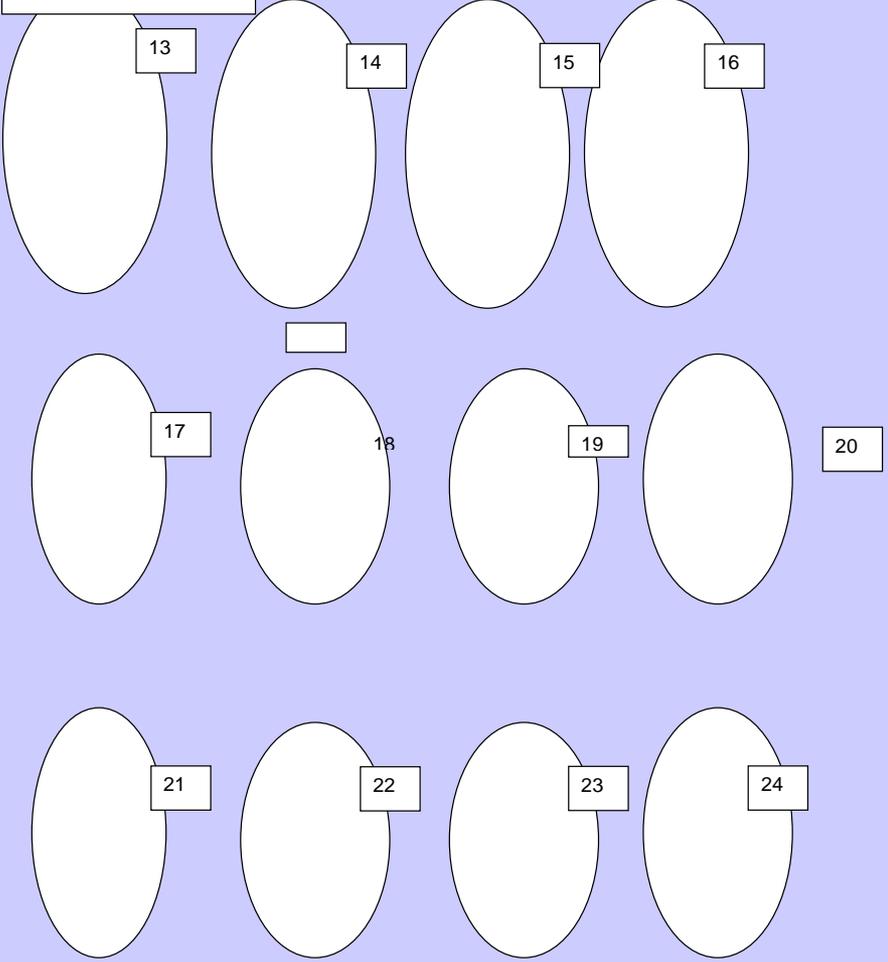


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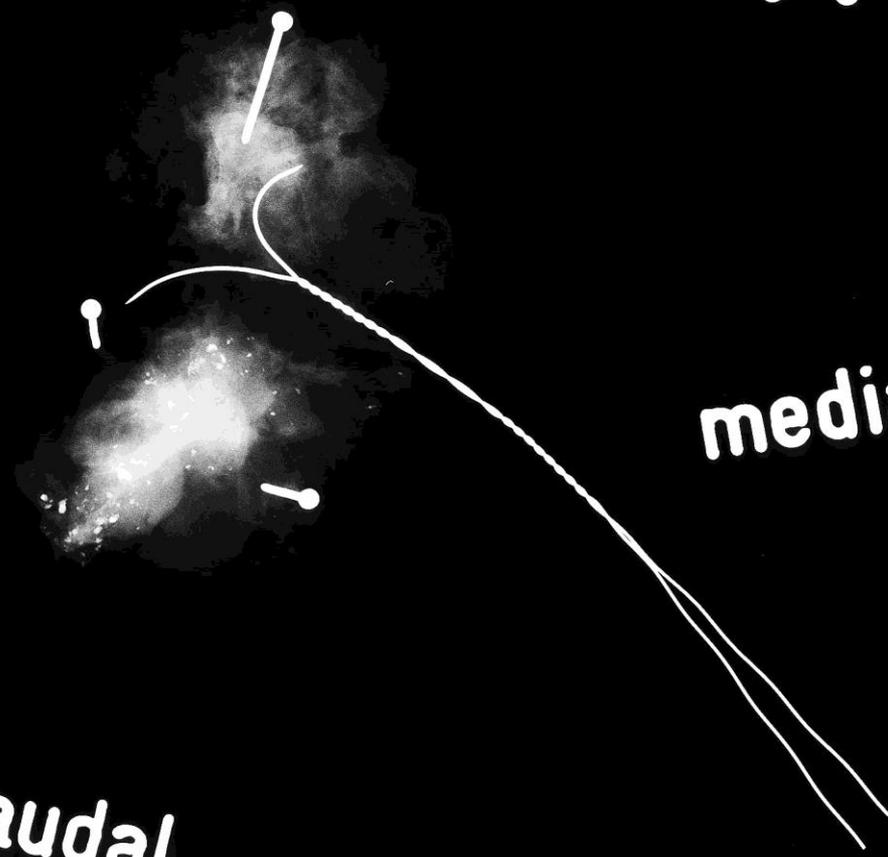
# Präparate-Radiogramm

R

lateral

medial

caudal



# Präparate-Radiogramm

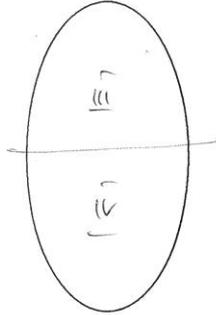


# Präparate-Radiogramm

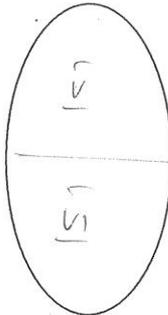


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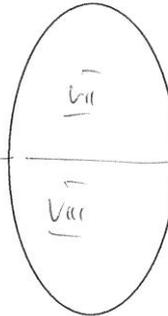
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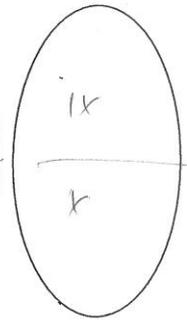
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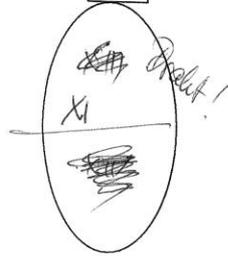
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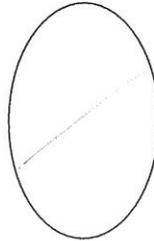
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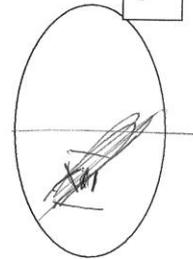
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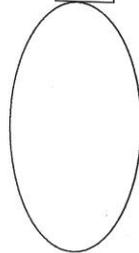
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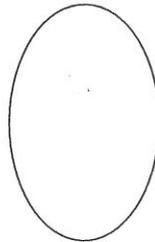
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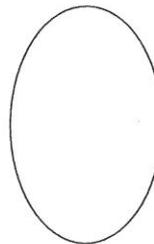
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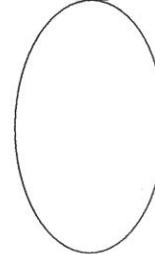
10



11



12



blau = ventral  
gelb = basal  
rot = medial  
grün = lateral  
schwarz = Teilungskelle

en-

Kranial

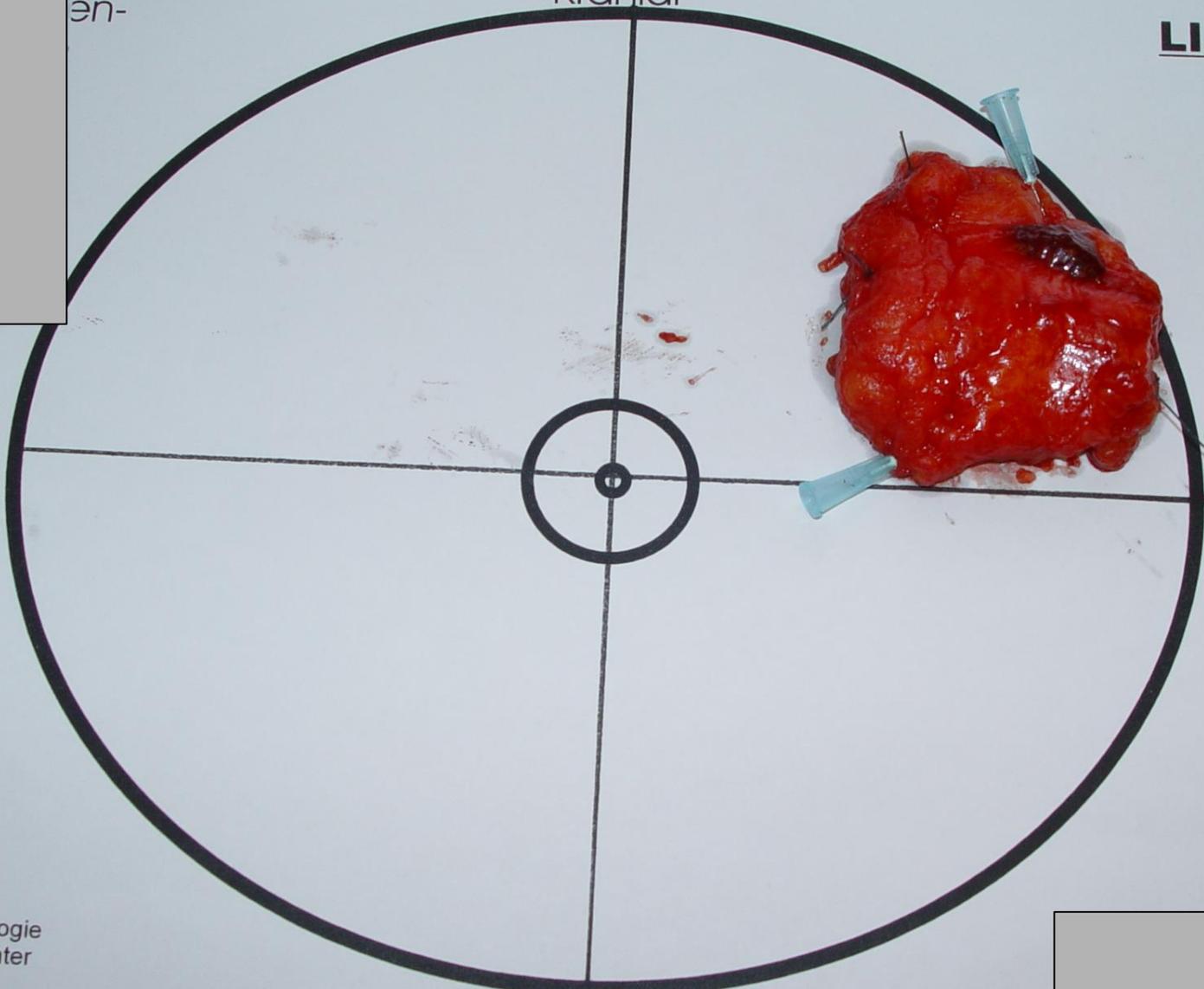
**LINKS**

Medial

Lateral

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Kranial

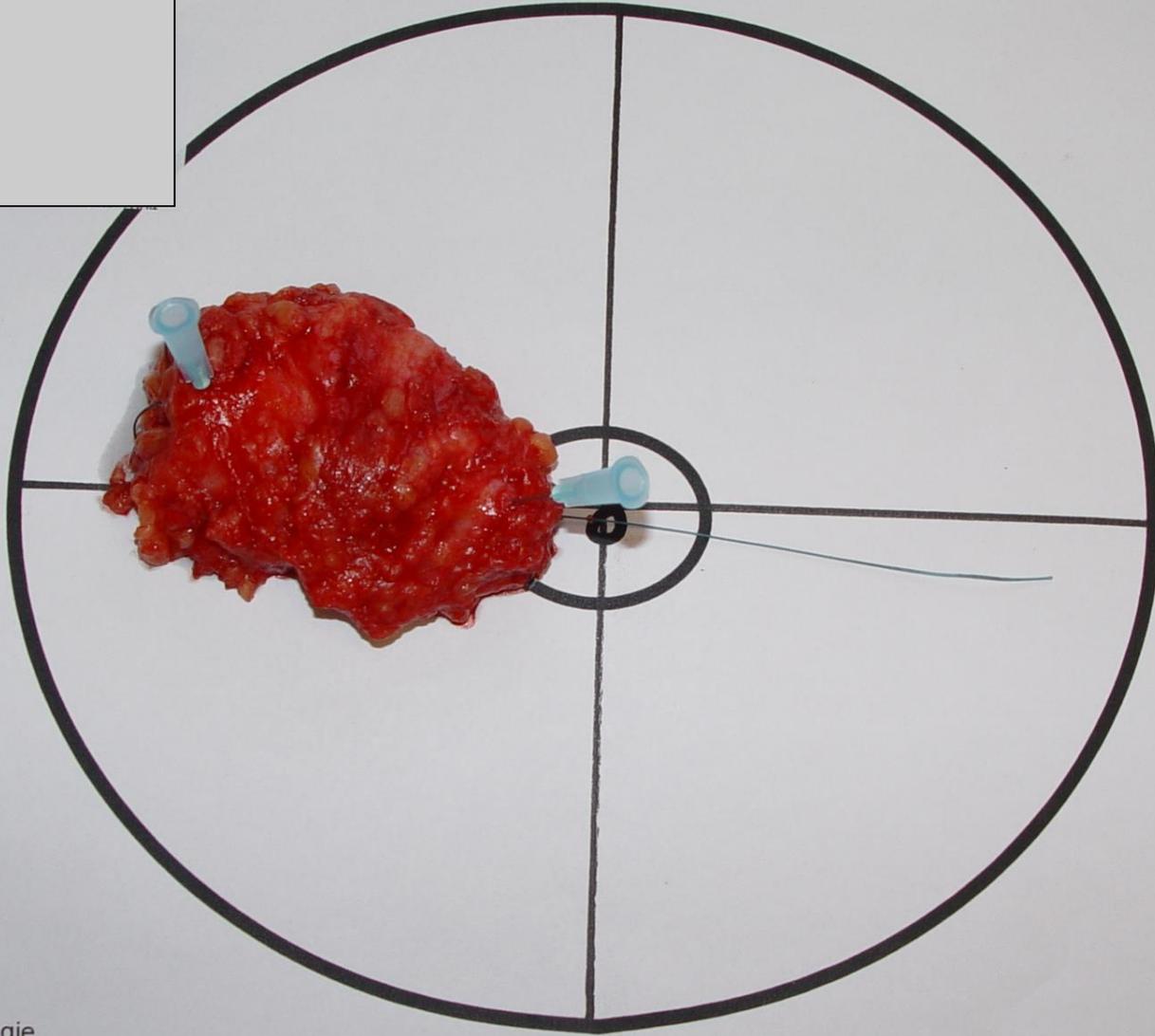
Lateral

Medial

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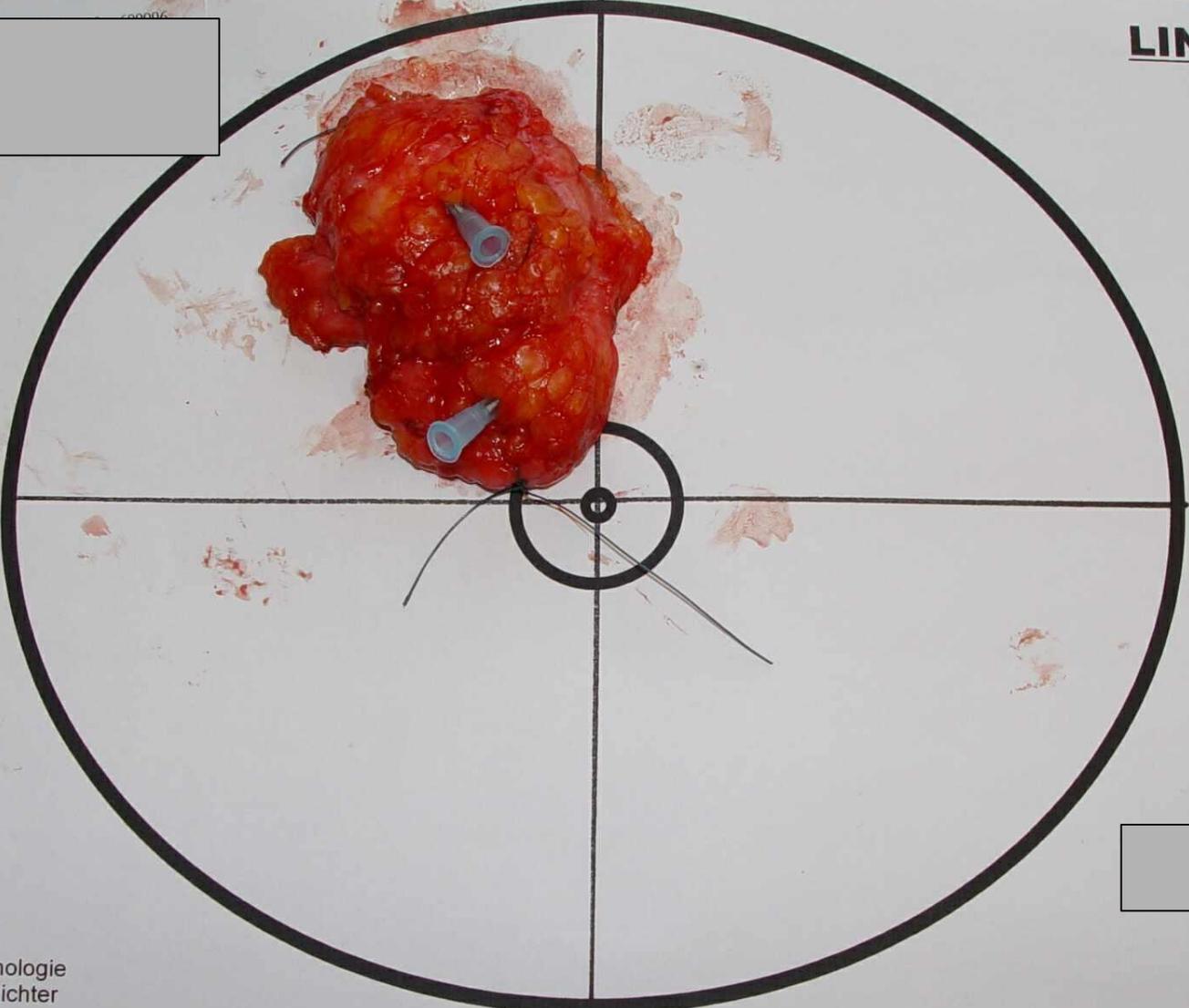




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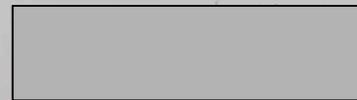
Kranial

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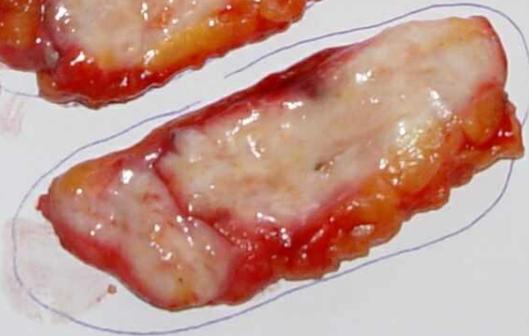
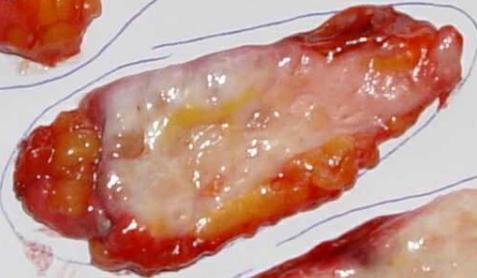
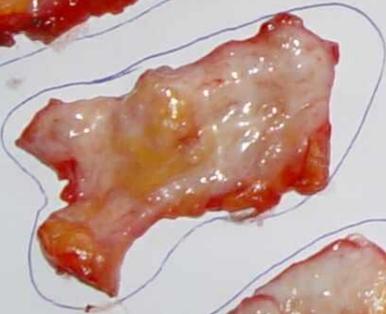
Kranjal

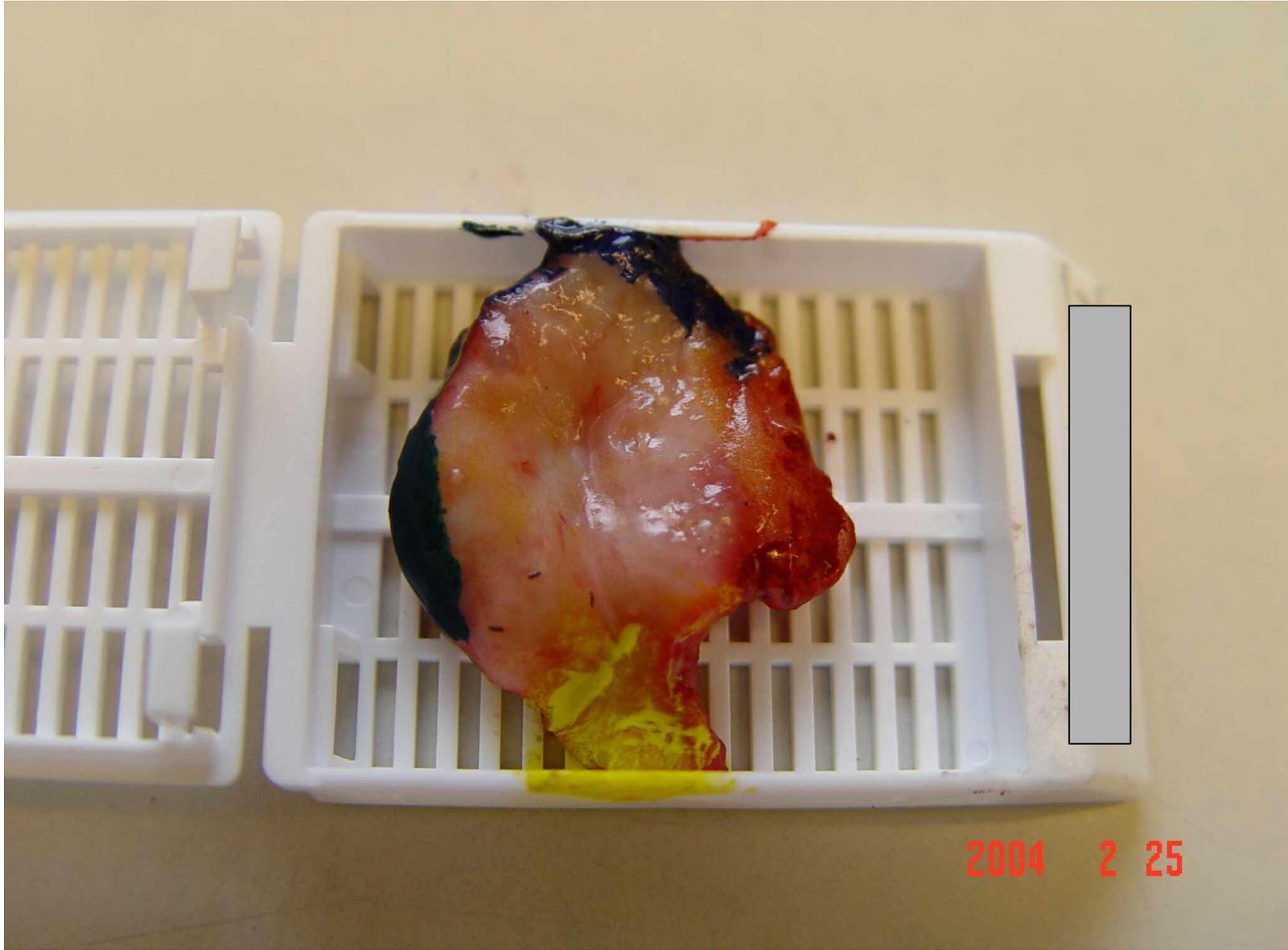
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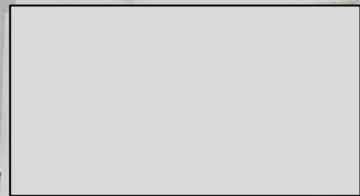


Lateral









Kranial

**LINKS**



Medial

Lateral



Kaudal

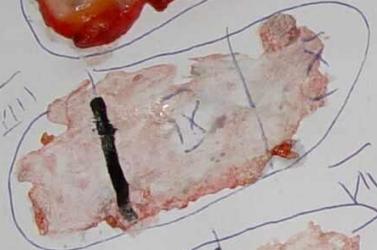
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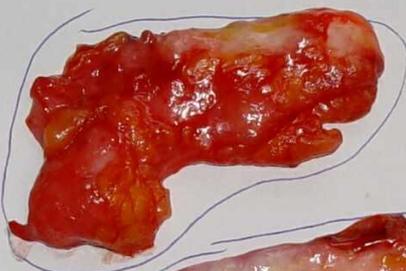
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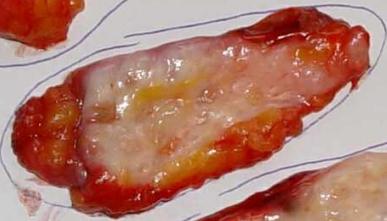
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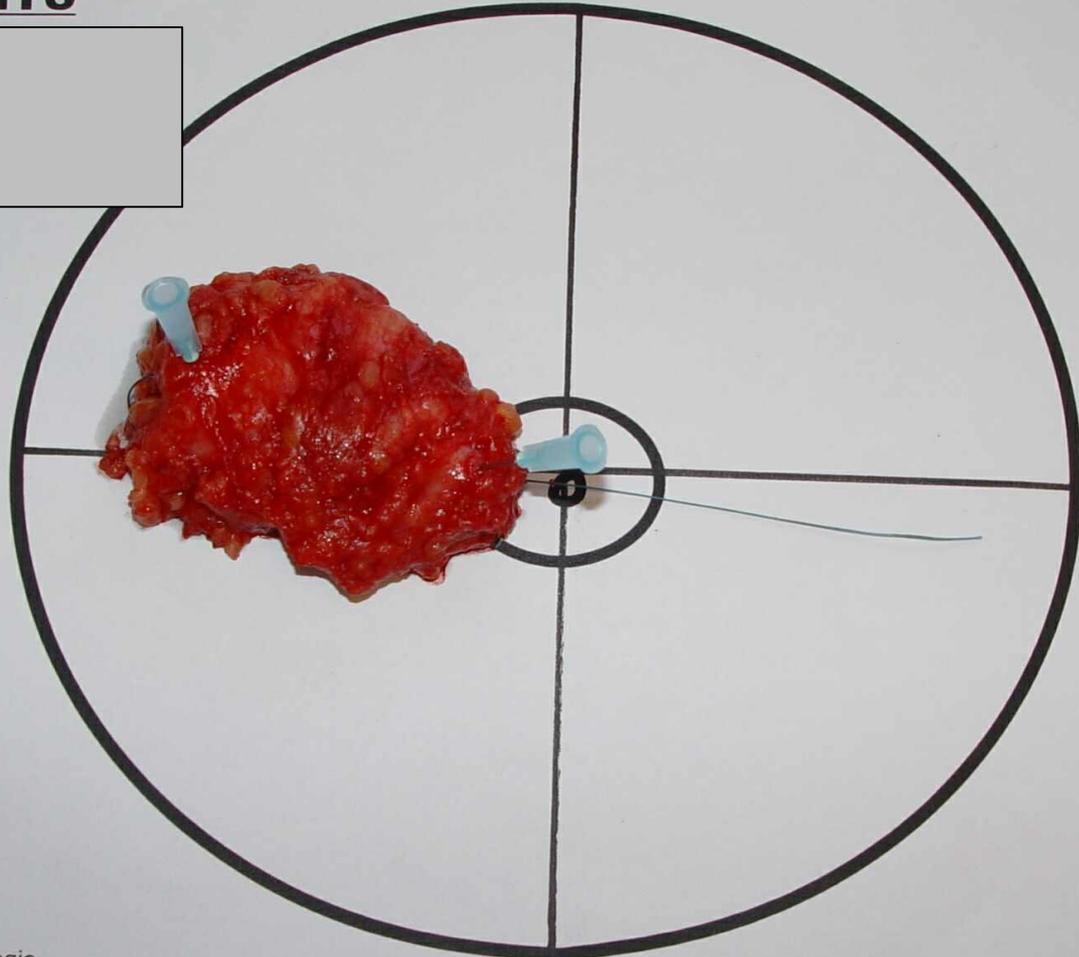
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**RECHTS**

Kranial



Lateral



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Kranial

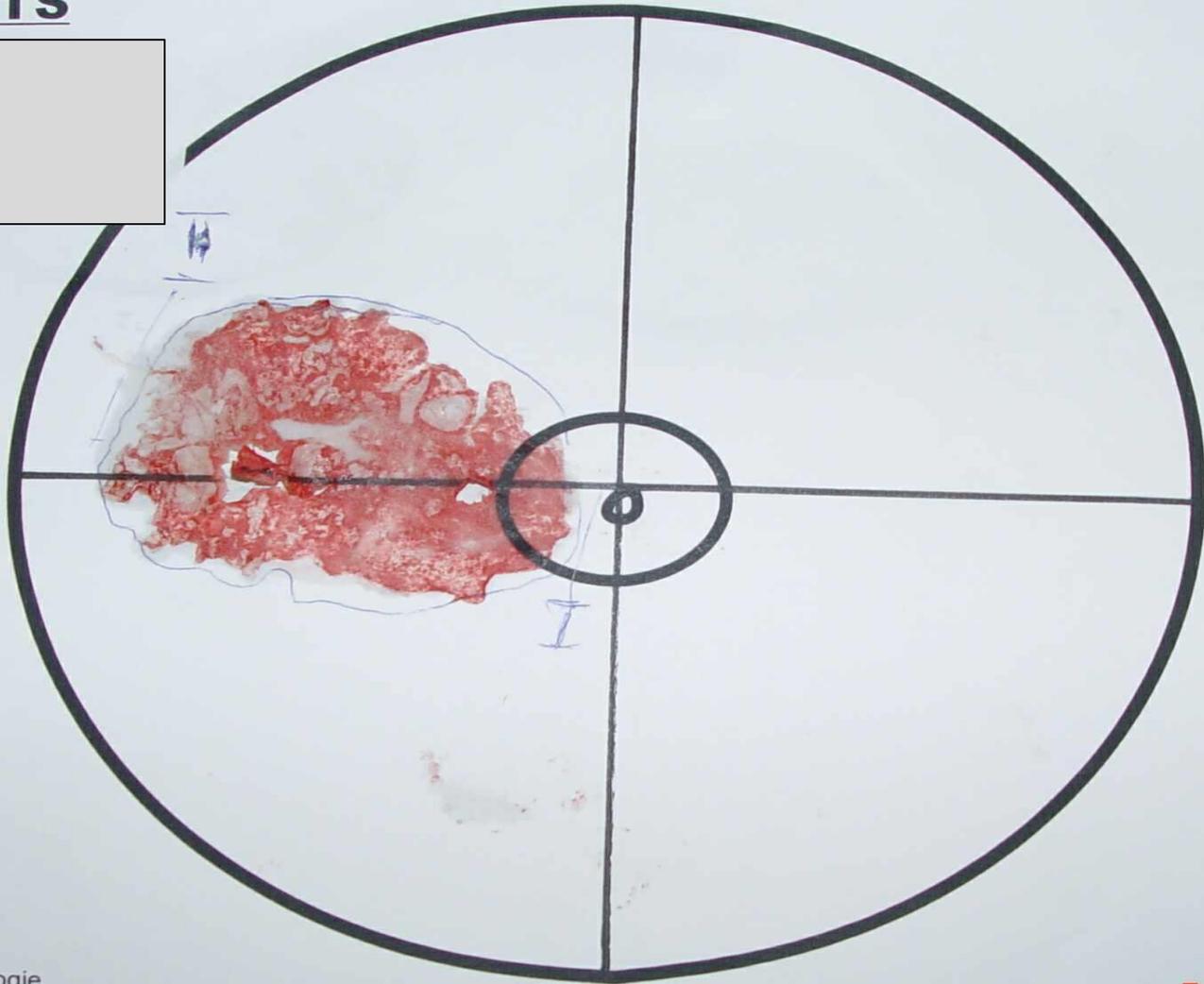
Lateral

Medial

Kaudal

2004

2 25





2004 2 25

Kranial

**LINKS**



en-



Medial

Lateral

Kaudal



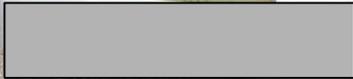
Kranial

**LINKS**



Lateral

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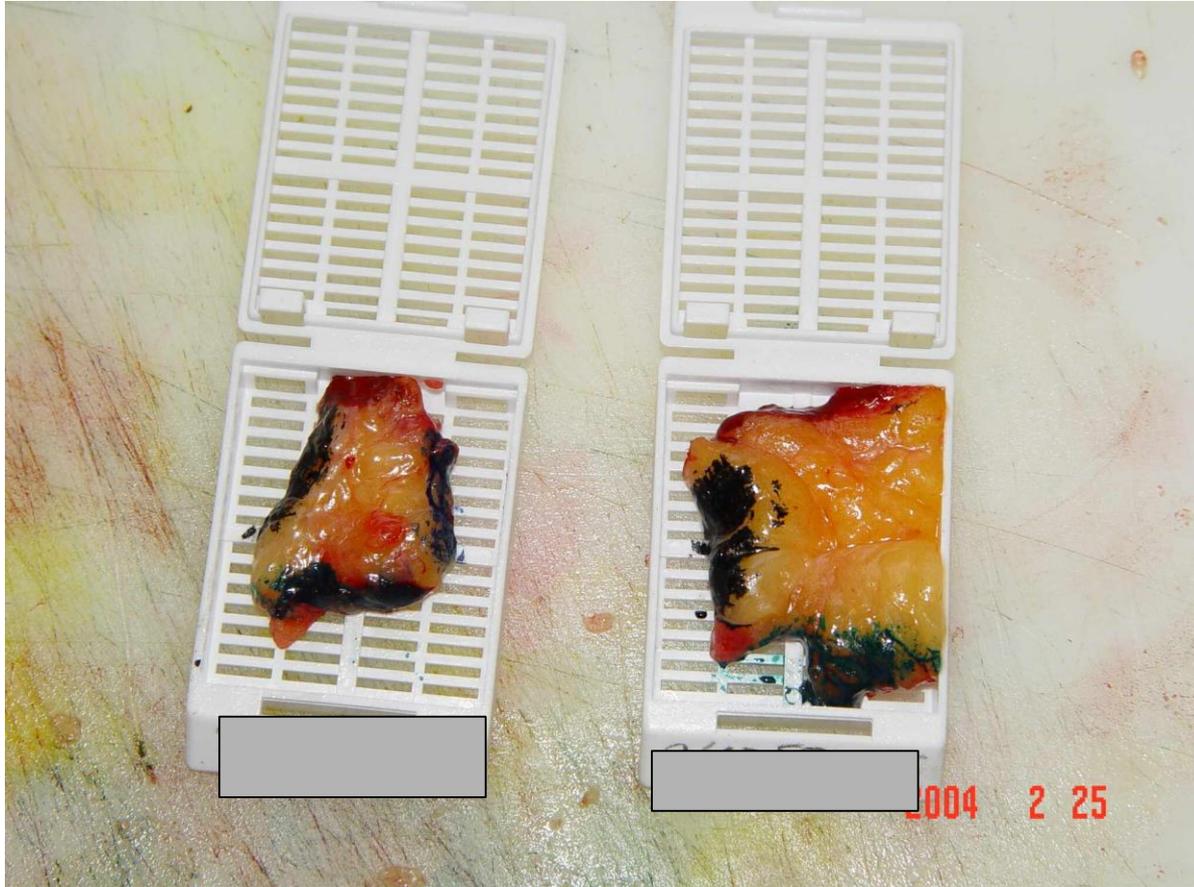


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80%

70%

100%

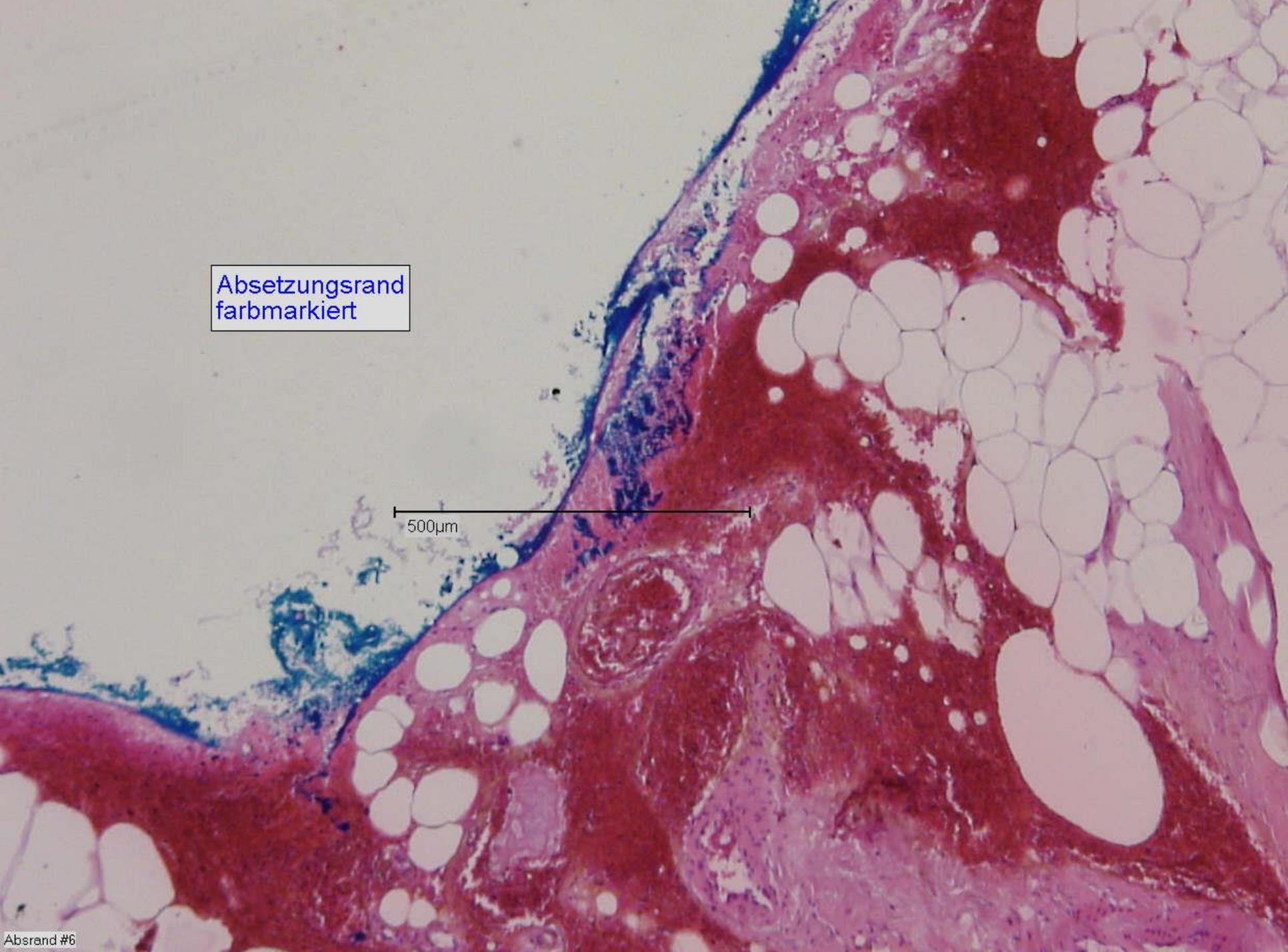
Xylol

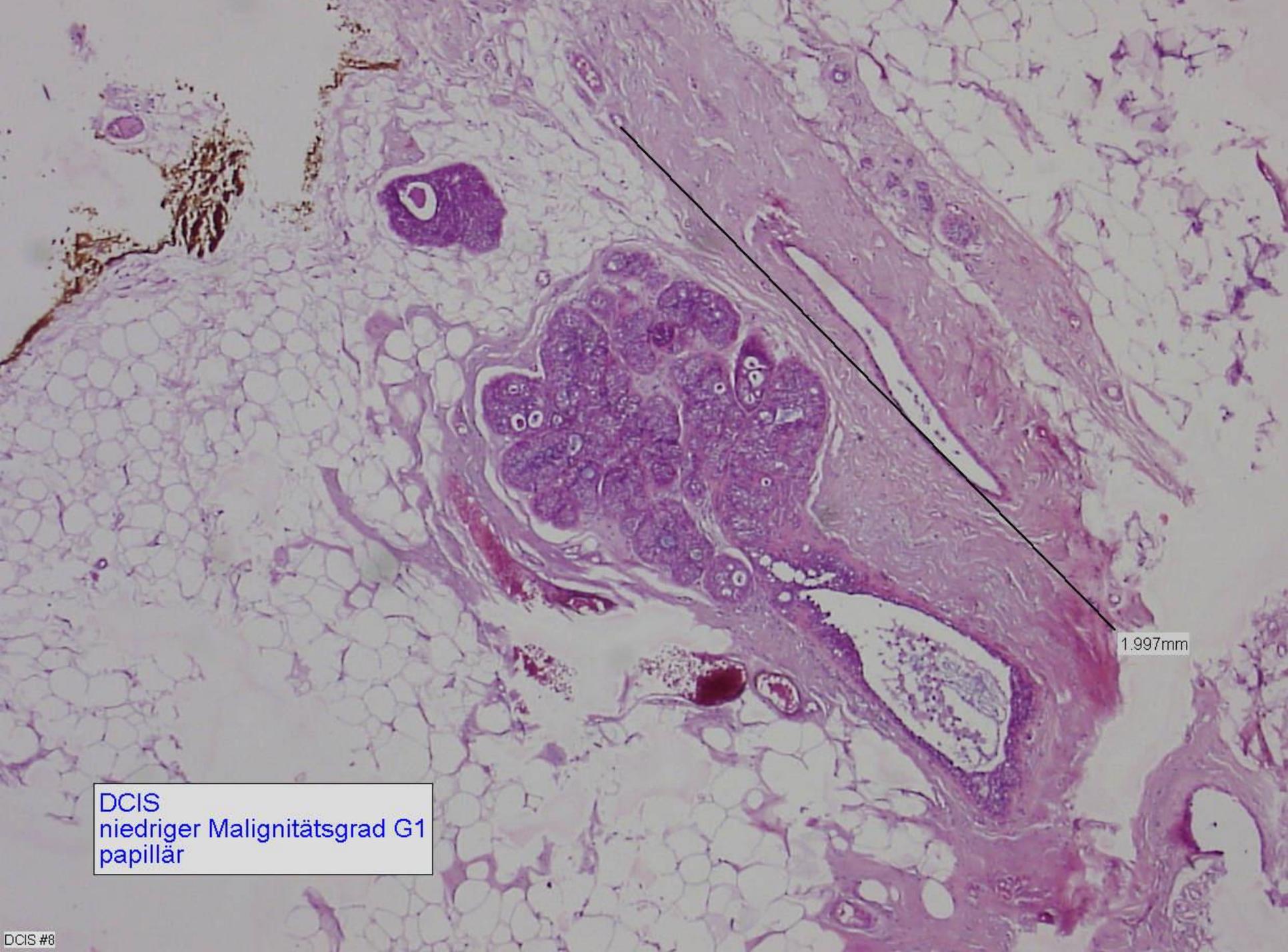
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Handwritten note on the left side of the workstation, partially obscured.

Absetzungsrand  
farbmarkiert

500µm





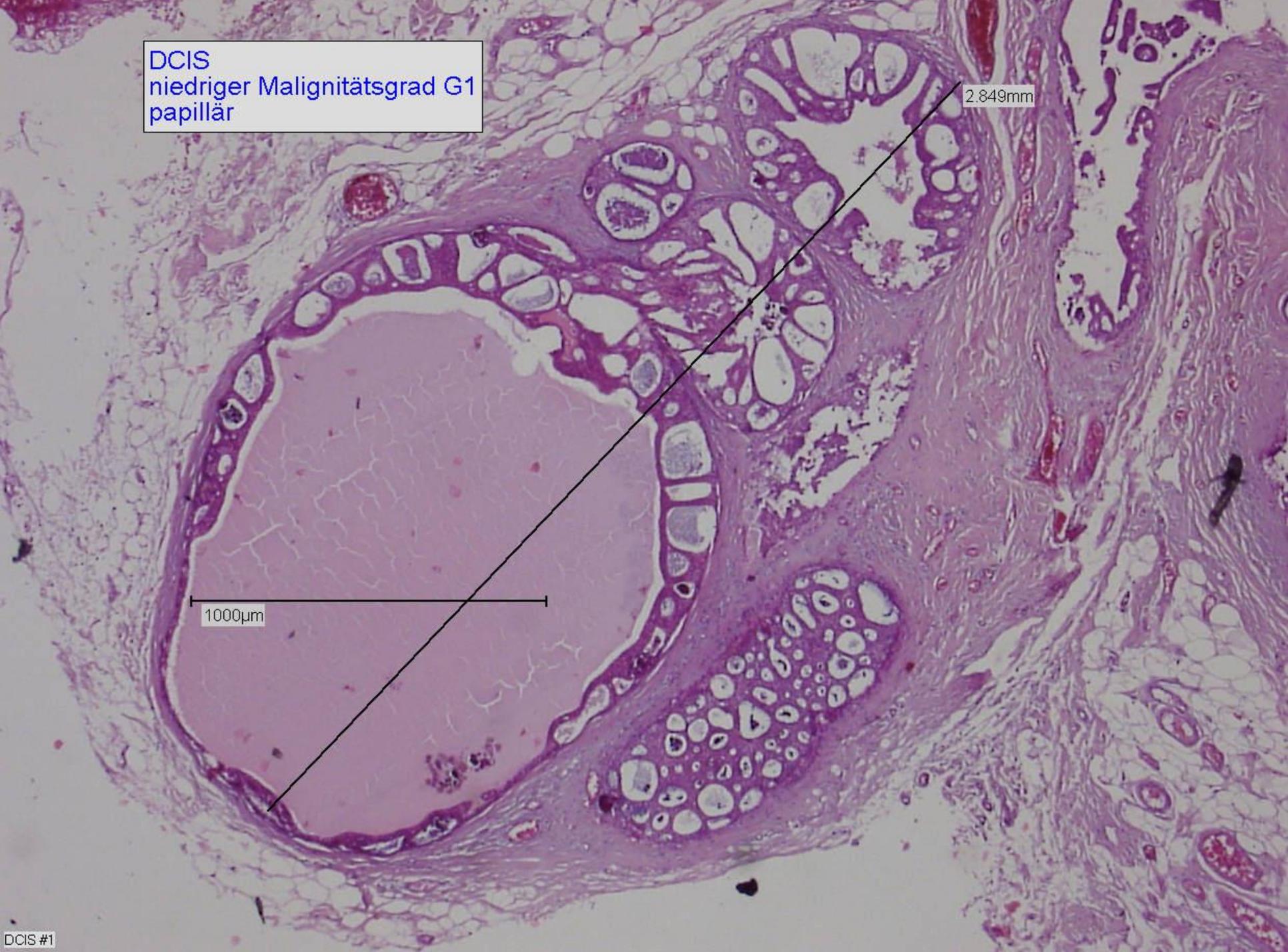
1.997mm

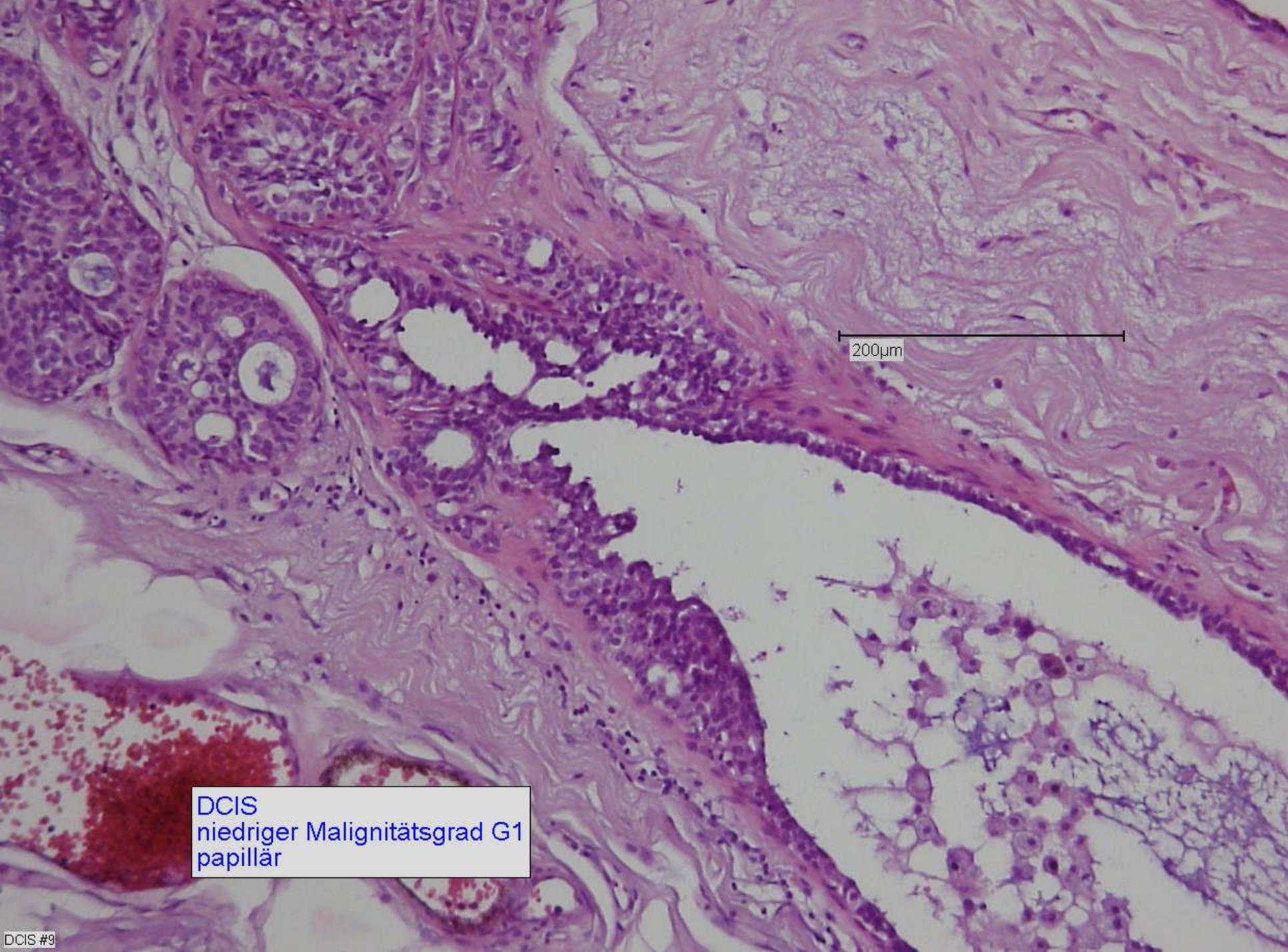
DCIS  
niedriger Malignitätsgrad G1  
papillär

DCIS  
niedriger Malignitätsgrad G1  
papillär

2.849mm

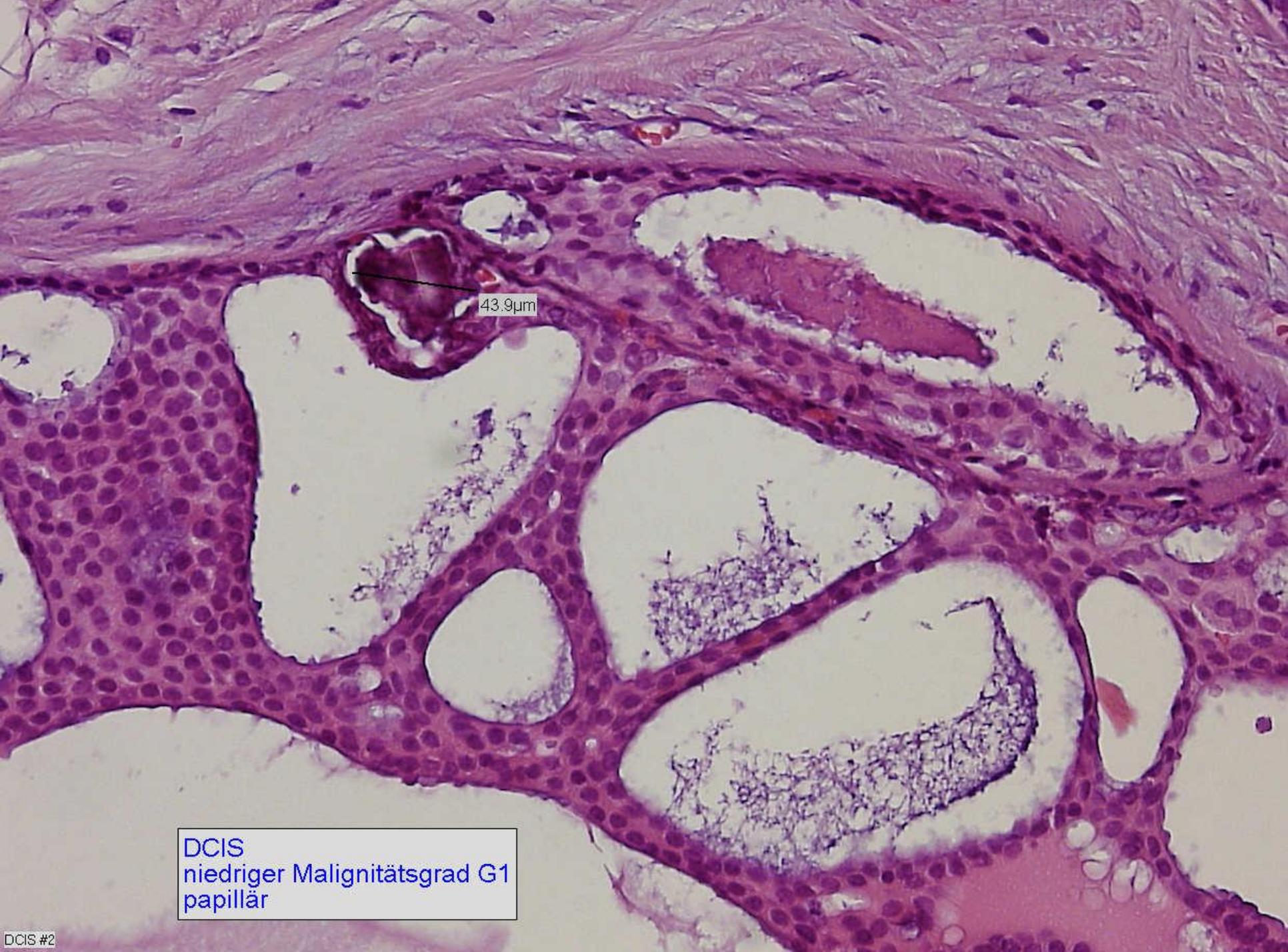
1000µm





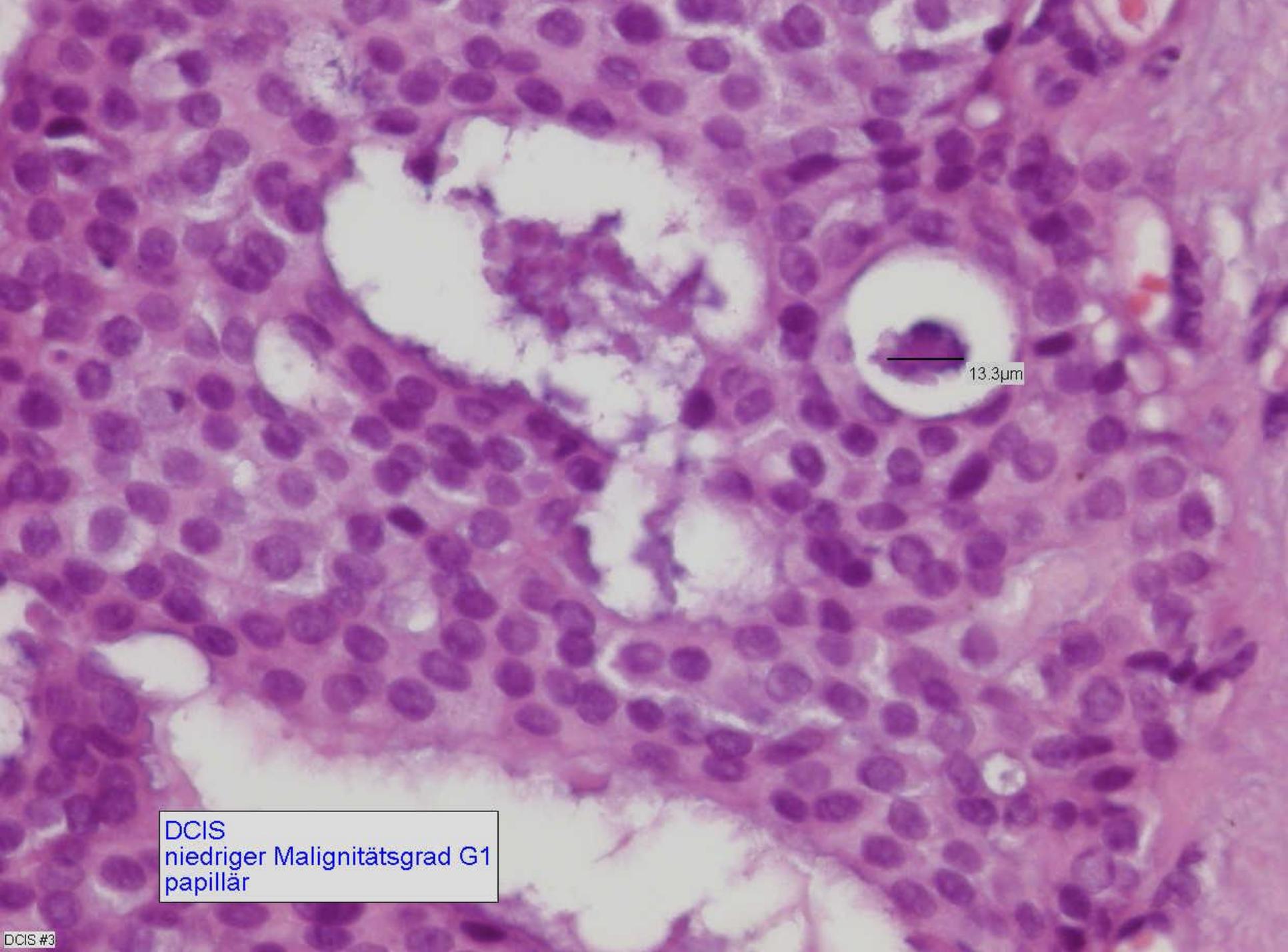
200µm

DCIS  
niedriger Malignitätsgrad G1  
papillär



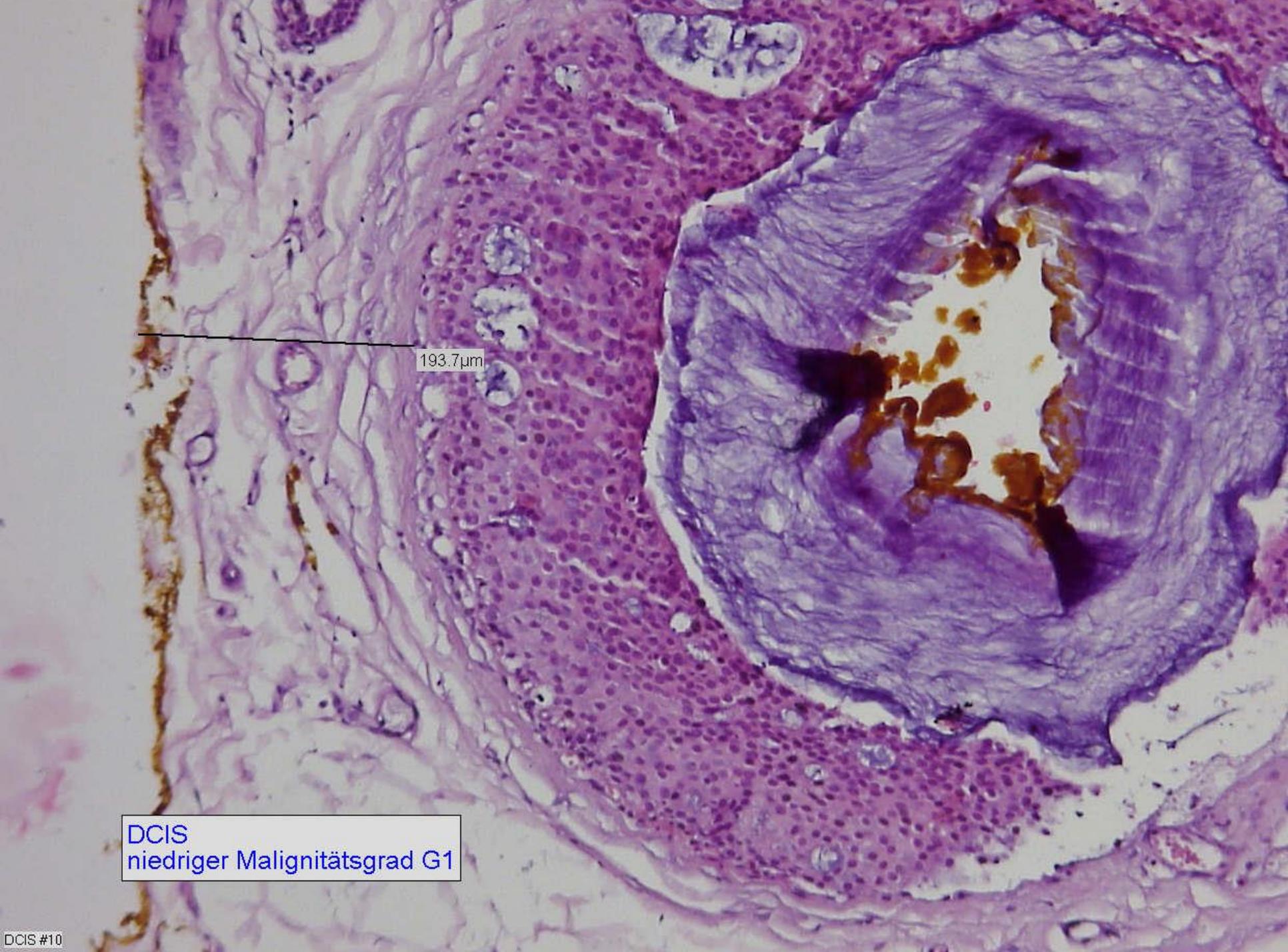
43.9μm

DCIS  
niedriger Malignitätsgrad G1  
papillär



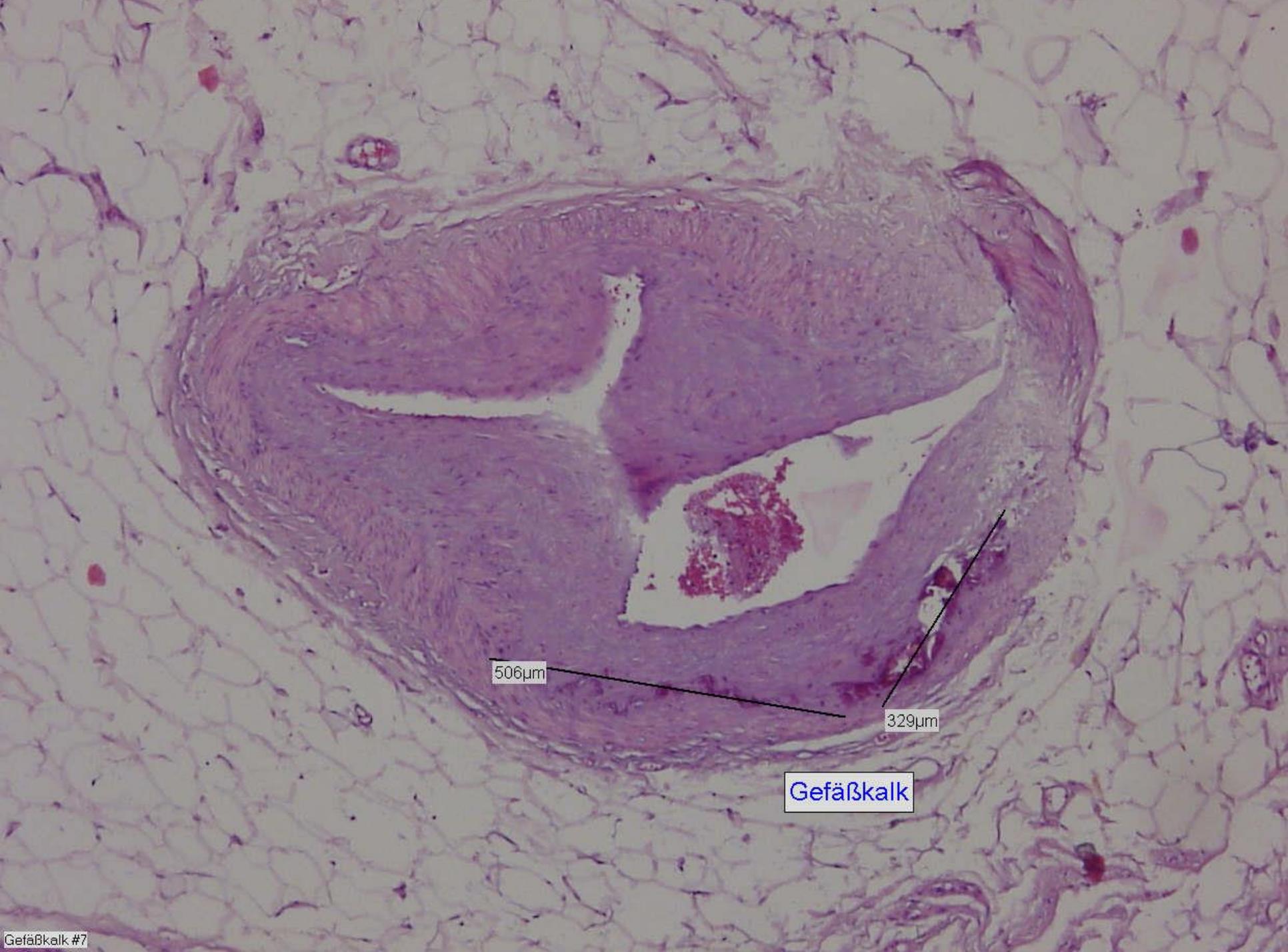
13.3μm

DCIS  
niedriger Malignitätsgrad G1  
papillär



193.7μm

DCIS  
niedriger Malignitätsgrad G1



506µm

329µm

Gefäßkalk