Why is Breast MR difficult? The main problems with breast MR Imaging are more related to the breast itself rather than just MR as a technique of imaging.

Breast problems, however they are investigated, can be problematic. That is in part because of the nature of the breast (including the variability in composition: between individuals, over time and even from region to region in the breast) as well as the main clinical problem, breast cancer. Breast problems are an emotive and personal issue. The clinical problems therefore are complex. The imaging findings are often non-specific and even the pathological assessment is not always clear-cut. In this situation a multidisciplinary, inclusive approach is essential. Breast MRI is a valuable addition to the tools of the trade of the breast imager but on occasion it may not help and can even hinder.

There are specific technical issues which can be problematic in Breast MR, both from the acquisition and reporting viewpoint.

The aim of this presentation is to discuss these problems with a series of cases where the answer is not obvious. These are largely in cases of breast cancer but even augmentation and reconstruction of breasts can be the source of confusion. In general, the cases have been chosen to try to present the problem, the reason for difficulty with some idea of a way forward in the investigational trail.

- Twinkle, twinkle: Background enhancement and an approach to “foci”
- The mark of Cain: A patch of non-masslike enhancement – DCIS or just focal asymmetry?
- He sure looked like a bad-guy: the non-specificity of a sensitive test
- What needle? What haystack? – when one of many lesions is bad
- When the pathologist knocks twice – borderline lesions
- When the pathologist forgets to knock – no correlation possible
- Neither in nor out: intracapsular fluid, implants and some issues
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General


Technical

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Non-mass like enhancement and DCIS


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Borderline Lesions

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