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1146 – Analysis of breast histopathological results obtained by stereotactic-guided vacuum-assisted percutaneous biopsy (mammotomy) in women at the mastology service of the Hospital das Clínicas, Universidade Federal de Goiás/EBSERH – CORA

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Introduction: Mammography, both as a diagnostic and screening tool for breast cancer, has led to increased detection of non-palpable breast lesions that require histopathological evaluation. Vacuum-assisted percutaneous biopsy is a safe and appropriate method for this purpose. This study aimed to identify histopathological findings obtained from stereotactic-guided mammotomies performed at the Mastology Service of HC-Universidade Federal de Goiás between March 1, 2020 and October 31, 2025, and to analyze factors such as age, parity, personal history of prior breast lesions, as well as family history of breast cancer that may have influenced these results.

Methods: An observational, retrospective, and descriptive-analytical study including examinations performed in women aged over 18 years. A total of 84 cases were selected for analysis. This study was approved by the Research Ethics Committee of the Clinics Hospital of Federal University Goiás (CAAE 96560726.5.0000.5078).

Results: The mean age was 58.1 years (± 10.1 years), and all patients presented mammographic lesions classified as BI-RADS® category 4 (ACR – Breast Imaging Reporting and Data System), characterized by calcifications. The results were categorized into three groups: Group 1 – normal breast tissue or benign lesions in 63 cases (75.0%); Group 2 – precursor and/or high-risk lesions for breast cancer in 16 cases (19.0%); and Group 3 – invasive carcinoma in 5 cases (6.0%). Group 2 included: ductal carcinoma in situ in 10 cases (62.5%), atypical ductal epithelial hyperplasia in 5 cases (31.25%), and atypical lobular epithelial hyperplasia in 1 case (6.25%). Statistical analysis of clinical and epidemiological factors showed no significant differences between the groups.

Conclusion: The diagnosis of precursor lesions and invasive carcinomas accounted for 25% of cases, which is consistent with expectations for BI-RADS® category 4 breast lesions. The analyzed clinical and epidemiological factors did not influence the outcomes.

Ethics: Research Ethics Committee Approval (CAAE 96560726.5.0000.5078).

Keywords: biopsy; large-core needle; breast neoplasms; mammography.