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Ultrasound-detected BI-RADS 3 breast lesions at a quaternary institution in Johannesburg: initial features and audit of follow up findings

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Abstract
INTRODUCTION
The American College of Radiology (ACR) recommends short term follow up in the management of probably benign breast disease diagnosed on ultrasound, mammography, and breast MRI, although the criteria for each imaging modality varies. This recommendation eliminates unnecessary and extensive workup for these patients considering that the risk of malignancy associated with this category is < 2%. Studies in South Africa on BI-RADS 3 breast disease and their outcomes are limited.
METHOD
The study was conducted at Charlotte Maxeke Johannesburg Academic hospital (CMJAH) mammogram department in South Africa on 308 women. The study covered a period of 2 years between 1 January 2016 and 31 December 2017 . Inclusion criteria were: Women between the ages 18 and 40 years old; and BI-RADS 3 breast lesion/s diagnosed primarily on ultrasound. Exclusion criteria were: Patients with incomplete records. The outcome of the follow up at each visit was documented for each patient as well as their initial imaging findings.
RESULTS
Out of the 308 patients whose data were analysed, 159 (52%) defaulted, 16 (5%) opted for surgical excision biopsy, 8 (3%) were upstaged at 6 months follow up and 6 (2%) were upstaged at 12 months follow up and had core biopsy. None of the lesions biopsied was found to be malignant. 115 (37%) were downstaged. 4 (1%) had breast abscess for which they had ultra-sound guided aspiration.
CONCLUSION
No malignancy was found in this study which is in line with international findings of 0-2% malignancy rate in patients with BI-RADS 3 breast disease