



## MAMMOGRAPHY

- Standard mammography involves two views: cranio-caudal and medio-lateral oblique. [1](#)
- The diagnostic accuracy of mammography is enhanced through the use of magnification views (magnified, coned compression views), which visualise only a small area of breast tissue but gives better contrast resolution and spatial detail. [1-5](#)
- Abnormalities on mammography are generally categorised as : [1](#)
  - Mass lesions
  - Asymmetric densities
  - Architectural disturbances
  - Calcifications
  - A combination of these

- Although it is an excellent tool for evaluating breast lesions, mammography does have an inherent false-negative rate. [6](#)
- Mammography is not as sensitive in detecting abnormal lesions in dense breast tissue and for this reason, ultrasound is preferred over mammography in women younger than 35. [1](#)
- The radiation exposure and hence risk of malignancy secondary to mammography is believed to be extremely low. [7](#)

## REFERENCES

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2. Echlund GW. **The art of mammographic positioning, in radiological diagnosis of breast diseases.** Berlin: Springer, 1997.
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4. Feig SA. **The importance of supplementary mammographic views to diagnostic accuracy.** AJR Am J Roentgenol 1988;151:40-1. (Review article)
5. Berkowitz JE, Gatewood OM, Gayler BW. **Equivocal mammographic findings: evaluation with spot compression.** Radiology 1989;171:369-71. (Level IV evidence)
6. Foxcroft LM, Evans EB, Joshua HK, Hirst C. **Breast cancers invisible on mammography.** Aust NZ J Surg 2000;70:162-7. (Level III evidence)
7. Feig SA, Hendrick RE. **Radiation risk from screening mammography of women aged 40-49 years.** J Natl Cancer Inst 1997;22:119-24. (Review article)

### Website

For more information go to [www.imagingpathways.health.wa.gov.au](http://www.imagingpathways.health.wa.gov.au)

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