

New method for the Localisation of infraclinical Breast Lesions

- Simple, quick and efficient method to detect and treat infraclinical breast lesions.
- Can replace a classical localisation with a wire or a color method.
- Enable to identify the Sentinel Node without a new injection of nanocolloids .



Radioguided Occult Lesion Localization *

The ratio of infraclinical breast lesions raised during the past 20 years due to breast screening and represents **15 to 25% of the cancers diagnosis**.

These lesions are non palpable and very difficult to locate by the surgeon without a print. The classical way to locate the lesion: color method or metallic wire are used frequently.

But this classical technic has side effects.

- Painfull for the patient when installing the wire ;
- Can be a source of bacterial contaminations;
- Side effects such as : discomfort, bleeding, infections during stereotactic location;
- Risk to move the wire
- The wire trajectory in the Breast does not indicate the shortest way between the lesion and the skin and the incision is not oriented;
- The dissection around the metallic wire increases the volume of tissue removed.

Location of Lesions :

At the middle of the lesion, radiolabelled colloids are injected under stereotactic or ultrasound.

Then, the lesion can be detected with a Gamma detection probe, Gamma-Sup by CLERAD, equipped with an additional high resolution collimator.

It is also possible to locate in the meantime the Sentinel Node thanks to the lymphotropic properties of the tracer.

The Tracer used in the ROLL Technic is a rhenium sulfur nanocolloid labelled with ^{99m}Tc. The particle size of this tracer enables to locate in the mean time Sentinel Node

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