



New method : Radioguided Occult Lesion Localisation for 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 .



The ratio of infraclinical breast lesions has been raising over 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 frequently used.

But this classical technic has side effects.

- Painful for the patient when setting up 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 removed tissue.

Location of Lesions :

In 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 lymphotrops 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 meantime Sentinel Node

* Radioguided Occult Lesion Localization

