ADDITIONAL VIEWS:

THE WHY AND THE HOW
Additional Views

- XCCL
- CV
- FB
- LM
- ML
- SPOT MAG
Other additional views

- Cleopatra.....really the AT
- Lumpogram
- Tangential
Just a review….but why do we do additional views?

- To show a specific component of the anatomy not seen on standard views
- To provide localization of an area of concern medial/lateral or superior/inferior to the nipple
OR……

• To show an area of concern in better detail
• To counteract superimposition of structures
• To triangulate a lesion
Most commonly used additional views are done to show a specific component of the anatomy not seen on standard views.
Ask and answer:

- Which part of the breast do I want to visualize?
- In which projection?
- Which view will accomplish this?
XCCL

• For visualization of lateral breast tissue in a CC projection
CV

- For visualization of medial breast tissue in CC projection
Medial or lateral orientation to the nipple:
Medial or lateral orientation for high superior areas of concern:

THE FB
And why not......

FBXCCL or FBCV
Another option for high superior lesions....to show lateral and medial orientation to the nipple?
The Lumpogram
Compression Paddle

BB placed directly superior to nipple

Bucky
Is now the time for Cleo???

Well....that depends on what are you trying to accomplish?
What is the Cleopatra view?
AT

- The AT View is used only for focal compression of the axillary tail and will not give you lateral or medial NOR superior or inferior orientation to the nipple:

*It is never use to localize a lesion*
Superior or inferior orientation to the nipple:

LM or ML
The use of the Lateral

• Gives good visualization of the 12:00 & 6:00 areas of the breast for encapsulated implants
• Shows effects of gravity on air fluid levels
• Used as a “tie breaker” view
• Can be used to triangulate lesions
Why do the LM?

• When you did the MLO you showed the lateral breast in better detail. The LM shows the medial breast in better detail.
• The LM takes advantage of the lateral mobile border of the breast
• There is no issue of the contralateral breast impeding the path of the compression paddle
• The hardest part of the breast to image (and the area most often missing on the MLO) is the posterior medial breast. If done properly (off-setting the IR into the contralateral breast) you will be able to get deeper against the chest wall.
Why do the LM?

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• For lateral lesions you get a slight degree of magnification (without distortion) as the lateral aspect of the breast is further away from the IR.
Additional views for clarification of areas of concern

- TAN
- Spot Compression
- Spot Compression with MAG
TANGENTIAL VIEWS

• To prove the existence of dermal calcifications
• Enhanced visualization of palpable masses that may otherwise be superimposed on glandular breast tissue
• SPOT COMPRESSION
• SPOT COMPRESSION WITH MAGNIFICATION
Spot/Mag Measurements

- Right:
  - CC
  - MLO
  - LM
  - ML

- Left:
  - POSTERIOR / ANTERIOR
  - MED / LAT
  - SUP / INF
  - SKIN
Spot/Mag Measurements

RIGHT

LEFT

CC MLO LM ML

POSTERIOR ANTERIOR

4

MED LAT SUP/INF

5

SKIN

3
Spot/Mag Measurements

RIGHT

LEFT

CC

MLO

LM

ML

POSTERIOR

ANTERIOR

MED / LAT

SUP / INF

SKIN

3

5

4
Remember:

- You must simulate compression when making measurements on the breast
- Mark the center of the target area with a BB or Sharpee so you can make the appropriate corrections on subsequent films, if needed