

<https://doi.org/10.29289/259453942022V32S1050>

465 - LESIONS OF UNCERTAIN MALIGNANT POTENTIAL (B3): A REVIEW OF LITERATURE

Fernando Silva de Carvalho¹, Carlos Ricardo Chagas², Natascha Carneiro Chagas³, Nathallia Alves Silva³

¹MAMARJ Clínica de Mastologia do Rio de Janeiro – Rio de Janeiro (RJ), Brazil.

²Pontifícia Universidade Católica do Rio de Janeiro – Rio de Janeiro (RJ), Brazil.

³Universidade Iguazu – Nova Iguazu (RJ), Brazil.

Introduction: The lesions of uncertain malignant potential of the breast classified as B3 have always raised many doubts regarding the management of these patients. Comprising a very heterogeneous group of cellular and tissue abnormalities, its underestimation rates for in situ and invasive breast cancer bring a lot of discomfort to the breast surgeon.

Objective: The aim of this study was to clarify these pathologies, the pathways for their diagnosis and management, exemplifying their subsequent and most recommended follow-up. The main diagnostic methods of minimally invasive biopsy and the main corresponding images motivated this work. Each specific group of lesions is presented in detail with their histological particularities and their current underestimation rates.

Method: A literature review was performed based on consensus and current articles of relevance in breast diseases for which articles were selected from the following databases: ScienceDirect, WileyOnlineLibrary, SpringerLink, RSNA.ORG, ELSEVIER, and PubMed. **Results:** The types of B3 lesions are wide and their diagnosis is made based on imaging findings, biopsies, and surgical procedures. Imaging, histology, and the presence or absence of cellular atypia should be correlated to determine the best course of action. Lesions without atypia can be followed up periodically, without the need for surgical procedures, and can be vacuum excised according to the individual case of the patient and its risks. While in cases with atypical lesions, surgical resection is still necessary to be sure of the risk of malignancy. **Conclusion:** The follow-up of lesions and early detection of tumors in early stages is essential for better prognosis and a decrease in breast cancer incidence. Each case must be treated individually, and the best management must be done with the multidisciplinary work of the radiologist, pathologist, and breast surgeon aiming at the well-being of the patient and safety as to the risks of the lesion becoming malignant.