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BREAST THERMOGRAPHY AS AN ADJUNCT TO CLINICAL EVALUATION OF THE BREASTS

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It is estimated that 44% of breast carcinomas and 20% of breast carcinoma deaths occur in women less than 50 years old.¹ Earlier diagnosis of breast carcinomas is rewarded by improved survival rates and by wider choice of therapy.²

The two most objective techniques to detect carcinomas are palpation and mammography. Unfortunately, palpation rarely detects tumors smaller than 1 cm in diameter, especially if these are deep seated. Mammography, excellent to detect early carcinomas in older women, must be limited in its use in younger age groups because of the potential carcinogenicity of ionizing radiation.³

In the United States, women have been conditioned to obtain annual or semi-annual gynecological examinations and cervical cytoscans. Breast palpation has become a routine part of these periodic check-ups and annual screening by mammography is being recommended to women over 50 years of age.

Since December 1974, infrared breast thermography has been offered to our gynecological patients as an adjunct to their clinical evaluation. Thermograms were taken and classified according to the recommendations of Amalric and Spitalier.⁴

Patients with inconclusive palpatory findings and TH3, TH4 or TH5 thermograms were referred for mammographic studies. Fine needle aspiration biopsies were used liberally and all patients with suspected carcinomas had an open breast biopsy.

The distribution of TH classes in 6,459 thermograms obtained on 2,799 patients is outlined in table 1.