

Positioning in mammography

Uniformity to achieve optimal comparability.

Standardisation of images is essential when comparing consecutive mammographic examinations. It helps to detect tumors in the earliest stage possible.

General quality criteria

- Uniform, reproducible mammogram;
- No skin folds;
- Absence of overlapping parts (chin, shoulder, hair,);
- The compression is applied in accordance with the applicable standard; *
- No motion blurredness;
- The images comply with the physico-technical applicable standard; *
- Correct markers and identification.

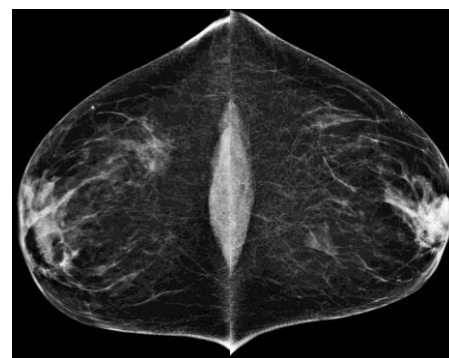
*www.lrcb.nl

Standard Projections

Craniocaudal (CC) view

Criteria

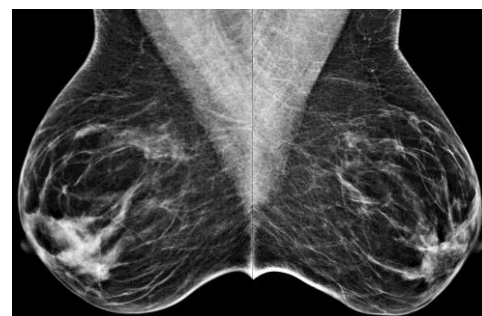
- Symmetrical images;
- The medial border is imaged completely;
- The lateral part is imaged as much as possible;
- As much as possible of the breast tissue is imaged and evenly spread out;
- If possible, a part of the major pectoral muscle is displayed;
- The nipple is imaged in profile and in the center.



Mediolateral (MLO) view

Criteria

- Symmetrical images;
- The pectoral muscle is shown sufficiently wide;
- The pectoral muscle is shown onto nipple level;
- The entire glandular tissue is imaged and evenly spread out;
- The inframammary angle is displayed;
- The nipple is in profile.



Additional Projections

Lateromedial (LM) view/ Mediolateral (ML) view

Criteria

- A small straight pectoral muscle is shown;
- As much as possible of the breast tissue is imaged and evenly spread out;
- The inframammary angle is displayed;
- The nipple is in profile.

Reason

- To localize the exact position of a lesion in wire localization or core needle biopsy;
- Better imaging of a lesion located in the lower axillary area;
- Better imaging of a lesion in the inframammary angle;
- A lesion is only visible in one of the standard projections;
- To confirm or refute superposition.

Cleopatra / Extended craniocaudal (XCCL) view

Criteria

- The axillary tail is completely imaged;
- A small straight pectoral muscle is shown in the lateral part of the mamma;

- The nipple is in profile.

Reason

- The lateral part of the mamma is not sufficiently demonstrated on the CC view;
- A lesion is seen in the lateral part of the glandular tissue on the MLO view.

Cleavage (CV) view

Criteria

- The medial parts of both mammae are imaged in one view.

Reason

- Better imaging a lesion at the medial part or between the breasts.

Rolled Lateral (RL) view / Rolled Medial (RM) view of CC

Criteria

- The medial border is imaged completely;
- The lateral part is imaged as much as possible;
- As much as possible of the breast tissue is imaged and evenly spread out;
- If possible, a part of the major pectoral muscle is displayed;
- The nipple is imaged in profile and in the center;
- When rolled lateral, the cranial part of the mamma is rolled laterally and the caudal part medially;
- The rolled medial view is exactly the opposite.

Reason

- Better visualization of a lesion in dens breast tissue on the CC view;
- To confirm or refute superposition.

Spot and Magnification projections

Spot-/ Magnification view (CC /MLO)

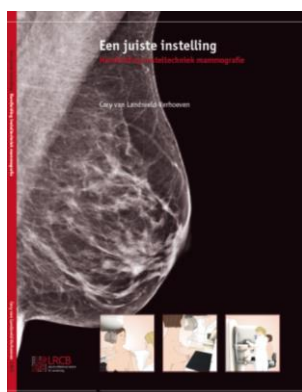
Criteria

- A lesion is imaged in detail in 2 projections.

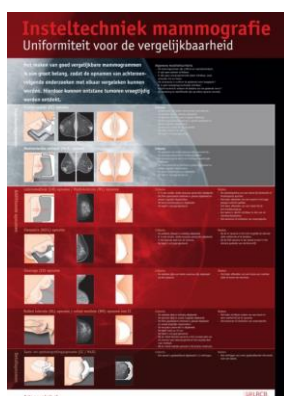
Reason

- To obtain more detailed information about a lesion.

*www.lrcb.nl



Book positioning technique



Poster positioning technique



Image book

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