

Evidence Discussion (CH 2.2)

Axillary Lymphadenopathy (and Mass)

Initial evaluation of an axillary mass or axillary lymphadenopathy (LAN) should be ultrasound (US). US allows for real-time evaluation and immediate image-directed biopsy.(2) CT Chest is usually not appropriate in the evaluation of axillary LAN, especially in the female population with concern for breast cancer.(1)

Ultrasound is a very important initial imaging modality which is easy to obtain, universally available and portable, exposes patients to no radiation, and is cost effective. It is also excellent in helping to determine next best advanced imaging study including appropriate protocol and contrast level. US not only provides excellent soft tissue resolution, but also provides characterization of cystic lesions (Bosniak classification) whether complex or simple to help guide follow up imaging interval or biopsy.

References:

1. ACR Appropriateness Criteria® Imaging of the Axilla, Expert Panel on Breast Imaging VOLUME 19, ISSUE 5, SUPPLEMENT, S87-S113, MAY 2022
DOI: <https://doi.org/10.1016/j.jacr.2022.02.010>
2. Sun SX, Moseley TW, Kuerer HM, Yang WT. Imaging-Based approach to axillary lymph node staging and sentinel lymph node biopsy in patients with breast cancer. *American Journal of Roentgenology*. 2020;214(2):249-258. doi:10.2214/ajr.19.22022