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International Journals


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APPENDIX A

Characteristics Of Microcalcifications

Malignant microcalcifications vary extremely in form, size, density and number. They are usually clustered within one area of the breast, often within one lobe. Figure 1 shows two basic types of malignant microcalcifications. The granular type in Figure 1(a) is tiny with dot-like or elongated shape and innumerable. The casting type in Figure 1(b) consists of fragments with irregular contour and varying length. Benign microcalcifications are characterized by homogeneous shape, uniform density, sharp outline or radiolucent density.

![Figure 1(a): Two basic types of malignant microcalcifications. Granular: tiny with dot-like or elongated shape, innumerable.](image-url)
Figure 1(b): Casting: fragments with irregular contour, differ in length.

The microcalcifications in Figure 2(a) are very fine and dense with homogeneous spherical, pearl-like shape, and are sharply outlined. The microcalcifications in Figure 2(b) are oval, ring-shaped with radiolucent centers. The microcalcifications in Figure 2(c) are coarse, irregular but sharply outlined and uniformly dense.

Figure 2(a): Benign microcalcification: Homogeneous, solid, sharply outlined, spherical, pearl-like, very fine and dense.
Figure 2(b): Benign microcalcifications: Ring-shaped, oval and center radiolucent.

Figure 2(c): Benign microcalcifications: Coarse, irregular but sharply outlined and very dense.

A more detailed summary of mammographic characteristics of circumscribed lesions are shown in Table 1.
<table>
<thead>
<tr>
<th>Characteristics of Circumscribed Lesions</th>
<th>Mark</th>
<th>Explanation</th>
<th>Group</th>
<th>Remarks</th>
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<td><strong>Significance</strong></td>
<td>Halo</td>
<td>A narrow radiolucent ring or a segment of a ring around the periphery of a lesion</td>
<td>Present</td>
<td>Both the halo sign and the capsule are characteristic of benign tumors, with rare exceptions.</td>
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<td>Capsule</td>
<td>A thin, curved, radiopaque line that is seen only when it surrounds lesions containing fat</td>
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<td>Density</td>
<td>Evaluated in relation to the surrounding parenchyma or in the case of fatty involution, to the nipple</td>
<td>Radiolucent</td>
<td>AH radiolucent and radiopaque combined and most low density radiopaque lesions are benign</td>
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<td><strong>Secondary</strong></td>
<td>Form and Orientation</td>
<td>Spherical or avoid with smooth borders, orientation is in the direction of the nipple following the trabecular structure of the breast.</td>
<td>Cyst</td>
<td>These serve as confirmation of diagnoses which should have already been made on the bases of primary signs</td>
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<td>May be smooth or lobulated and random orientation.</td>
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**Table.1** Characteristics of *circumscribed* lesions
Malignant masses are high density radiopaque and random oriented and are shown in Figure 3(a) and 3(b). On the other hand, halo and capsule are characteristics of benign masses with rare exceptions.

*Figure 3(a):* Malignant masses: High density radiopaque.

*Figure 3(b):* Malignant masses: Solid tumor with random orientation.

A halo is a narrow radiolucent ring or a segment of a ring around the periphery of a tumor, as shown in Figure 4 (a). A capsule is a thin, curved, radiopaque line that is seen only when it surrounds tumors containing fat, as shown in Figure 4 (b). A cyst with smooth borders and
oriented in the direction of the nipple following the trabecular structure of the breast also indicates a benign lesion, as shown in Figure 4(c).

Figure 4(a): Benign masses: Halo: a narrow radiolucent ring or a segment of a ring around the periphery of a tumor,

Figure 4(b): Benign masses: Capsule: a thin, curved, radiopaque line that is seen only when it surrounds tumors containing fat.
Figure 4(c): A cyst with smooth borders and orient in the direction of the nipple following the trabecular structure of the breast.

Spiculated lesions are almost all malignant. Figure 5 shows the lesion in (a) has a distinct central tumor mass with dense spicules radiating in all directions. The spicules length usually increases with tumor size. The lesion in (b) has a very small, hardly perceptible tumor center and a lace-like, fine reticular radiating structure that causes parenchymal distortion and/or asymmetry.

Figure 5(a): Malignant spiculated lesion: Distinct central tumor mass with dense spicules radiating in all directions.
Figure 5(a): Very small, hardly perceptible tumor center and a lace-like, fine reticular radiating structure that causes parenchymal distortion and/or asymmetry.

Figure 6(a): Benign spiculated lesion: Center is translucent, oval or circular.

Occasionally benign spiculated lesions are characterized by translucent, oval or circular center, as shown in Figure 6 (a), or translucent areas within a loose structure and low-density spicules, as shown in Figure 6 (b).
Figure 6(b): Translucent areas are within a loose structure, spicules are fine and of low density.
# APPENDIX -B

## MIAS Data Base Information

Table 1 MIAS Database (322 Mammogram Images) - Information

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G - Glandular  
F - Fatigue Glandular  
0 - Dense Tissue

NORM  
SPIC  
CIRC  
CALC  
AIRCFf  
ASYM  
MISC  

N - Normal  
M - Malignant  
E - Benign

Normal  
Spiculated Lesions  
Circumscribed Masses  
Calcifications  
Architectural Distortions  
Asymmetries  
Miscellaneous
APPENDIX-C

Snapshot for Intelligent System for Mammogram Image Analysis