

AFP Clinical Answers

Mammography, Lymphomas, Hypertension in Pregnancy, Dyspepsia

Does the addition of screening ultrasonography add benefit or harm to screening mammography alone?

Based on a study comparing more than 6,000 women who received ultrasonography and mammography to more than 15,000 women who received screening mammography alone, ultrasonography offers no increase in cancer detection. Adding ultrasonography to screening mammography in women younger than 50 years at low, intermediate, or high breast cancer risk is not associated with an increase in breast cancer detection; however, it is associated with an increase in unnecessary biopsy recommendations and results in more frequent follow-up.

<https://www.aafp.org/afp/2020/0101/p53a.html>

How should suspected lymphomas be diagnosed and staged?

Open lymph node biopsy should be used to definitively diagnose lymphoma. After lymphoma has been diagnosed, positron emission tomography/computed tomography should be used to determine the staging of the lymphoma.

<https://www.aafp.org/afp/2020/0101/p34.html>

How should chronic hypertension be managed in pregnancy?

According to the American College of Obstetricians and Gynecologists, medical treatment of chronic hypertension in pregnancy, which is hypertension present before 20 weeks' gestation, is recommended at 160 mm Hg systolic or 110 mm Hg diastolic with labetalol or extended-release nifedipine. Treatment goals are 120 to 159 mm Hg systolic and 80 to 109 mm Hg diastolic. The decision to treat chronic hypertension at lower blood pressure levels should be based on a discussion with the patient and the presence of comorbid conditions that might warrant lower

blood pressure. Low-dose aspirin is recommended in patients with chronic hypertension in pregnancy from between 12 and 28 weeks' gestation to delivery. Without other indications, pregnant patients with chronic hypertension should not be induced for delivery before 37 weeks' gestation.

<https://www.aafp.org/afp/2019/1215/p782.html>

When should patients with dyspepsia be referred for endoscopy?

Endoscopy is recommended for all patients 60 years and older with at least one month of dyspepsia symptoms, based on expert opinion. For patients younger than 60 years with a single, non-severe alarm feature, endoscopy should not be the first diagnostic step, based on studies showing a low risk of serious diagnosis on endoscopy. Alarm features include dysphagia, weight loss, and anemia.

<https://www.aafp.org/afp/2020/0115/p84.html>

How can patients younger than 60 years with dyspepsia be treated?

For patients younger than 60 years, a *Helicobacter pylori* test and treat strategy before starting acid suppression therapy is effective.

<https://www.aafp.org/afp/2020/0115/p84.html>

Tip for Using AFP at the Point of Care

Are you looking for a Practice Guideline? You can find AFP's collection of guideline summaries at <https://www.aafp.org/afp/practguide>. All department collections are accessible at <https://www.aafp.org/afp/collections>.

A collection of AFP Clinical Answers published in AFP is available at <https://www.aafp.org/afp/answers>.