

Date: 2018/12/1

Patient's Name: R.E

Responsible Physician: Dr. Aghili

Patient presentation:

54years, Female, Positive family history

She is a known case of liver cirrhosis since 2017. In her work up for liver transplantation a breast mass was found.

She underwent lumpectomy. Breast pathology: T1N1, ER + ,PR + ,HER2 -, Lympho-vascular invasion + .

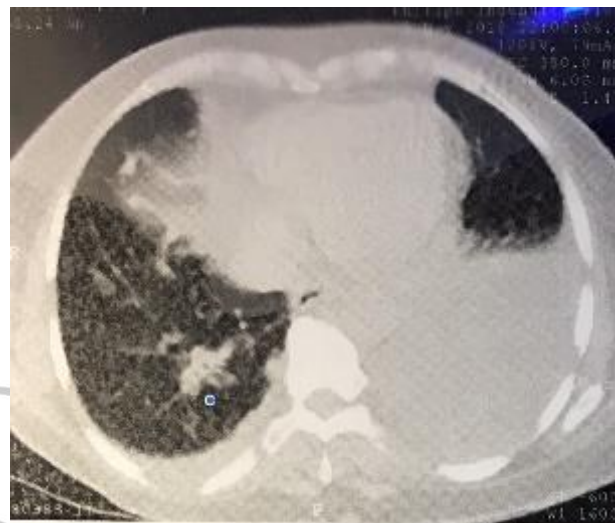
Letrozole and Zometa were prescribed as adjuvant treatment.

After 9 month a significant rise in her tumor markers was observed, in a comprehensive workup: Liver mass, ascites, pleural effusion, lung lesions (in favor of metastasis and infection) were found. Broncho-alveolar lavage fluid was positive for malignancy. Ascites fluid ws negative for malignancy. Liver biopsy and immuno-histochemistry: ER - PR -GATTA -, which were not compatible with breast origin. Alpha-feto protein= 23. She has a poor general condition

Question: plan?

Recommended tests: No further test needed

Recommended plan: Palliative treatment



Breast Disease Research Center