

**Date:** 20 June 2019 . 98/4/29.

**Patient's Name:** M.A.

**Responsible Physician:** Dr. Omranipour.

**Patient Presentation:**

- A 39 year old female with past history of left breast cancer underwent MRM and reconstruction with prosthesis two years ago.

-Pathology: IDC+DCIS, T=62mm, G2, LVI-, one intramammary involved LN, 2 out of 10 axillary LN involved, ER+, PR+, HER2-.

-She presented with 4 masses above reconstructed breast 2 years later.

-PET scan reported small FDG-avid nodules in the left upper anterior chest wall (largest 9mm), a very small left axillary LN which may be reactive. US showed two 7mm lesions in upper central left chest wall, two 6mm lesions in upper inner left chest wall with no LAP.

-CNB of nodules was done and pathology examination reported IDC(which focally abuts skeletal muscles), G2, ER+, PR+, HER2-.

**Question:** What should be done first, surgery or systemic treatment?

**Recommended Plan:** Surgery should be done first.