

Date: 21 Sep 2019. 98/6/30.

Patient's Name: P.F.

Responsible Physician: Dr. Elahi.

Patient Presentation:

- A 78 year old female with family history of colon cancer presented with abdominal pain, weight loss and anemia.

-Colonoscopy was done and showed large ulcerated mass in proximal of transverse colon with intussusception; the mass was biopsied and pathology examination reported intramucosal adenocarcinoma.

-Abdominopelvic CT scan: Colocolic intussusception in hepatic flexure and suspicious liver lesion in segment 8.

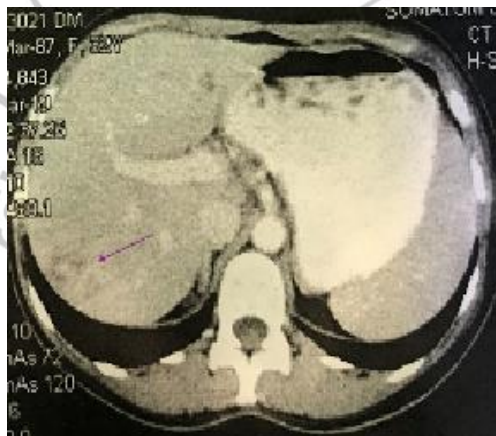
-Chest CT: Bilateral small (<5 mm) lung nodules and bilateral breast masses and right axillary LAP.

-In breast examination, bilateral retroareolar masses and pathologic right axillary LN was detected and CNB was done. Pathology examination reported bilateral IDC, G1, ER+, Her 2+(Rt) and 1+(Lt), ki67 20%, metastatic Rt axillary LN.

-She underwent right hemiolectomy with pathology report of invasive poorly differentiated carcinoma, T=65 mm, no LVI, invasion to pericolic fat, free margins, 25 reactive LNs.

Question: what should be done about liver lesion and systemic therapy of colon cancer? How, and when her breast cancer should be managed?

Recommended Plan: Liver MRI should be done; chemotherapy for colon cancer should be initiated.



Abdominal CT scan which shows suspicious lesion in 8th segment of liver.