

Date: 5 Oct 2019. 98/7/13

Patient's Name: Z. H

Responsible Physician: Dr. Omranipour

Patient Presentation:

- A75 year old female known case of bilateral breast cancer
- Mammography and sonography:
Right breast mass (60 *40mm) and axillary lymph-adenopathy +, left breast mass (13*8 mm) with pectoral muscle retraction and axillary lymph-adenopathy -
- Pathology: invasive ductal carcinoma
- Immunohistochemistry: left breast: IDC, ER+, PR-, HER2 -, Ki67 15-25%
right breast: IDC, ER+, PR +, HER2 -, Ki67 50%
- Bone scan: hyperactive lesion in T12 could be due to degenerative changes
- Brain CT scan: Ischemic foci in per- ventricular white mater
- Chest CT scan: Scattered sub-pleural nodule under 5.5 mm
- Abdominopelvic CT scan: normal
- Problem: bilateral breast cancer and suspicious lesion in vertebra in an old woman

Question: What is the next plan?

Recommended Plan: Discussion with patient about chemotherapy or surgery, MRI and biopsy from vertebral lesion

Breast Disease Research Center