

**Date:** 4 May 2019 . 98/2/14.

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

**Responsible Physician:** Dr.Omranipour.

**Patient Presentation:**

-A 35 year old female presented with LOQ left breast mass. Ultrasound showed hypoechoic lesion with multiple microcalcifications extending from 4 t 9 o'clock of left breast(B5) and suspicious LAP. Mammography showed extensive pleomorphic microcalcifications in lower inner and lower outer quadrant of left breast(B5). She underwent core needle biopsy of the breast mass and pathology examination reported IDC+DCIS(G3, ER+, PR+, HER+, Ki40%).

FNA of left axillary LNs was negative for malignancy.

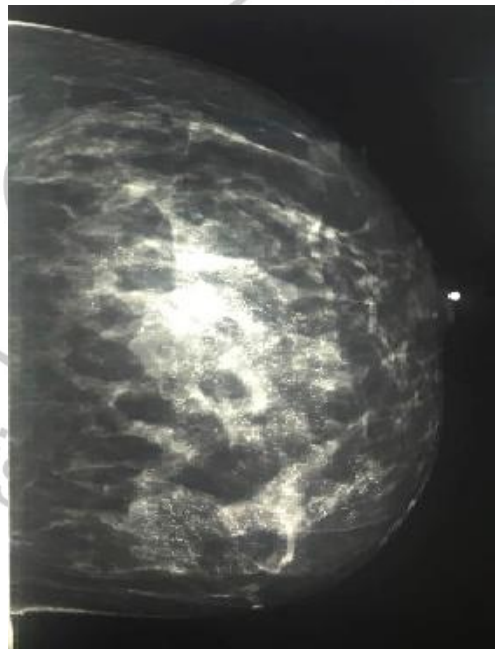
-She received NAC and then underwent mastectomy and sentinel LN biopsy.

-Pathology: IDC+DCIS, T=1.1cm, G2, LVI+, free margins, no LN involvement.

-Her recent echocardiography showed a decline in ejection fraction (pre NAC=55% declined to 40-45%) and her chemotherapist discontinued Herceptin.

**Question:** Is adjuvant RT is warranted?

**Recommended Plan:** She should receive adjuvant RT.



Mammogram of the patient which shows diffuse microcalcifications