

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

Patient's Name: F.M.

Responsible Physician: Dr.Omranipour.

Patient Presentation:

-A 57 year old female with past history of right breast cancer 8 years ago which underwent MRM (IDC+DCIS, T=4cm[25% DCIS], LN=0/12, ER+, PR+, HER-).

-She underwent right breast reconstruction with LD flap and prosthesis one year later.

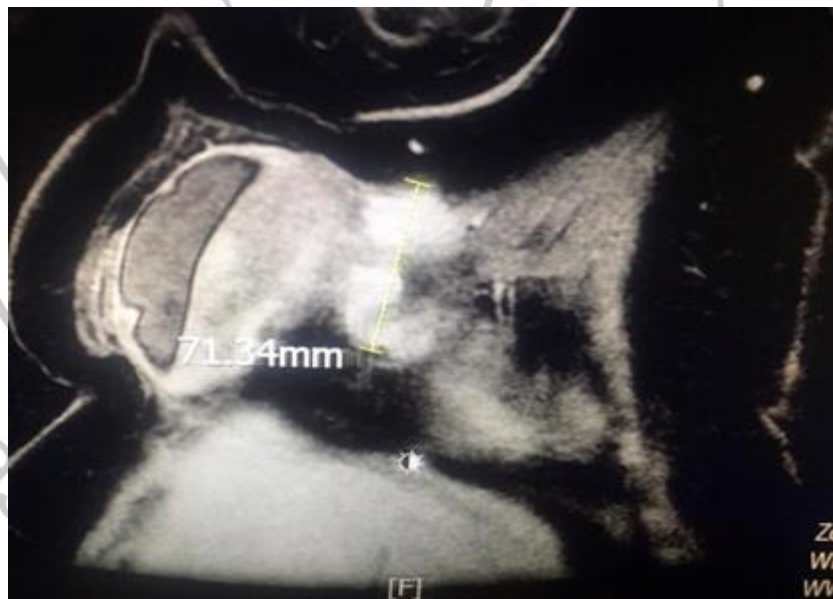
-The patient presented with enlargement, inflammation, and pain of right reconstructed breast 7 months ago. In breast MRI, a mass in deep central part of left breast posterior to prosthesis and in anterolateral aspect of sternal body and distal part of manubrium measuring 70*40**33mm, with extension to chest wall, endothoracic fascia, and parietal pleura, with amorphous enhancement in mid sternal body(in favor of involvement) was reported. All findings were claimed to be in favor of recurrence(B5). Capsular rupture of prosthesis was also seen.

- The mass was biopsied and metastatic carcinoma(ER+, PR-, HER-, CK7+, GATA+)was confirmed. She had no distant metastasis in thoracic and abdominopelvic CT scan and bone scan.

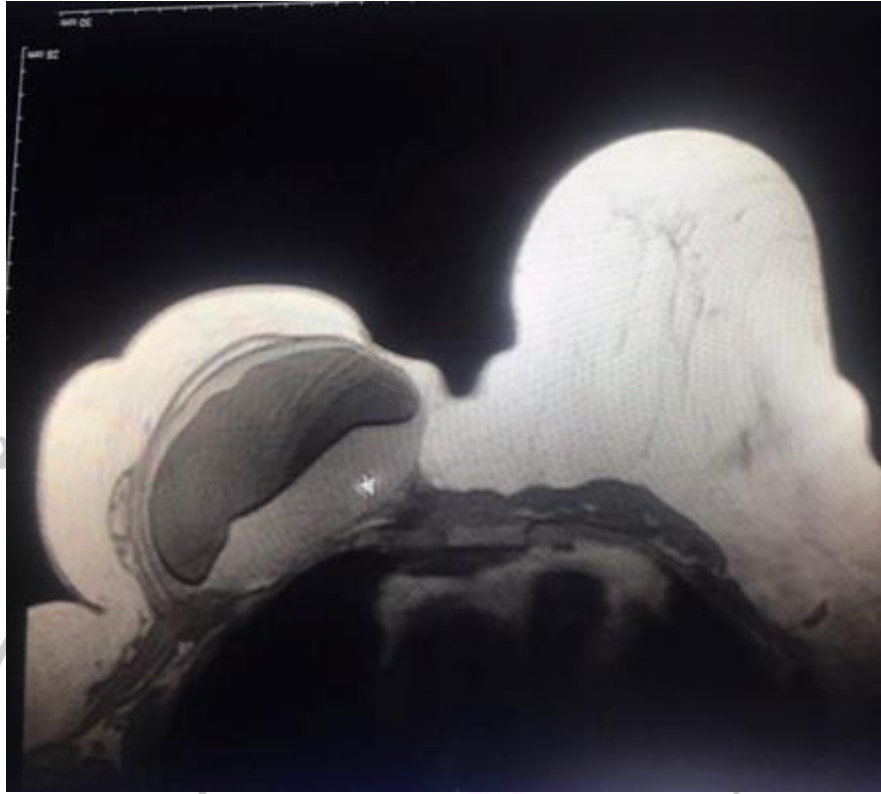
- She has received 3 sessions of chemotherapy with good response in recent thoracic CT scan.

Question: What is the best intervention now, surgery or continuation of chemotherapy?

Recommended Plan: Breast MRI should be repeated to assess the extent of local recurrence; if the mass was resectable, surgery is recommended.



Breast MRI of the patient which shows enhanced mass.



Breast MRI which shows capsular rupture of prosthesis of reconstructed breast.

Breast Disease Research Center