

**Date:** 11 May 2019 . 98/2/21.

**Patient's Name:** T.R.

**Responsible Physician:** Dr.Omranipour.

**Patient Presentation:**

-A 35 year old female with history of left breast mass which underwent excisional biopsy(with pathology of high grade DCIS, T=1.5cm, and undetermined margins), referred to Cancer institute and underwent SSM + SLNB + implant reconstruction 4 years ago. Pathology review showed extensive DCIS and a focus of microinvasion, T=2.5cm, no LN involvement, free margins, ER+, PR+. She was administered tamoxifen.

-She presented with two masses in lateral part of reconstructed breast and left axilla 4 months ago. Ultrasound examination showed suspicious axillary LNs and a 20mm mass in lateral part of implant(B4a). FNA of axillary LN was done which reported to be suspicious for malignancy.

-She underwent excision of lateral breast mass and axillary nodes. Pathology review reported invasive and in situ ductal carcinoma(G3) in lateral breast lesion and mainly DCIS with questionable focus of microinvasion and no distinct rim of LN in periphery of specimen in the excised LNs.

**Question:** Plan?

**Recommended Plan:** Pathology review to determine whether there is any invasive component in LN specimen, IHC, left axilla ultrasound, and staging to determine surgical plan.

