

Date: 25 May 2019 . 98/3/4.

Patient's Name: A.J.

Responsible Physician: Dr.Omranipour.

Patient Presentation:

-A 58 year old female presented with right breast mass(UIQ, 3cm) and right inguinal mass along with lower extremity severe edema. DVT had been ruled out.

-Mammography and breast ultrasound showed malignant appearing breast lesion and suspicious axillary LNs (B5). In abdominopelvic CT scan, a 98mm probably malignant mass mostly in right side of pelvis with paracaval, paraaortic, paravertebral, and right iliac LAP(upto48mm) was reported. Thoracic CT scan was normal.

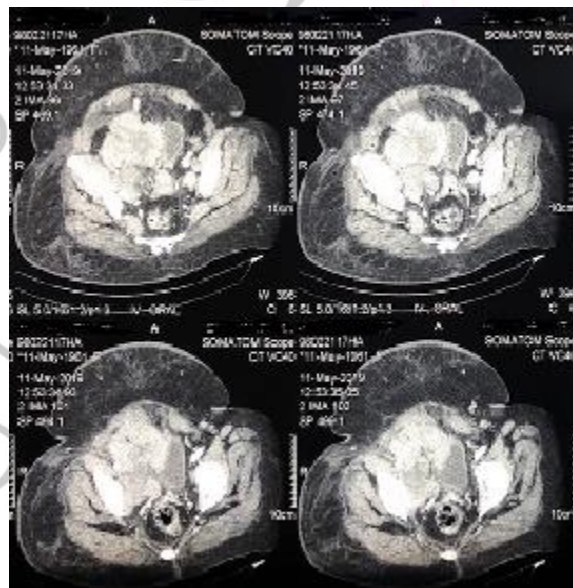
-She underwent CNB of breast and inguinal masses and the results was as follows:

*Breast mass CNB: IDC, ER+, PR+, HER2 -, Ki67 30%.

*Inguinal mass CNB: Malignant tumor compatible with high grade neuroendocrine tumor; IHC: chromogranin A +, NSE +, Synaptophysin +, Ki67 80%, CD99+, CD56+, CEA-, ER-, AFP-.

Question: What is the most appropriate intervention, chemotherapy or surgery?

Recommended Plan: Chemotherapy is recommended. Bone scan should be done too.



Abdominopelvic CT scan which shows right pelvic mass and LAP.