

Date: 1 June 2019 . 98/3/11.

Patient's Name: J.SH.

Responsible Physician: Dr.Omranipour.

Patient Presentation:

-A 57 year old female with right breast cancer last year, underwent MRM(IDC, G3, 15 out of 16 LNs involved, ER-, PR-, HER+, Ki30-35%) and received adjuvant chemoradiation and herceptin.

-She presented with RUQ pain about 4 months ago. Abdominopelvic ultrasound showed two hypoechoic lesions (40mm and 20mm) in 7th segment of liver. Percutaneous biopsy was done and metastatic breast carcinoma(ER-, PR-, HER+, GATA3 strongly positive)was confirmed. She administered daily oral Gemcitabine an Lapatinib for 3 months.

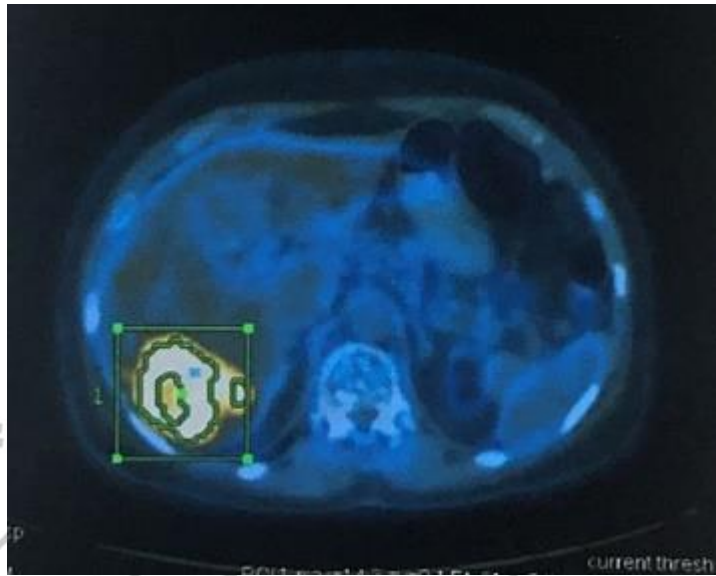
-In her new abdominopelvic CT scan, an ill-defined mass measuring 45*46mm in right lobe of liver in favor of metastatic lesion was reported. In PET-CT a single large hypermetabolic lesion(49*44mm,SUV=4.3) was shown in 7th segment of liver.

Question: Is she a good candidate for metastasectomy?

Recommended Plan: Although metastasis has occurred during treatment and in short-term following first diagnosis, the option of surgery should be offered to the patient,with full information about risks and benefits; metastasectomy can be done according to patient's will.



Pre-chemotherapy abdominopelvic CT scan which shows metastatic lesion in 7th segment of liver.



Post-chemotherapy PET-CT of the patient which shows liver metastasis.

Breast Disease Research Center