

Date: 8 June 2019 . 98/3/18.

Patient's Name: F.SH.

Responsible Physician: Dr.Jalaeifar.

Patient Presentation:

-A 65 year old female with left breast mass underwent excisional biopsy of the mass with pathology report of invasive ductal carcinoma with undetermined margins.

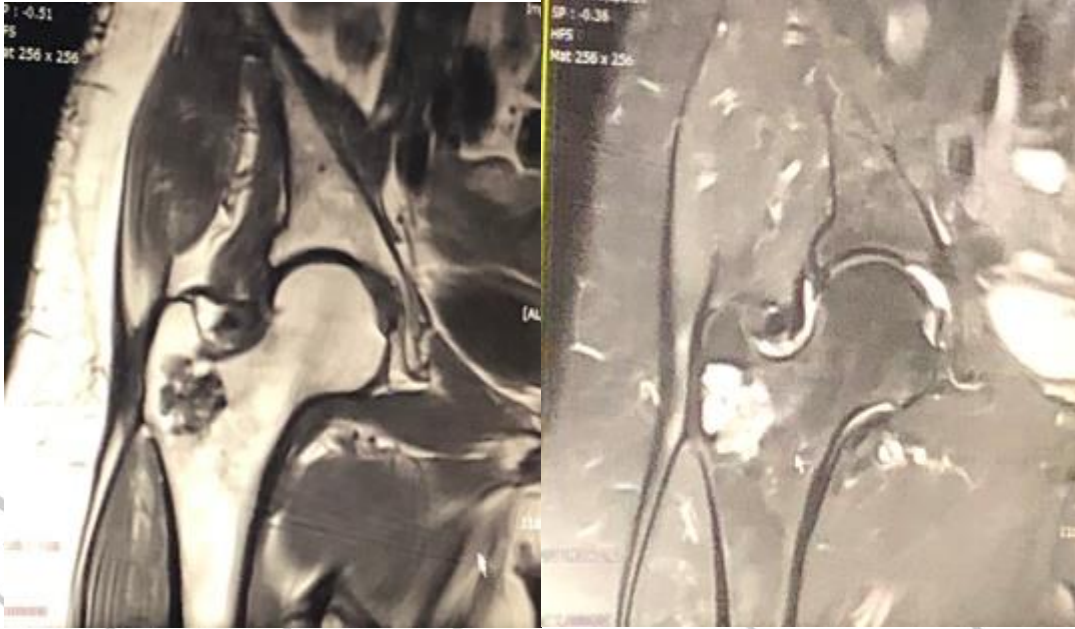
-The breast US showed no axillary LAP. Thoracic and abdominopelvic CT scan was normal with no evidence of metastasis. In her bone scan, increased activity in left femoral neck suggesting metastatic lesion and a suspicious lesion in greater trochanter of right femur was reported. Pelvic MRI claimed that femoral lesions are mostly in favor of metastasis, but traumatic changes can not be ruled out.

Question: Does the patient has metastatic breast cancer? What is the best management?

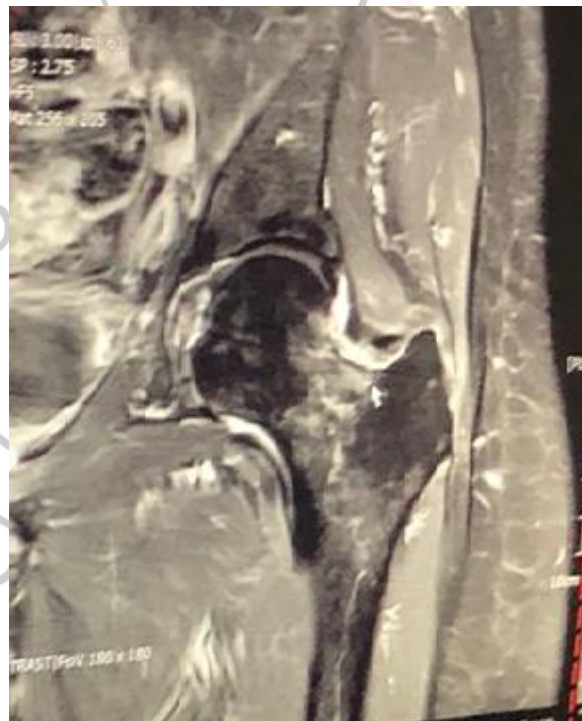
Recommended Plan: According to pelvic MRI and CT scan review, the lesion in left femoral neck is inflammatory; there is a sclerotic lesion in right femur which should be biopsied according to patient's history. Regarding patient's management, as suspicious right femoral lesion is a solitary bone lesion, local treatment of patient can be initiated while other work ups are being done.



Pelvic CT scan which show sclerotic lesion in trochanter of right femur.



Pelvic MRI which shows sclerotic lesion in trochanter of right femur.



Pelvic MRI which shows inflammation in left femoral neck.