

Date: 22 June 2019 . 98/4/1.

Patient's Name: M.N.

Responsible Physician: Dr.Mahmoudzadeh,

Patient Presentation:

-A 33 year old female with past history of left breast cancer 3 years ago which had been underwent BCS+ALND and chemoRT(Herceptin had been discontinued early because of reduction in EF), presented with liver lesions 7 months ago.

-Breast surgery pathology was as follows: Paget disease and IDC, G2, T=4cm, LN=10/18 involved, ER-, PR-, HER-, Ki 10-12%.

-Abdominopelvic MRI showed 49mm(6th segment), 30mm(3rd segment), and 13mm(8th segment)liver masses in favor of metastasis. Liver Biopsy confirmed metastatic carcinoma, ER-, PR-, HER+, Ki30%.

-Her breast ultrasound was normal.

-She received 9 sessions of chemotherapy.

-After chemotherapy abdominopelvic CT scan showed low attenuating areas at liver parenchyma with unusual pattern for liver metastases, and further work up is recommended.

Abdominopelvic MRI showed 35mm(6th segment), 15mm(3rd segment), and 8mm(8th segment) liver masses which were reduced in size(partial response).

Question: Is she a good candidate for metastasectomy?

Recommended Plan: She is eligible for metastasectomy.



Abdominopelvic MRI which shows liver metastases.