

Date: 2020/11/28 ; 08/ 09/1399

Patient's Name: A .N

Responsible Physician: Dr.Elahi

Patient presentation: (follow up from 2 weeks ago)

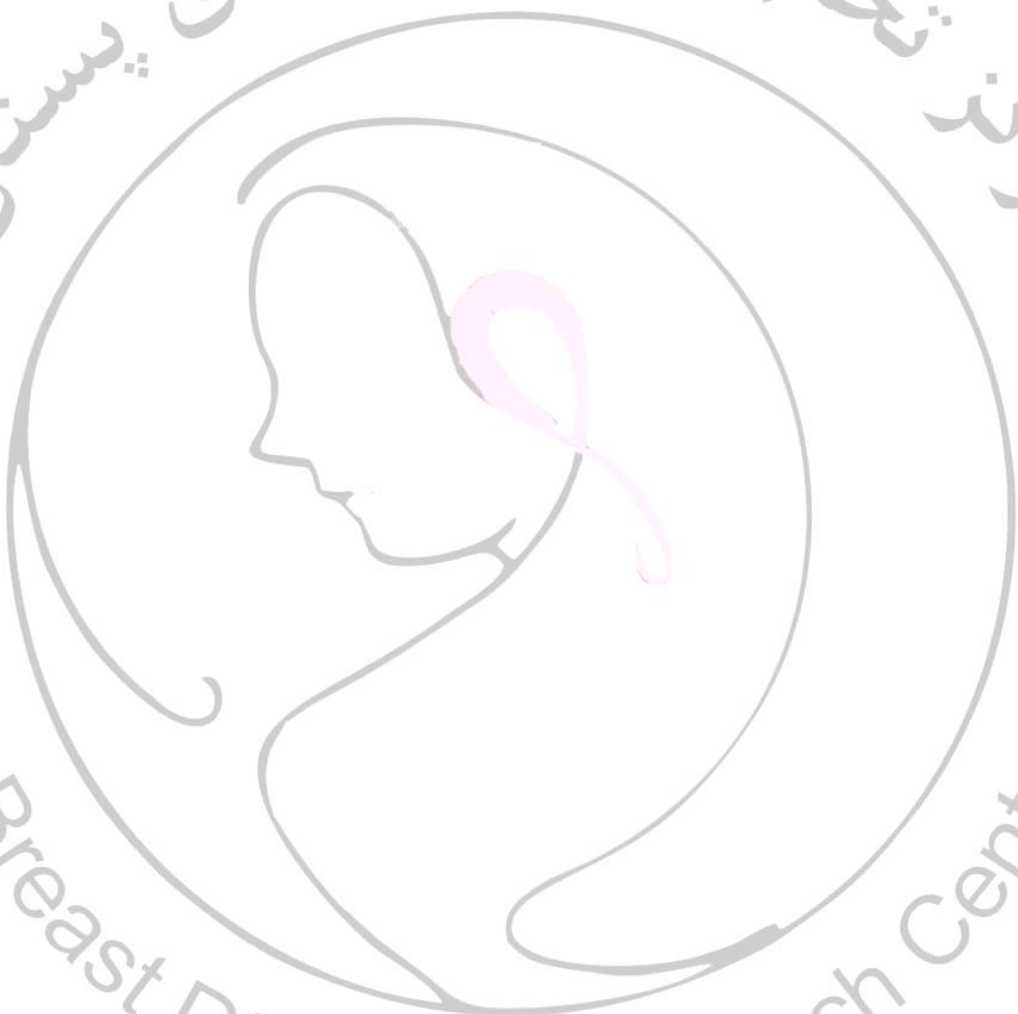
- 46years – 3 years ago presented with locally advanced breast cancer
- IDC; triple negative ; Ki67 40%- neoadjuvant chemotherapy done then breast conserving surgery & ALND performed (10 mm residue &5/9 lymph nodes involved)
- Radiotherapy followed it.
- One year later the patient received Zeloda and radiotherapy for her bony metastasis (PET proven)
- This year left axillary lymphadenopathies found and proved to be metastatic (IDC ; Triple negative ; Ki 67 20-30%)
- CT scan : Normal other than left axillary lymphadenopathies .New PET scan :left axillary involvement ; suspicious left ovary(not proved in CT scan)

Question: PET review? Is surgery recommended ?What would be the plan of operation?

Recommended tests: Transvaginal ultrasound ;check ovarian tumor markers ;genetic testing.

Considered plan: Surgery is recommended in form of left modified radical mastectomy or left axillary dissection with whole left breast radiotherapy + chemotherapy (better to be in form of neoadjuvant)

مرکز تحقیقات بیماریهای پستان



Breast Disease Research Center