

Date: 2020/12/05 ;15/09/ 1399

Patient's Name: M.K

Responsible Physician: Dr.Alipour

Patient presentation:

- 44years –negative family history

- Presented with left breast mass (11 o'clock).

Ultrasound (2/99) :one mass 11 mm. upper inner quadrant. BIRADS 4.

-Mammography: central microcalcification from Lower Inner Quadrant(LIQ) to retronipple.

Pathology report of Core needle biopsy (CNB) done: IDC ;G2;ER+(20%);PR-;

HER2 3+; Ki67 60-70%

3/99 MRI: Few lymph nodes(LN) in Left axilla with cortical thickening (CNB result of LN : negative)

- One main tumor and multiple central masses <15mm so multifocal in medial part of breast (8 -11 o'clock) to retro nipple; nonsymmetric enhancement of left breast nipple . Normal Right Breast.

Neoadjuvant chemotherapy is done in preparation for mastectomy

New MRI of breasts 8/99 : All lesions gone. Only nonspecific enhancement in left nipple + some enlarged LNs

MRI : BIRADS 4

- Patient has insisted on simultaneous reconstruction with mastectomy.

-Question: 1-Is it approved to do bilateral mastectomy? Even if contralateral

breast mastectomy is OK, shall we perform any kind of reconstruction (eg: TRAM flap) regarding COVID era?

2- Considering patient's MRI, is it eligible to do skin sparing mastectomy (SSM)?

considered plan: It is preferable only to do left skin sparing mastectomy and reconstruction using tissue expander or prosthesis. Mention her that there is a little chance she may need radiotherapy afterwards.

