

Date: 2020/12/19; 29/09/1399

Patient's Name: E. Sh

Responsible Physician: Dr.Omranipour

Patient presentation:

- 43years – negative family history
- Presented with right breast mass and skin retraction (5/98) defined by physician as advanced locally breast carcinoma.
- Ultrasound and mammography: right breast BIRADS 5; left breast BIRADS 4b
- Right breast mass core needle biopsy done, IDC; G2; ER+ 90%; PR+80%; HER2-; ; Ki67 25-30 %, Axillary lymph node involved.
- Primary metastatic workups were considered negative.
- She received herbal therapy and chemotherapy since (1/99) through vascular access port during which 3 times hospitalized and left pleural effusion evacuated through chest tube and lab tests done for it but no obvious pleural malignant cell found in multiple cytologic examinations done, and each time after tube extraction the effusion recurred.
- Now chemotherapy is finished and port of it had been extracted 4 months ago.
- Last most recent spiral CT scan reported minor remnant of pleural effusion in left hemithorax and suspicious bone lesions that were not proved through MRI.

Question: Is there any indication for surgery of the primary sites? Does it benefit her?

Recommended tests: Video assisted thoracic surgery (VATS) should be done to obtain sufficient specimen for pathologic evaluation.

considered plan: At present continue systemic therapy till VATS is done.

