

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

Patient's Name: Sh.Sh

Responsible Physician: Dr. Elahi

Patient presentation:

- 83years female (family history of GI cancer)

- Presented with PMH of chronic heart & lung disease & Bolus pemphigoid on wheelchair.

1399,03: Right lateral breast cancer, size 2 cm with skin involvement,
Core Needle Biopsy: Invasive ductal carcinoma, ER + 20%, Her2 -, Ki67 50%

-It was resistant to hormone therapy first treatment: Letrozole, progressed under treatment after 2 months.

and so, mastectomy and sentinel lymph node biopsy done (5/99)

IDC, 43 mm, SLNB 0/4, nonsentinel lymph nodes 1/5 involved, triple negative; Ki 67 36%.

Then adjuvant hormone and radio therapy done.

PET: hyperactive lesions in mandible, mediastinum & lung

1399.08: Right posterior thigh a hard painful mass of soft tissue 4*5 cm (31*18mm in sonography) presented.

Incisional biopsy done: Invasive carcinoma with squamous differentiation, ER 2%, Her2 -, ki67 60%

Chest CT: Interstitial lung fibrosis, Bronchiectasis, mediastinal reactive Lymph Nodes.

Question:1 –Is it from Breast or of other origin as primary cancer?

2- Plan of treatment? shall we go on to surgery? (It seems that due to age & general physical conditions patient can bear surgery better than chemotherapy.)

Considered plan: 1- surgery of the painful limb mass is recommended albeit it doesn't have any survival benefit. 2-Local radiotherapy should be considered?

3-Intending patient tolerability systemic therapy can be used (e.g.: aromatase inhibitor).

