

**Date:** 2020/12/26 ;06/10/1399

**Patient's Name:** V.S

**Responsible Physician:** Dr. Elahi

**Patient presentation:**

- 68years female

- Presented with Right axillary huge & painful mass.

There is history of long-term diabetes mellitus and bilateral breast cancer 8 years ago, complete right mastectomy and left partial mastectomy then Chemo-radiotherapy and hormone therapy had been done for them. (no pathology accessible).

(99.04): Right deep axillary huge painful mass (fixed & hard) with Right upper limb edema and severe radiculating pain.

Right shoulder MRI (99.04): axillary fossa 84\*76mm mass with neurovascular bundle involvement.

Right axillary Core Needle Biopsy: involved by malignant tumor, kind of sarcoma with myoid differentiation.

PET CT: Right axillary mass 76\*65mm with soft tissue involvement. SUV=17

**Treatment:** Radiotherapy 16 course done with Partial Response

- Patient was completely unable to elevate her limb, now after radiotherapy she is only a little better.

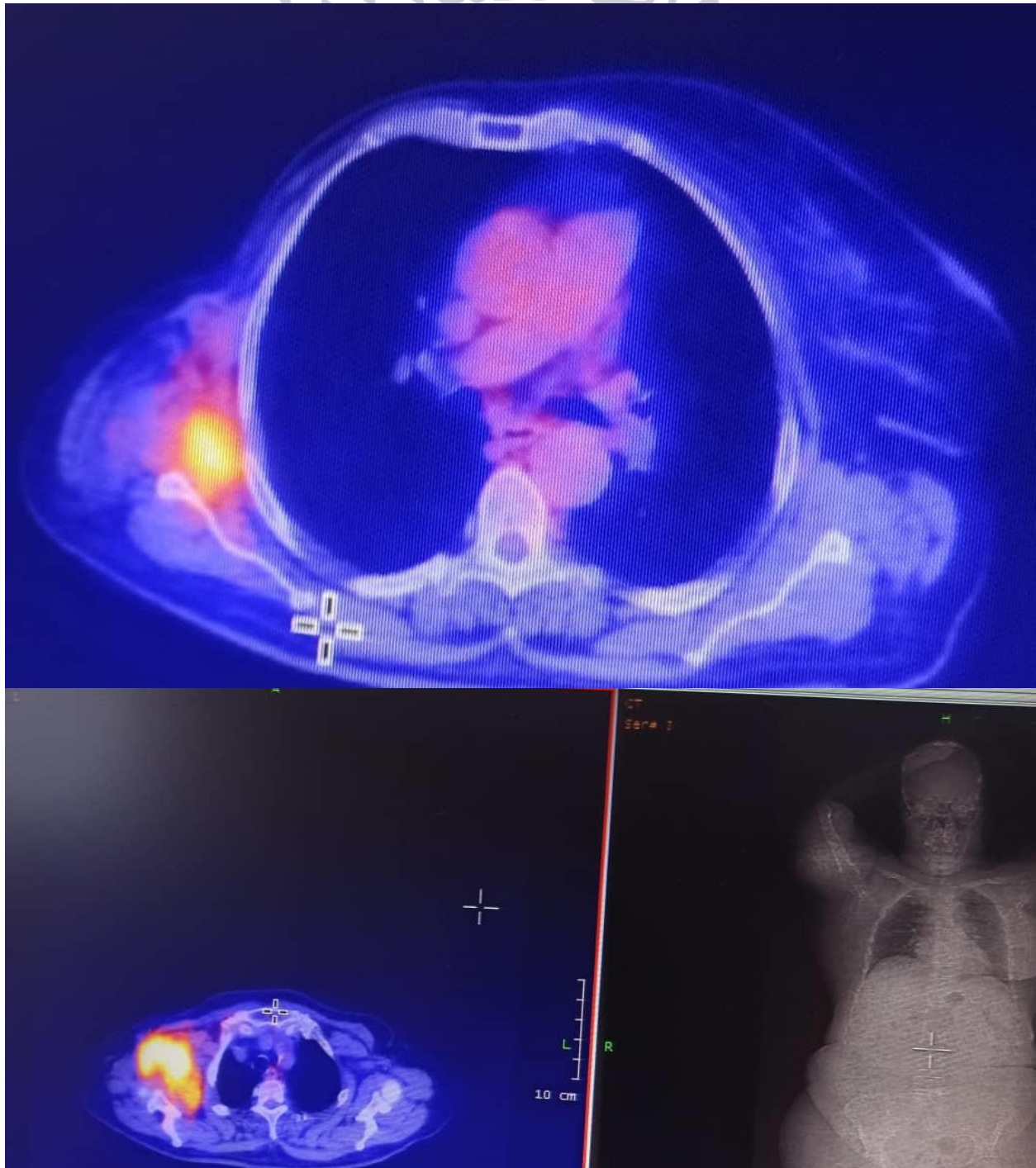
**Question:** Plan of treatment? What can be done for her?

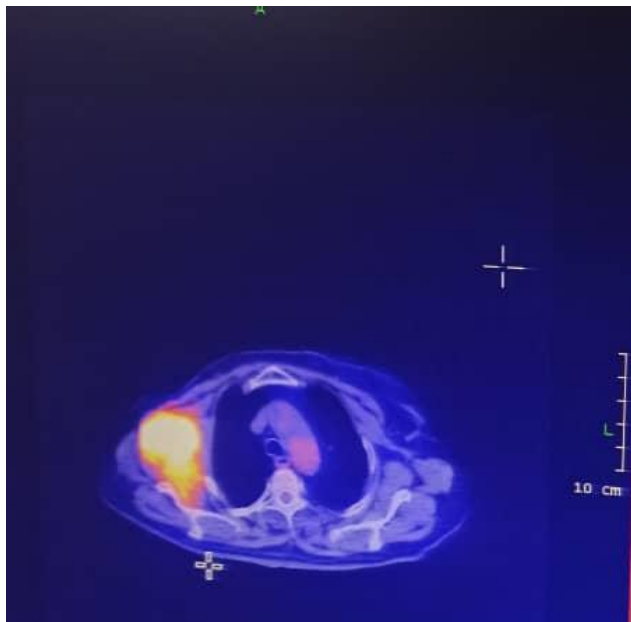
**Recommended tests:** Since in these work ups, the tumor is locally advanced and is tangential to neurovascular bundle and has involved the shoulder capsule and head of humerus and side muscles (e.g.: Teres major and minor) new MRI 6-8 weeks after

radiotherapy end should be done both in coronal and axial planes and in both arterial and venous phases to evaluate if the surgery can benefit her.

**Considered plan:** Surgery is recommended if it is possible and the patient accepts great morbidity of it.

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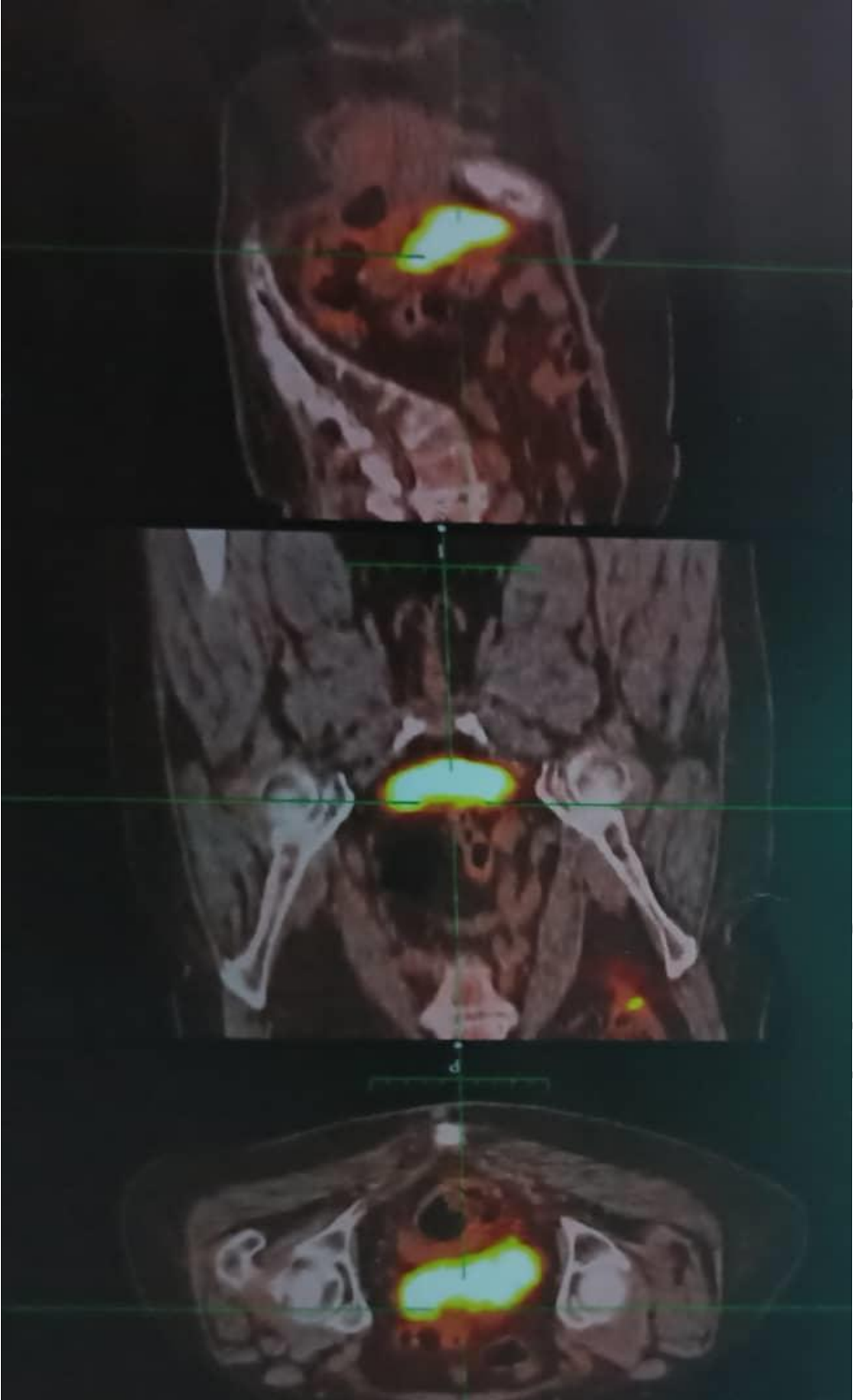






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