**Date: 2021/01/02 ;13/10/1399**

**Patient's Name**: Z.R.D

**Responsible Physician**: Dr.Alipour

**Patient presentation**:

- 46 years female
- Presented with Inflammatory right breast carcinoma with multiple masses in the breast (largest 54mm involving skin of the Nipple Areolar Complex) and multiple Axillary Lymph Nodes diagnosed (29/2/99).

Core Needle Biopsy: IDC; Grade2; perineural invasion present; ER+70%; PR+30%; HER2 -; Ki67 45-50%; axillary lymph node involved.

Metastatic workup: Multiple bone metastasis and probable bilateral pleural effusion.

Received chemotherapy (ACT) and is continuing Zometa.

Oncologist referred her for assessing possibility of surgery.

New bone scan and Metastasis workup: some Metastasis disappeared and some with no change. lung: Normal.

New Physical exam: Breast without inflammation, only Nipple Areola Complex thickness. Lymphadenopathies very smaller.

Breast Sonography: Multiple involved Lymphadenopathies confirmed response to treatment.

**Question**: Can she be included in metastatic survey and perform mastectomy?

**Recommended tests**: Must have new spinal MRI and if spinal involvement>50% first radiotherapy to preclude bone fracture.

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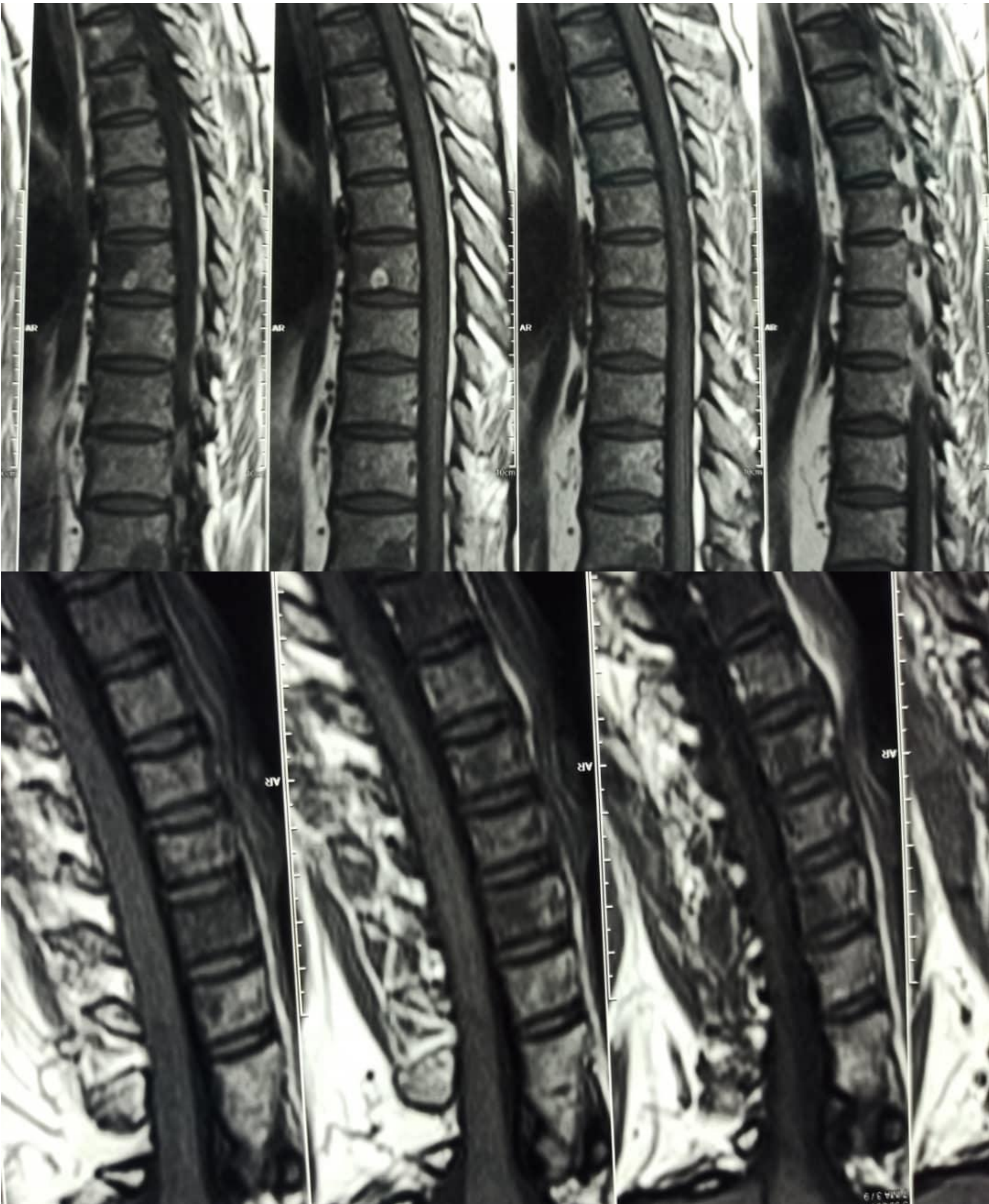
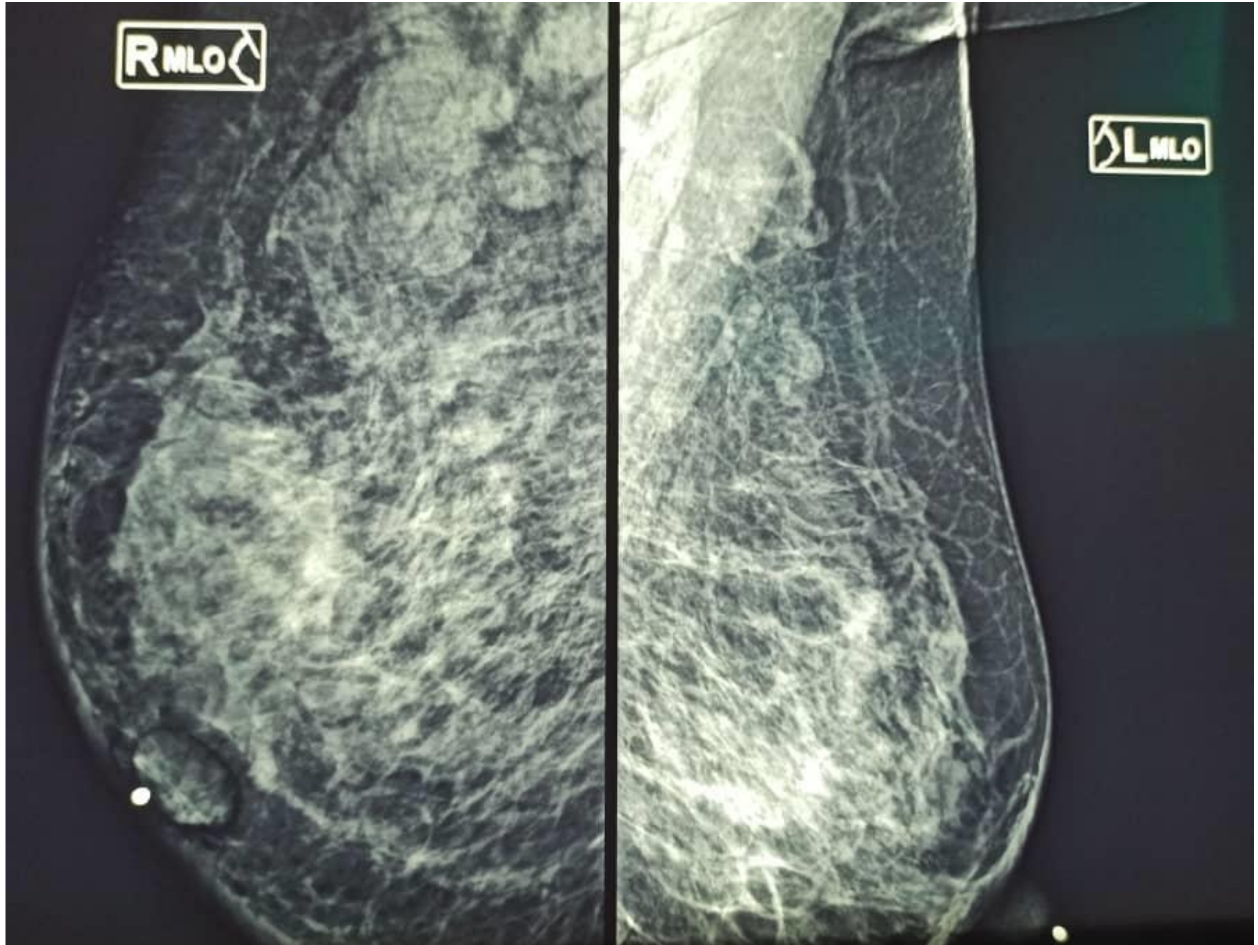
**Considered plan**: Modified Radical Mastectomy is recommended if patient is willing to enter metastatic survey.



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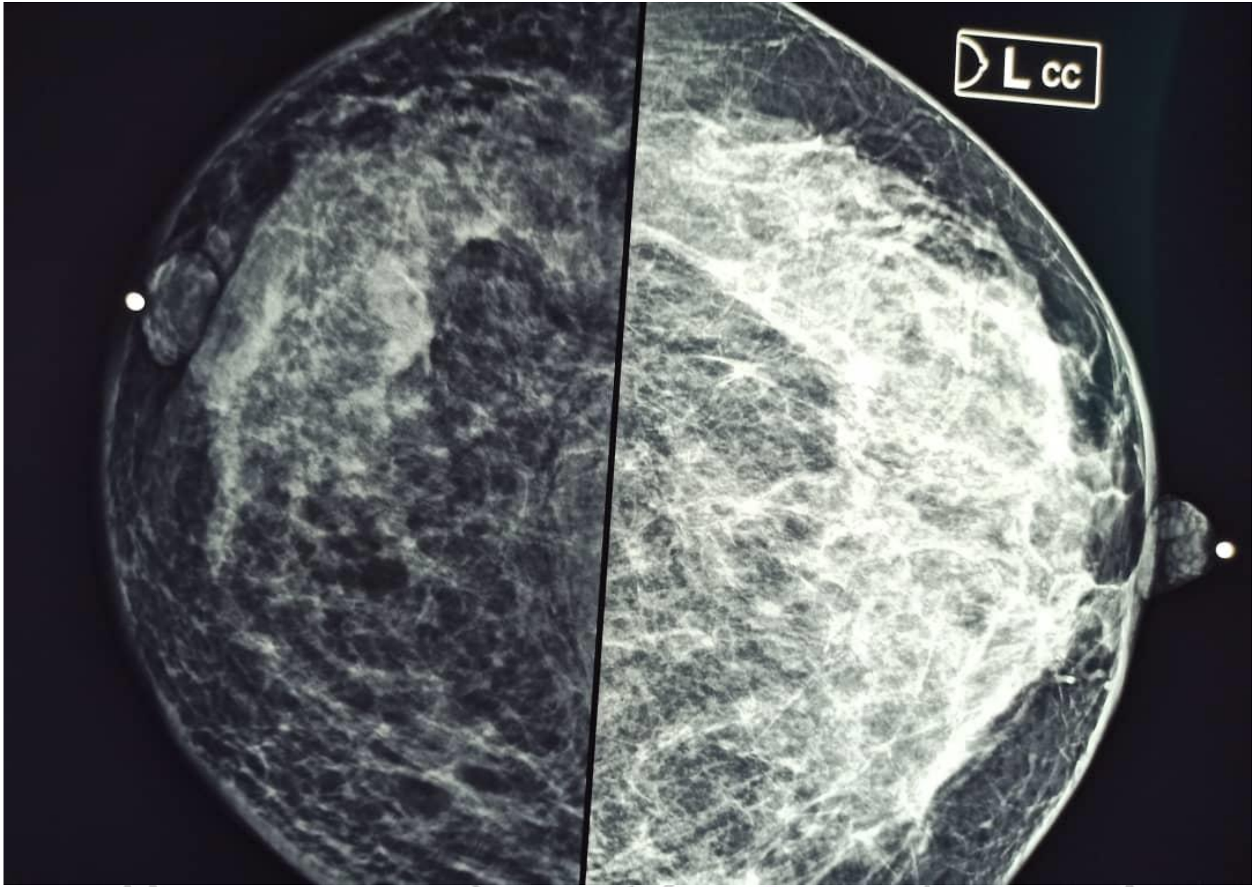


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