

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

Patient's Name: M.S

Responsible Physician: Dr. Vasigh

Patient presentation:

- 51years female – positive family history (GI cancers)
- Presented with left breast carcinoma at its upper outer quadrant part (nearly sub axillary zone) partial mastectomy (IDC; luminal A; 11 free lymph nodes) and radiotherapy finished one year ago.

Now she has debilitating symptoms and signs of local radiotherapy including severe pain that affects her quality of life and has to use a large amount of oxycodone and recently local ulcer with late healing.

-All new work ups including mammography; complete total CT scan, Brain MRI are normal.

-A palpable thickening in left axilla that in sonography approved to be Fat Necrosis underwent Core Needle Biopsy and pathologic confirmation obtained.

- Patient has asked for a kind of intervention for relieving her pain and disability.

Question: What can be done?

Recommended tests: 1-Cervical MRI to evaluate possibility of epidural involvement and if so, block it 2-Breast MRI to rule out probable loco regional recurrence (LRR)

Considered plan: If all work ups are within normal, consider physiotherapy and oral usage of vitamin E, pentoxifylline, gabapentin.



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