

**Date:** 2021/01/09;20/10/1399

**Patient's Name:** F.S.R

**Responsible Physician:** Dr. Jalaifar

**Patient presentation:**

- 59years – positive family history (her sister)
- Presented with Right breast cancer MRM (modified radical mastectomy) done
- (11/92): IDC; Margin Free; all 9 lymph nodes harvested in axillary dissection were involved then she had 6 course chemotherapy+28 sessions of Radiotherapy.
- (1394) Right supraclavicular mass excised with Pathology: poorly differentiated IDC then again 6 courses chemotherapy done.
- (1395) Because of right cervical lymphadenopathy neck dissection done with no involvement in 4 lymph nodes obtained after which hormone therapy continued.
- (1397) supraclavicular mass recurred with IHC of ER+; PR-; HER2 +; then received 9 courses chemotherapy and 14 courses of Brachytherapy last session (11/97).
- (9/99) Recurrence of right supraclavicular lesion in the form of progressive discharging neck ulcer since 2 years ago meanwhile right upper limb was completely paralytic.
- Regional MRI & biopsy of the mass done with the resultant pathology of ILC (invasive lobular carcinoma) and second opinion of SCC.
- Recent PET showed increased uptake in the supraclavicular mass & proximal right arm muscles and several upper inner arm soft tissue lesions.
- Patient claims that this useless limb is annoying and requests for intervention.

**Question:** 1-PET review?

2-Best plan for treatment?

**Recommended tests:** Review IHC of recent pathology specially regarding P63.

**Considered plan:** After that return to next breast joint.







RFDM NOTE 8 PPO

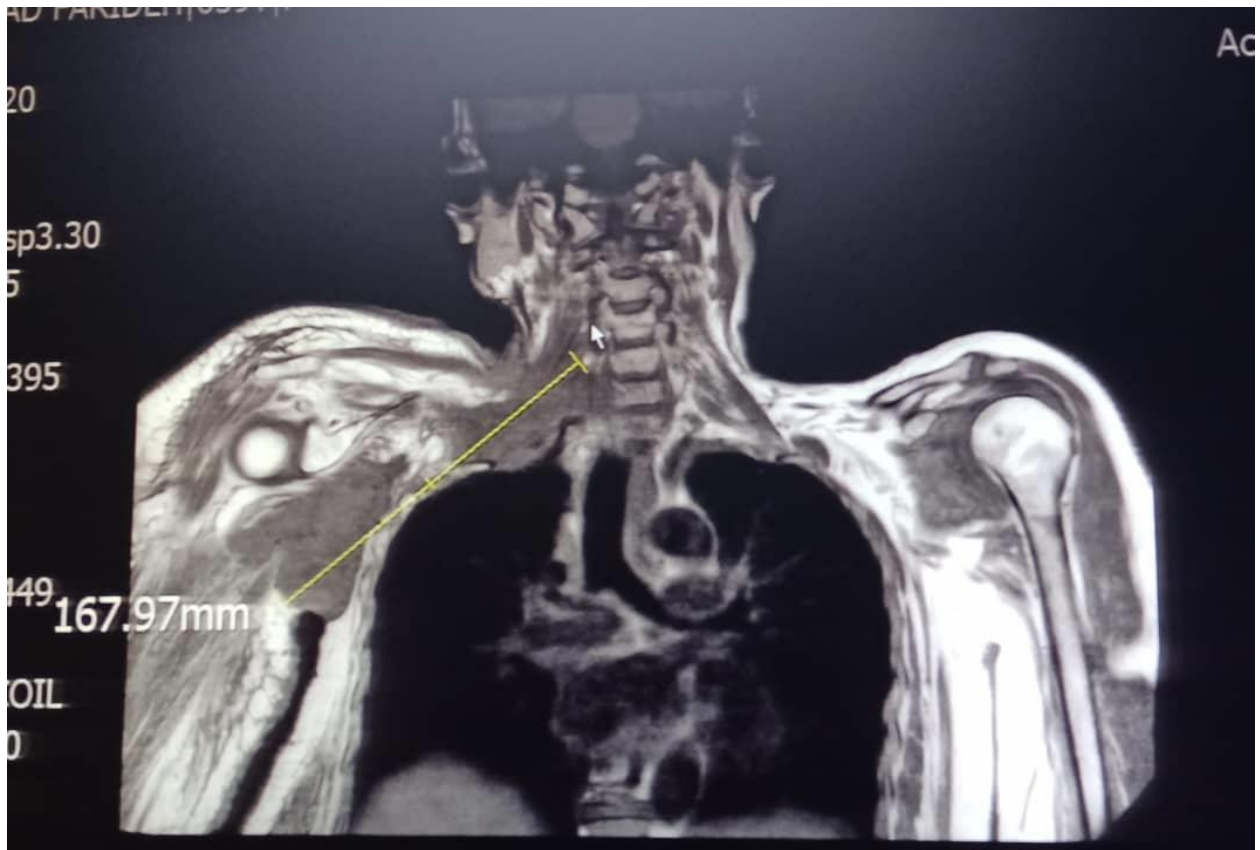
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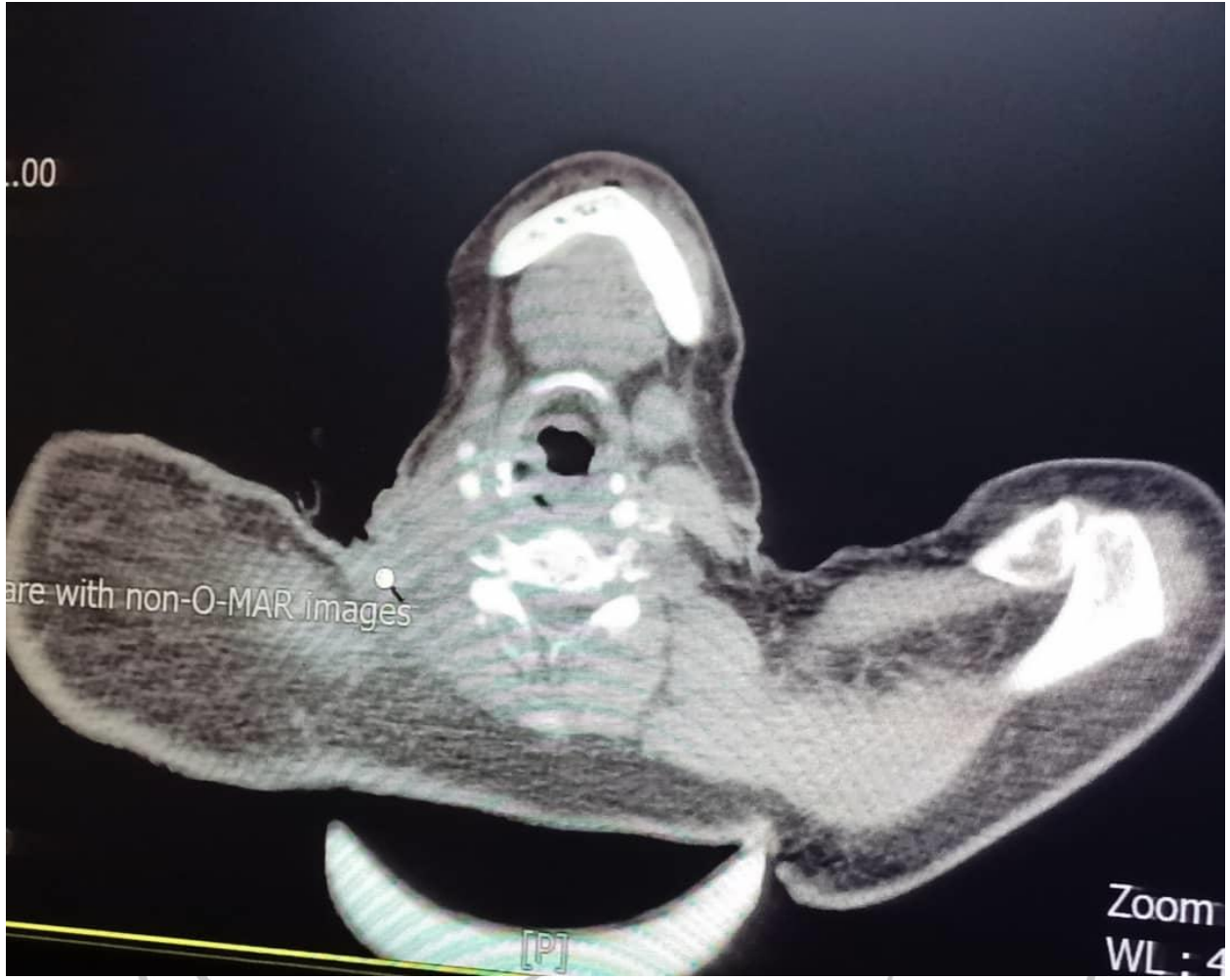
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The logo consists of a stylized breast outline in grey, with a pink ribbon symbol integrated into the design. The text "Breast Disease Research Center" is written in a curved path below the graphic.



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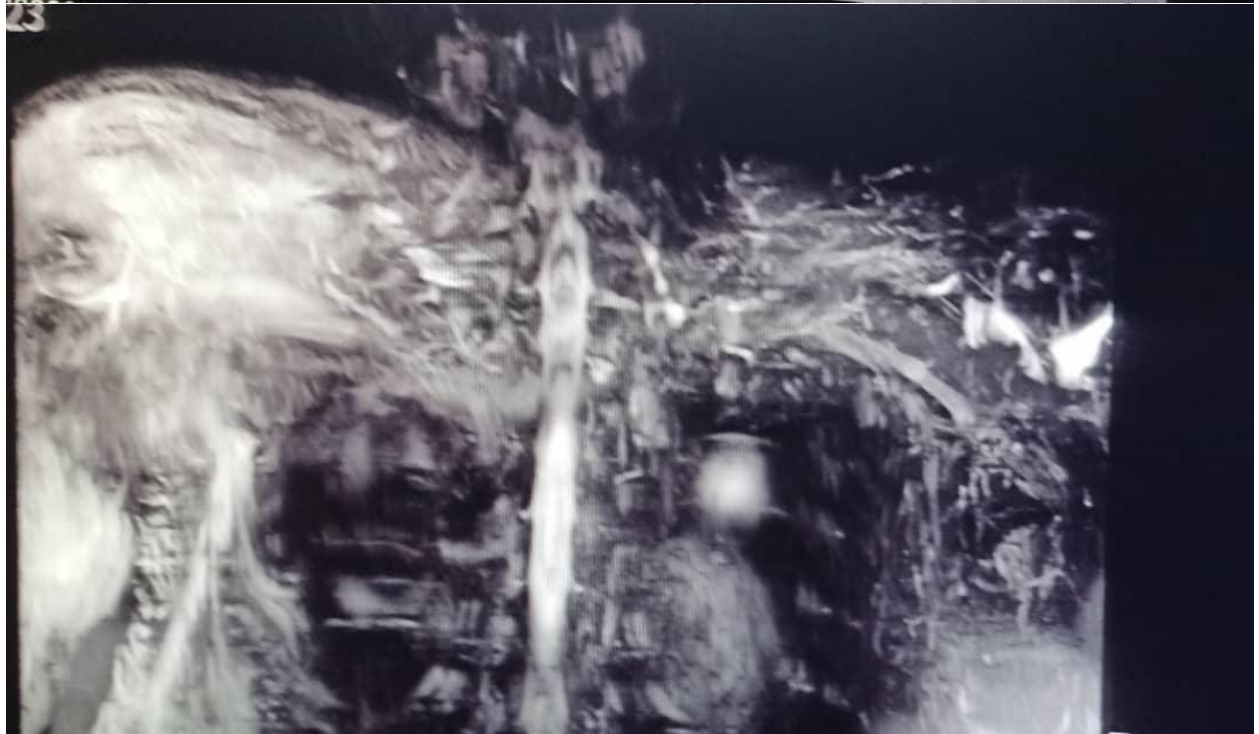
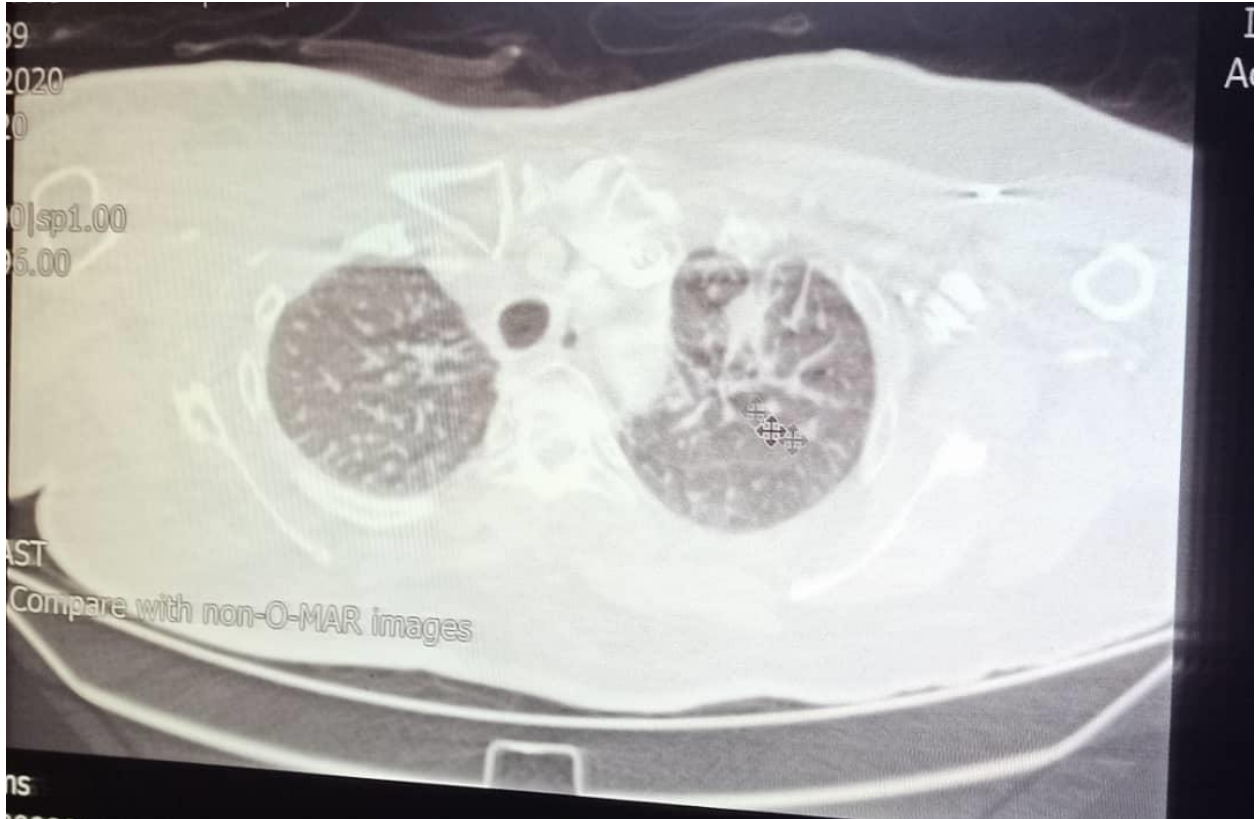


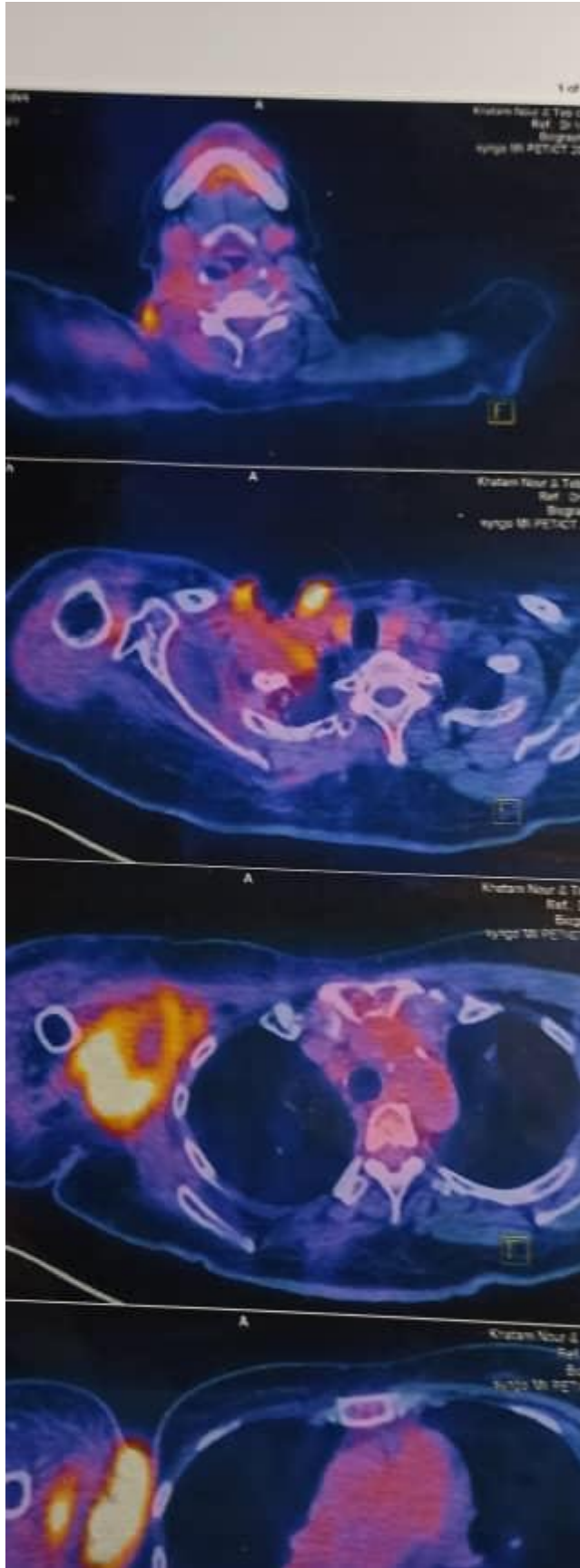


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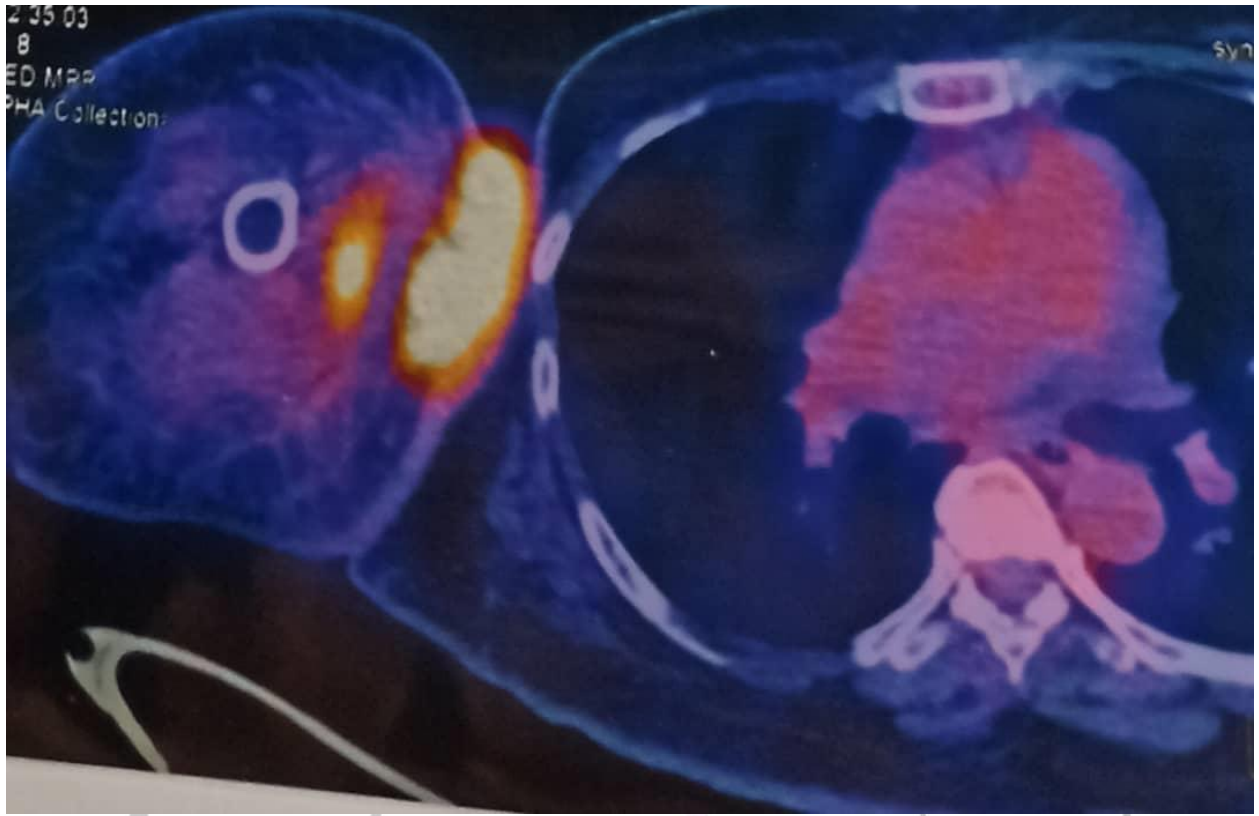




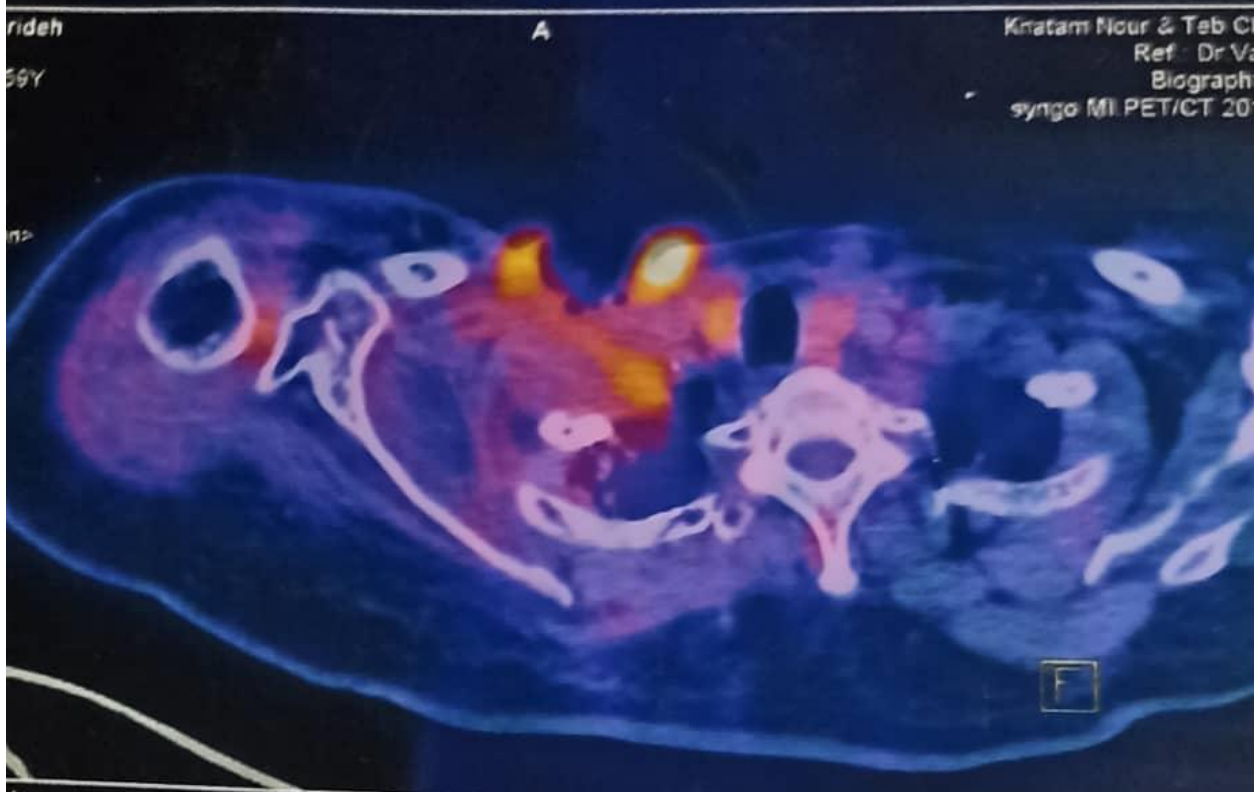
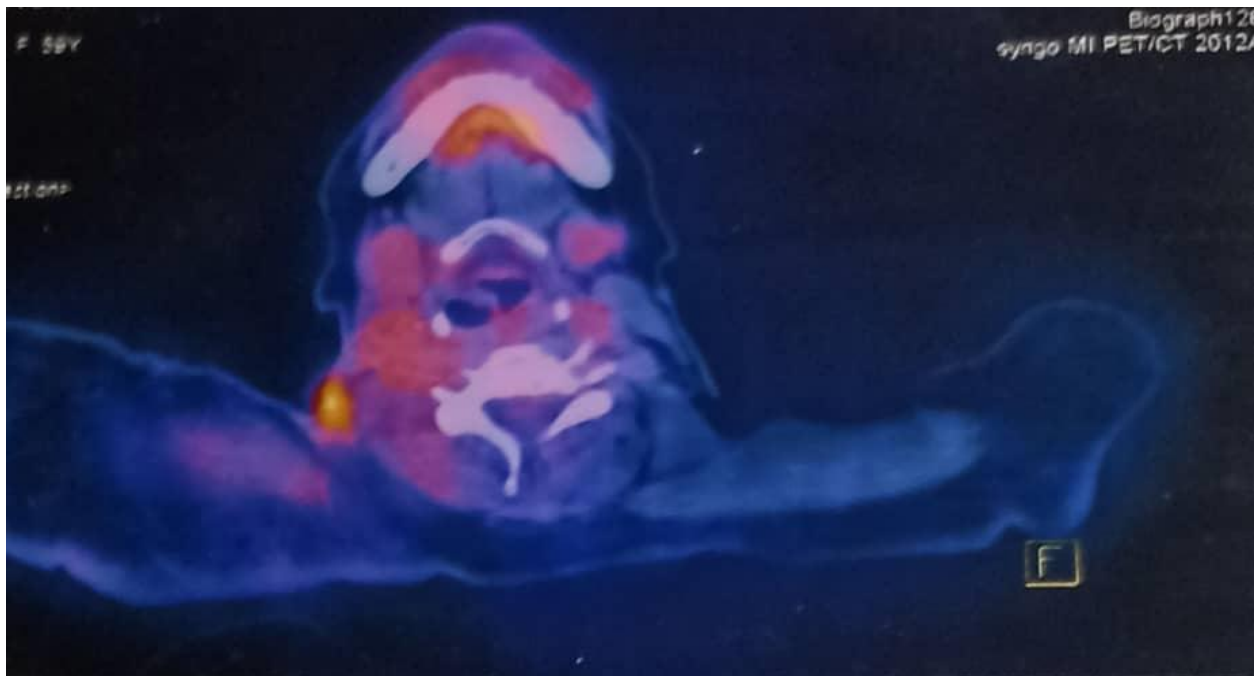
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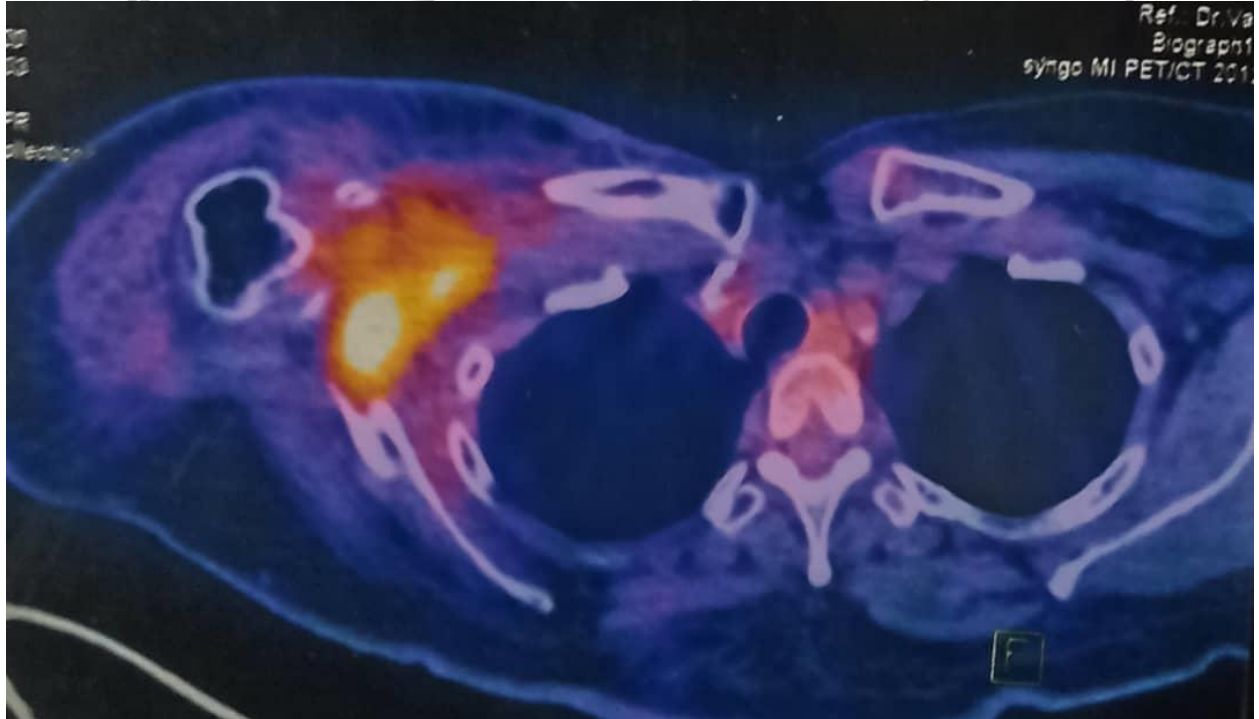


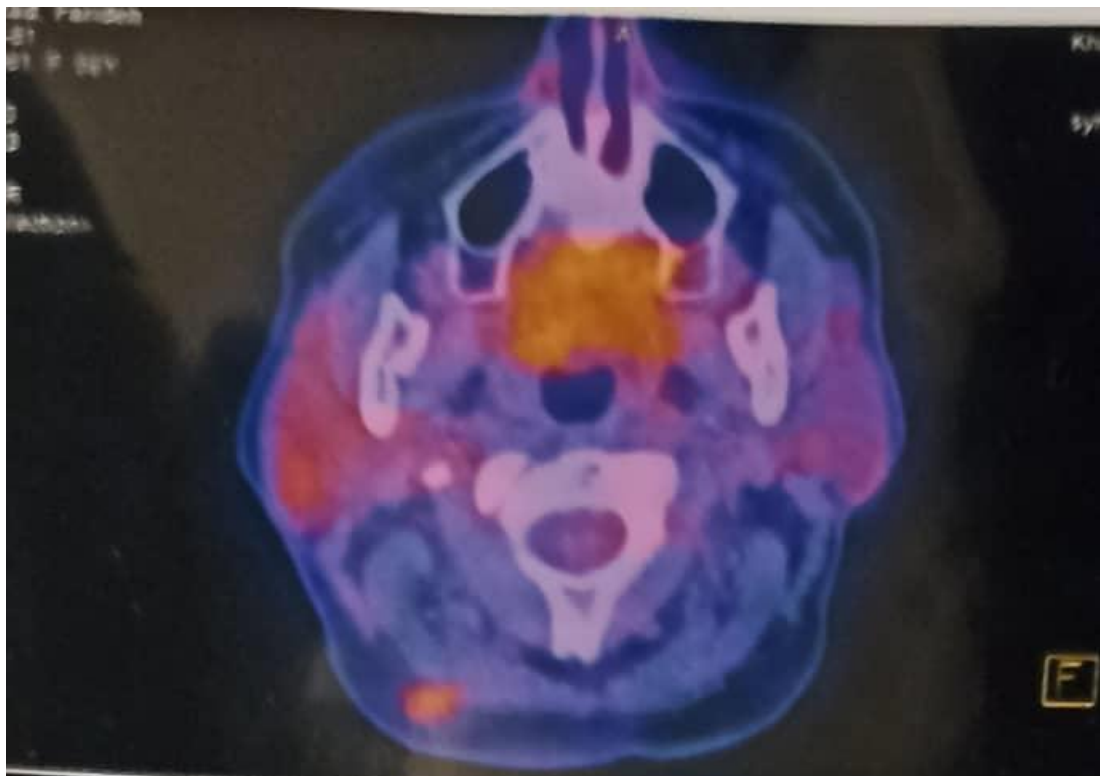


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