

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

Patient's Name: M.B

Responsible Physician: Dr. Miri

Patient presentation:

- 48years female– negative family history
- Presented with Locally advanced left breast carcinoma with skin involvement (Inflammatory breast carcinoma).
- (12/98) Mammography: left breast BIRADS5 & right breast BIRADS 3 because of intra mammary lymph node
- Sonography (12/98): left breast B5 mass plus skin lesions; right side suspicious axillary lymph node (No intervention.)
- (5/99) Bilateral breast Sonography: Both left breast and axilla BIRADS 5; Right breast and axilla sequentially BIRADS 4c and 5.
- Left side core needle biopsy done: IDC; Grade 3; has lymph and vascular invasion (LVI +) axillary lymph nodes involved. IHC: ER+90%; PR+ 80%; HER2-; Ki67 15-20%.
- Other Pathologic findings in Spiral CT scan of thorax and abdomen:
 - ^18mm nodule with calcification in left lobe of thyroid.
 - ^ 5mm hypodense lesion in segment 6 of liver

Received 16 courses chemotherapy. Now skin involvement remnants visible which cannot be completely restored even by usage of LD flap.

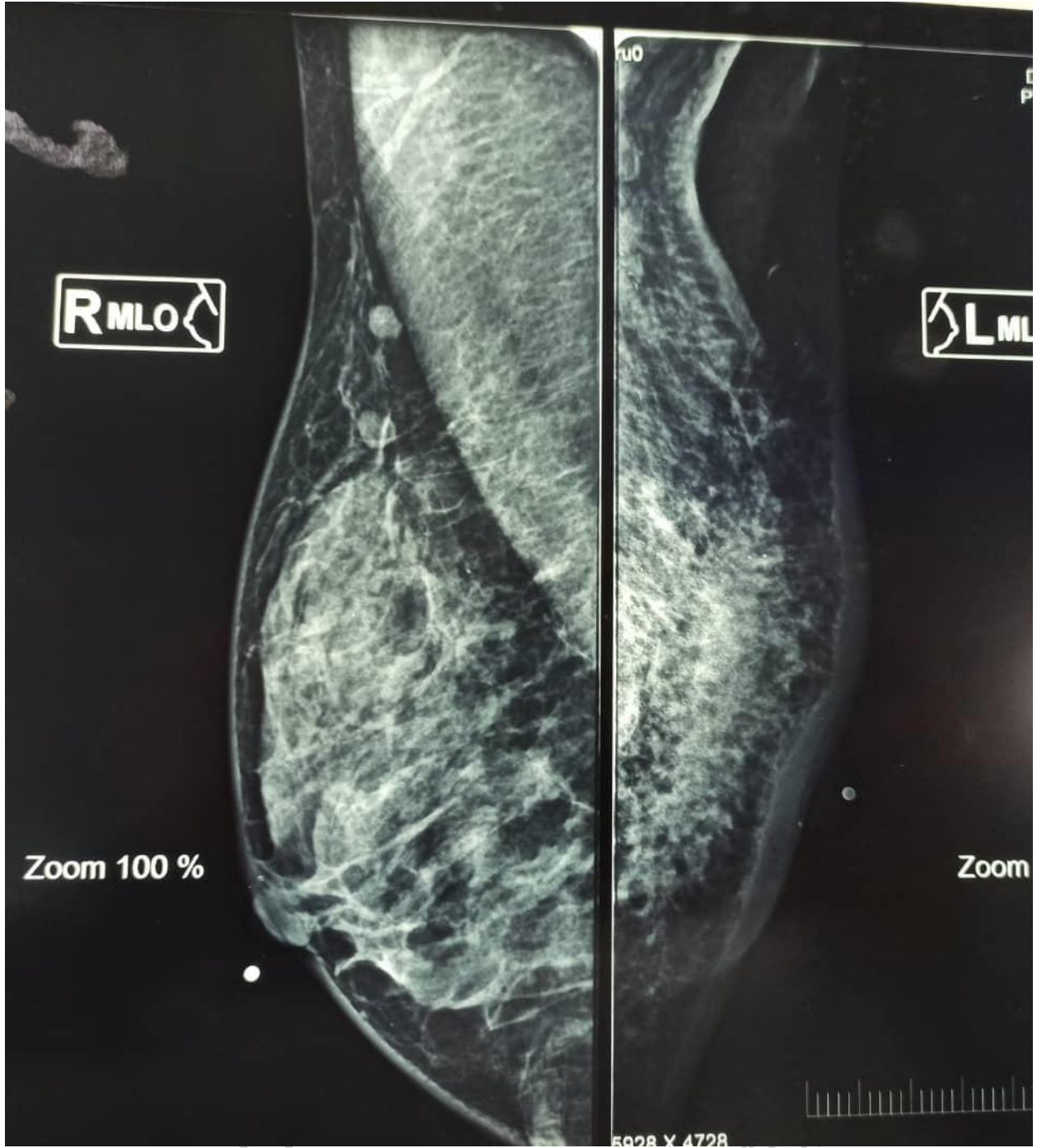
- Patient is very thin and no reserve of autologous tissue like TRAM for coverage of surgery site.

Question: 1-Can we use neoadjuvant Radiotherapy in preparation for surgery? Or should the surgery first be done?
2-For surgery planning shall Flap be used or partial thickness Graft?

Recommended tests: Before planning surgery complete metastatic work up should be done. It's better to be PET scan.

Considered plan: surgery is recommended first and coverage with neighbor autologous flaps is proposed. After that local radiotherapy lessens the risk of recurrence.

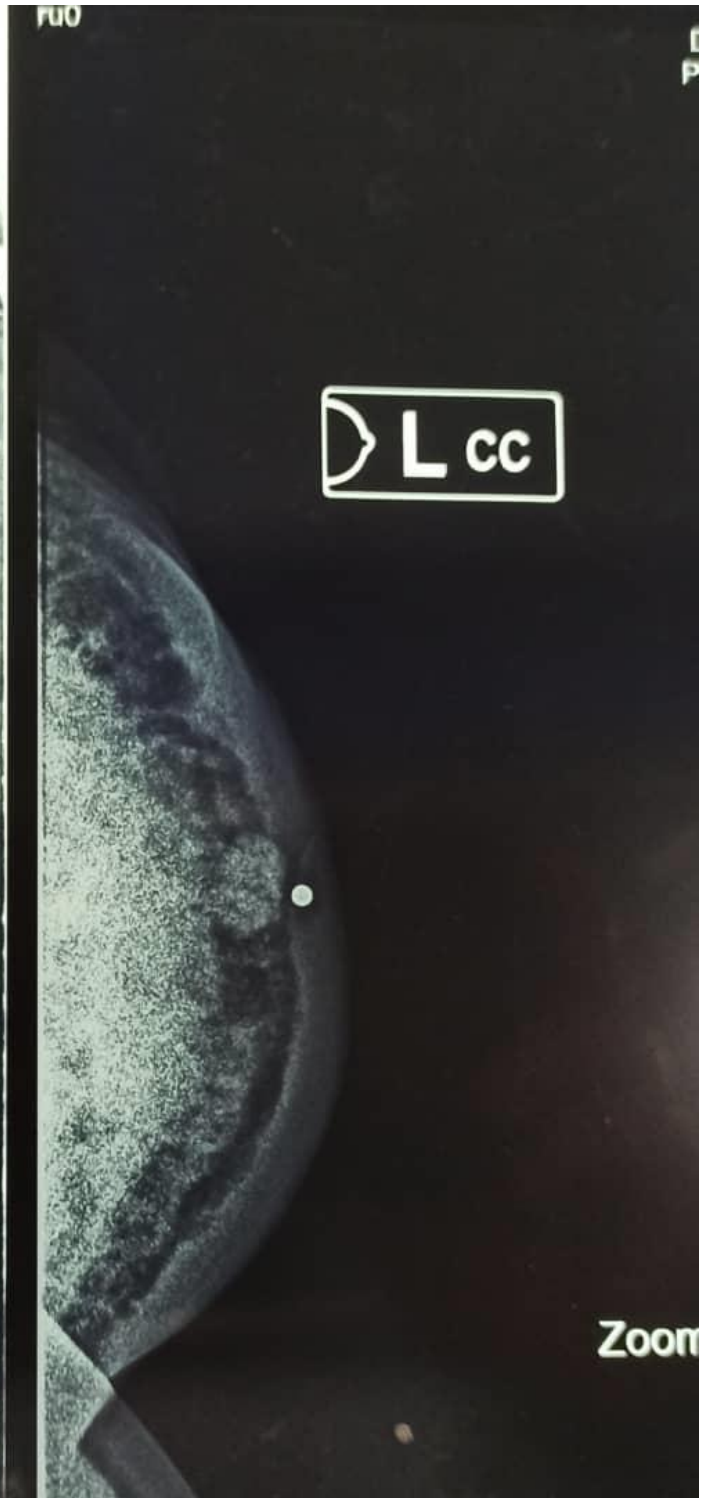
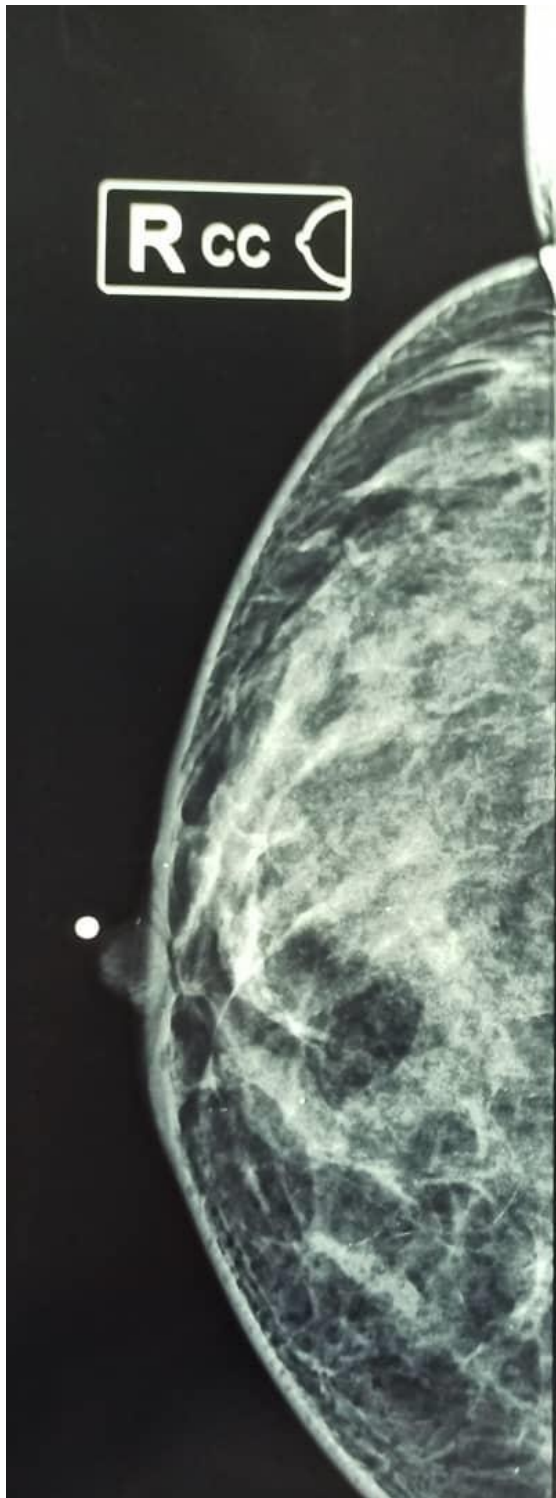




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