

**Date:** 2021/01/16;27/10/1399

**Patient's Name:** H.M.M.Kh

**Responsible Physician:** Dr. Omranipour

**Patient presentation:**

- 40years female – negative family history

- Presented with Right breast mass (12/97) only lumpectomy done: IDC (Medullary features) 4\*3 cm; Grade2; Margins free (but unlabeled); showed both lymph vascular and perineural invasion. [ER+; PR-; HER2 3+; Ki6770-75%]

-(1/98) Thorax & abdomen & pelvic CT scan only right breast (3cm) irregular mass + Bilateral axillary reactive lymph nodes.

-(2/98) BCS (breast conserving surgery) + SLN (sentinel lymph node dissection): Fat necrosis & Foreign body granulomatous inflammation, NO tumoral cell, Margins free, 2SLN and 6 non SLN were free of tumor.

-Received 8 courses chemotherapy then Herceptin & radiotherapy.

-Under Tamoxifen (3/99) new Right Axillary lump & erythema & enlarged right breast presented.

Mammography: Diffuse skin thickening in right breast; BIRADS 4.

Sonography: Diffuse breast edema; BIRADS 4. Dx: IBC (inflammatory breast cancer) or right axillary lymphadenopathies.

-(4/99) Core Needle Biopsy of right axillary mass: Metastatic carcinoma in fibrofatty tissue with foci of necrosis of breast origin. ER +20%; PR+ 5%; HER2 -.

-(4/99) complete Right axillary lymph node dissection resulted in 2 involved lymph nodes (3 & 3.2 cm). With extra nodal extension.

(10/99) a mass was found during BSE (breast self-exam) of Left axillary region.

New Sonography: both right & left multiple Axillary level 1 & 2 lymphadenopathies.

**Question:** Which is better? Surgery or Radiotherapy?

**Recommended tests:** 1-Complete metastatic work up.

2- Targeted ultrasound and core needle biopsy from contralateral axillary lymph nodes.

3-Bilateral breast MRI.

**Considered plan:** Return to multidisciplinary team.

