

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

**Patient's Name:** A.T

**Responsible Physician:** Dr. Miri

**Patient presentation:**

- 41years – positive family history (her aunt), has congenital right eye Horner's syndrome
- Presented with Right upper limb paralysis 6months ago.
- Right Breast Locally advanced cancer + Multiple bilateral axillary lymphadenopathies &right supraclavicular and infraclavicular pathologic lymph nodes found in workups done.
- Right breast core needle biopsy: IDC; Grade2; presence of lymph vascular and perineural invasion; DCIS (high grade); ER+; PR+; HER2+ (CISH +); Ki67 60%
- Neoadjuvant chemotherapy done & more than 90% tumor burden resolved

Now metastatic work ups seem to be normal & plexopathy signs have resolved

**Question:** Is Surgery recommended?

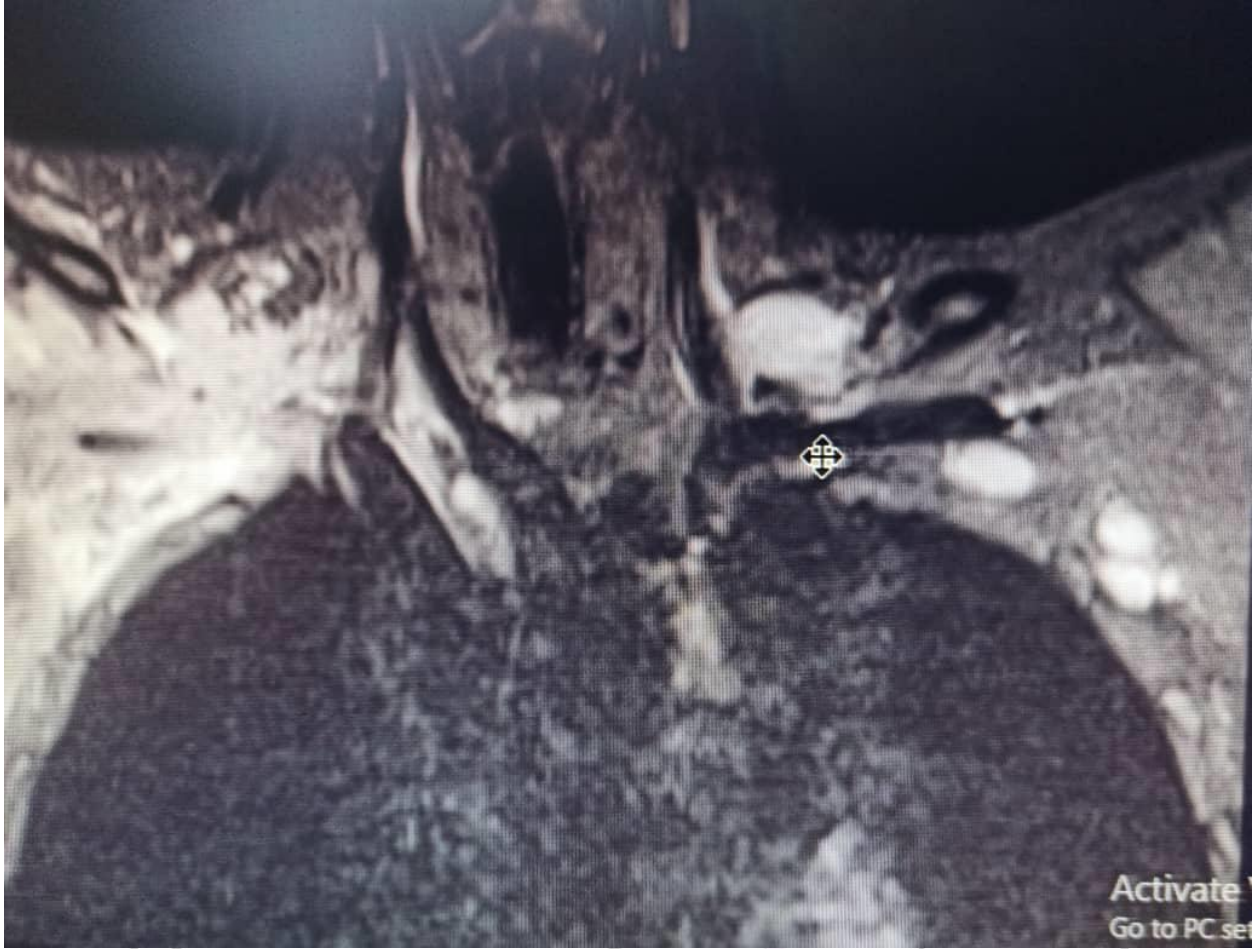
-MRI and CT scan review revealed brachial plexus and axillary vessels involvement in the great remainder of the tumor and there are some stable lung nodules, also a mass is visualized in left breast

**Recommended tests:** Targeted ultrasound and core needle biopsy of the left breast suspicious lesion.

**Considered plan:** surgery is not recommended. Continue letrozole and ovarian suppression consult for local radiotherapy.





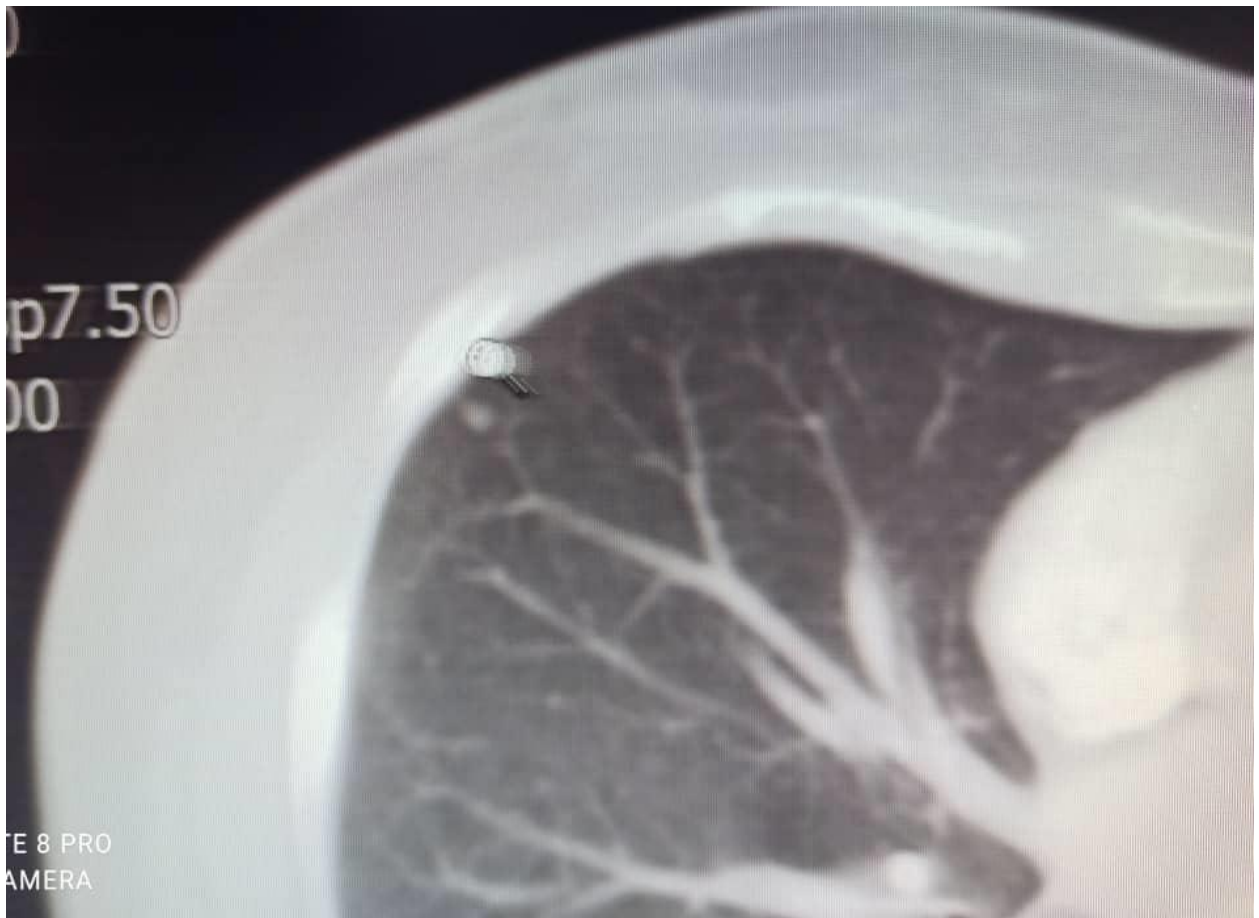


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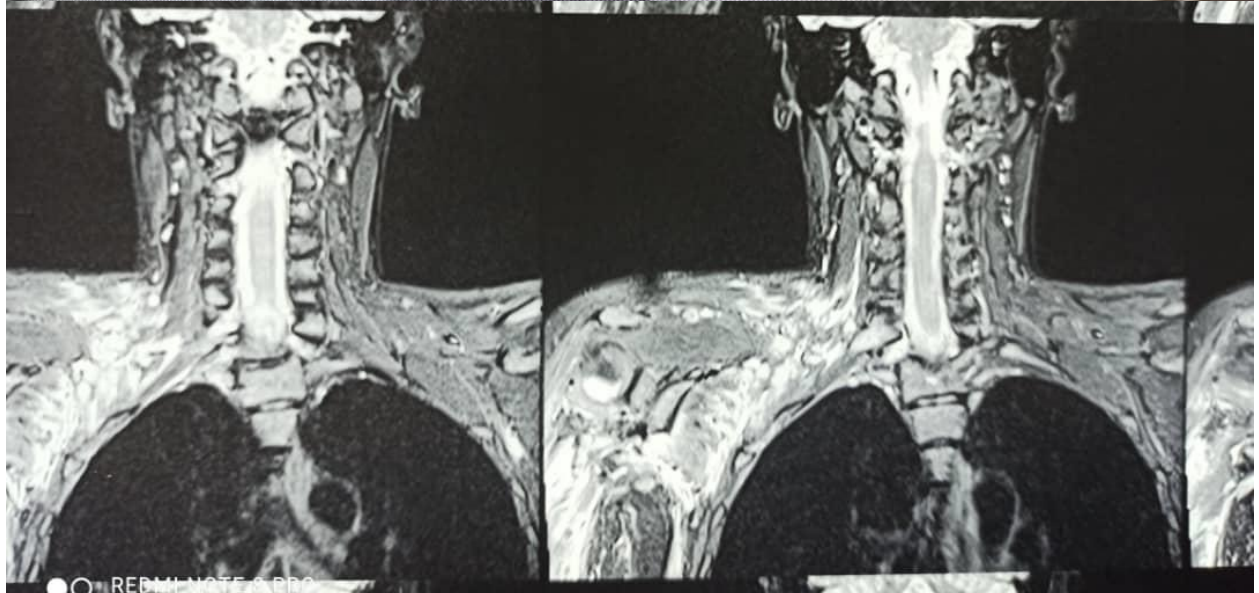
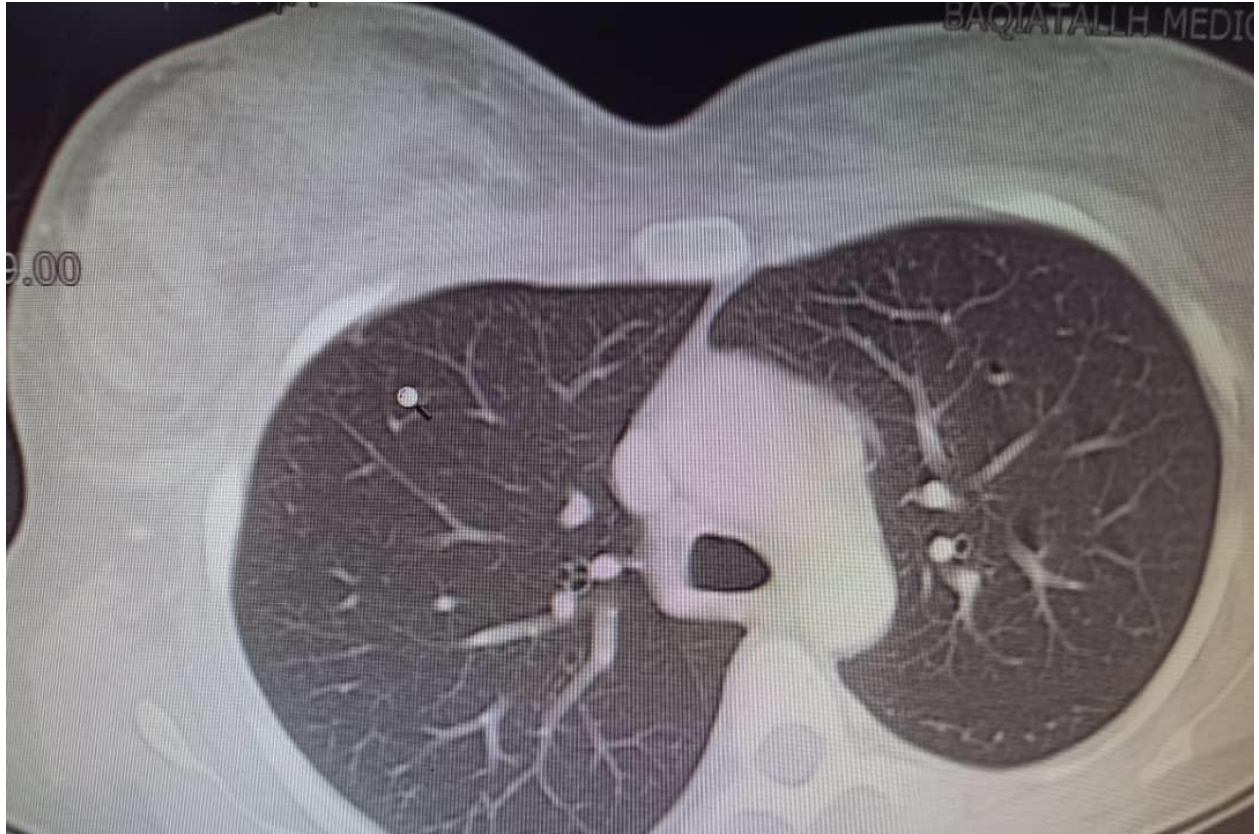


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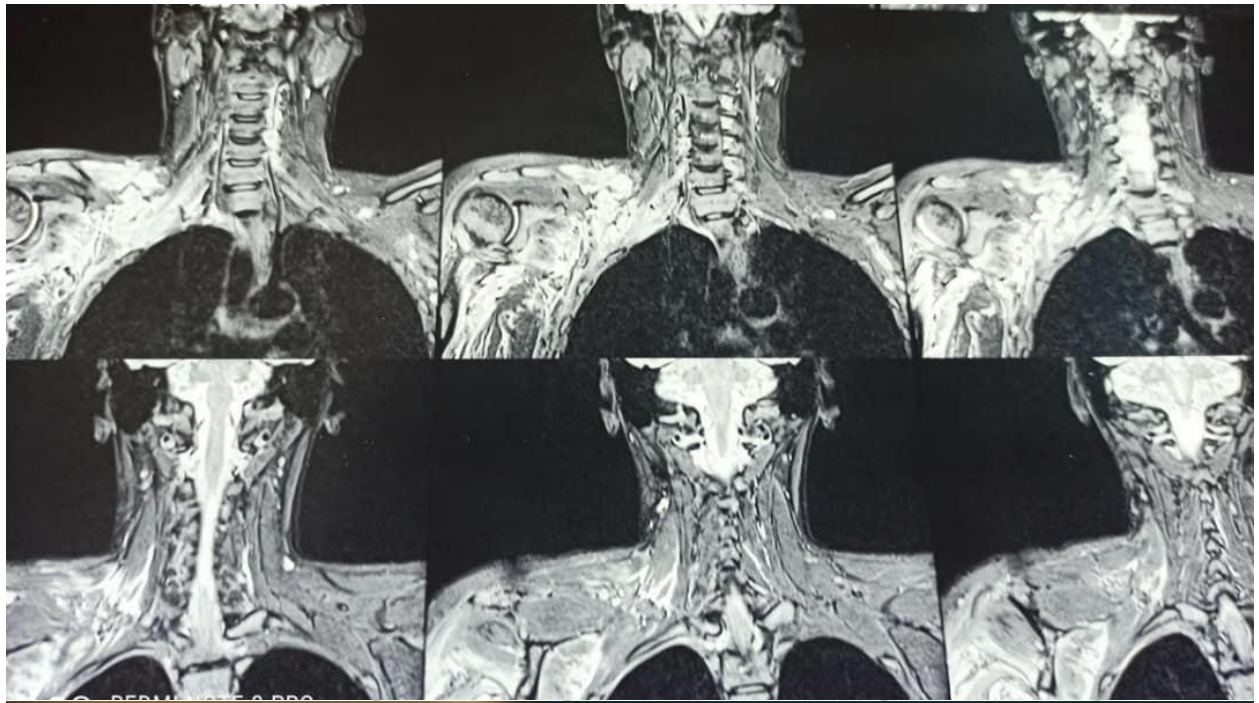


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