

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

Patient's Name: F.GH

Responsible Physician: Dr. Tavakol

Patient presentation:

- 40years – positive family history (2cousins)
- Presented with (8/97) left breast suspicious mass and final MRM: IDC; DCIS; Grade2; 2cm; lymph vascular invasion is seen; ER+50%; PR+ 80%; HER2 - ; Ki67 40% ; 1 out of10 lymph nodes involved.
- At the same time a nodule in Right lobe of thyroid in sonography (3cm) was seen.
- FNA of thyroid nodule: Papillary Thyroid Carcinoma
- No intervention for this new finding done.
- Simultaneous Bone scan: osteoblastic lesion of sternum.
- she received 8 courses of chemotherapy for primary breast lesion till 1398
- (3/98) thyroidectomy result: Papillary thyroid carcinoma (PTC) (classic type) 3 cm in right lobe; capsular & vascular invasions were seen, left lobe and isthmus involved
- First left breast & axilla & supraclavicular radiotherapy done followed by radioiodine therapy
- (7/98) [whole body I 131 Scan] thyroid remnants & mediastinal lymph nodes, also neck Sonography showed remnants of thyroid both sides in the bed of thyroidectomy; But with NO enterprise.
- (6/99) cervical Sonography: 11- & 13-mm Lymph nodes zone 4 right side of the neck with 12- & 13-mm lymph nodes in left supraclavicle; FNA: involved by PTC
- (7/99) chest & neck CT scan: multiple Bilateral mediastinal & cervical lymph adenopathies.
- (8/99) Cervical surgery for bilateral Lymph Node Dissection; 9 out of 12 cervical lymph nodes in right side and 7 out of 12 in left side were involved.
Then again iodine therapy done.
- now: she is receiving tamoxifen and recent pelvic sonography revealed increased diameter of endometrium and left ovarian cyst.
- (9/99) CEA =3.5; CA125 = 112; CA 15- 3=47.8

-New workups showed suspicious lymph nodes in left axilla and multiple mediastinal lymph nodes.

-(9/99) PET done: Mildly hypermetabolic tissue adjacent to left tracheal wall (left cervical level4 lymph node? Recurrent thyroid mass?)

Mildly hypermetabolic left axillary lymph nodes

Mildly hypermetabolic small lymph nodes at bilateral cervical levels and right supraclavicular area.

Hypermetabolic nodular lesion of left adrenal.

Mediastinal and bilateral hilar/interlobar lymph nodes.

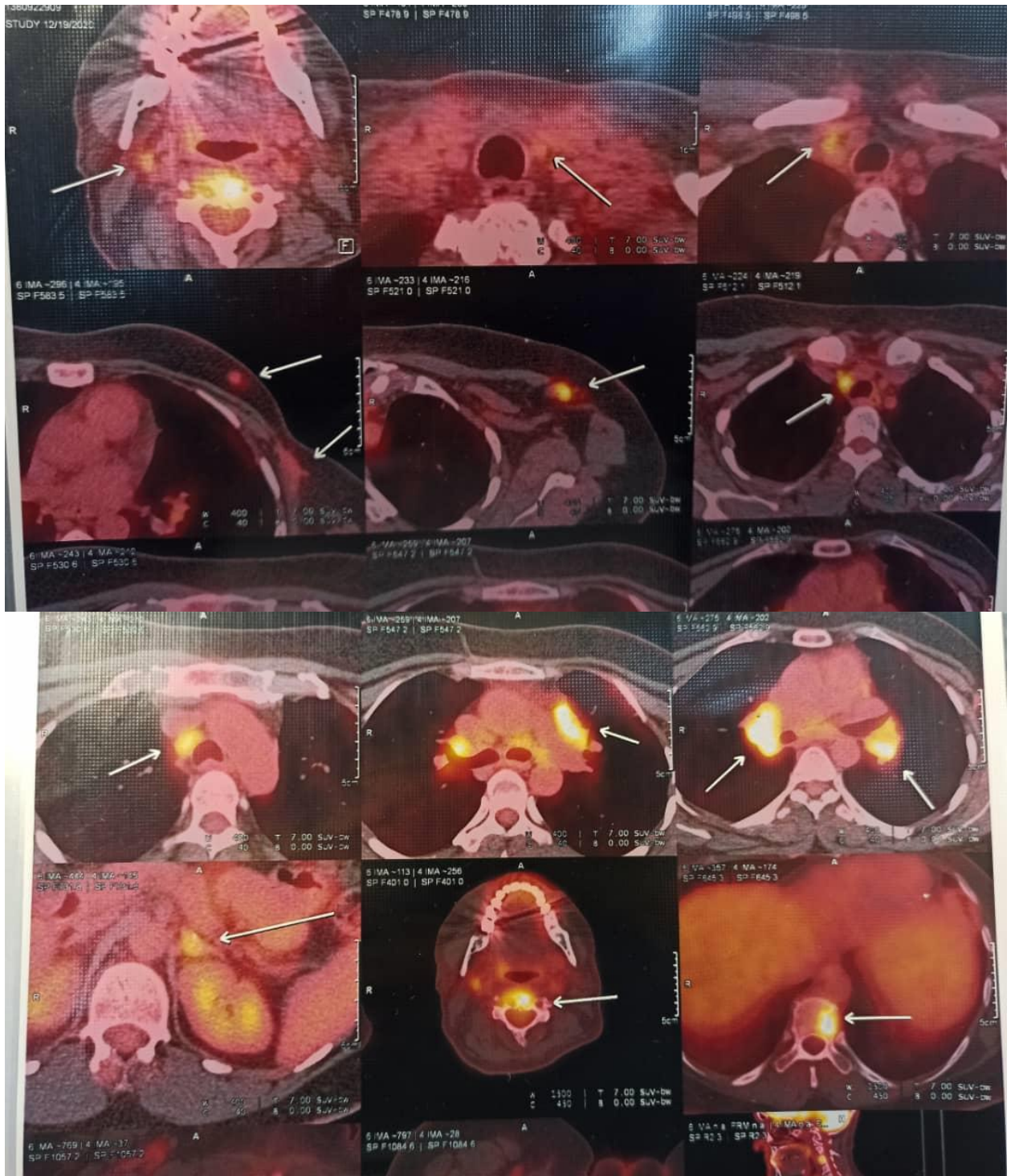
Multiple osseous metastasis.

Question: PET review? Does she need chemotherapy once again?

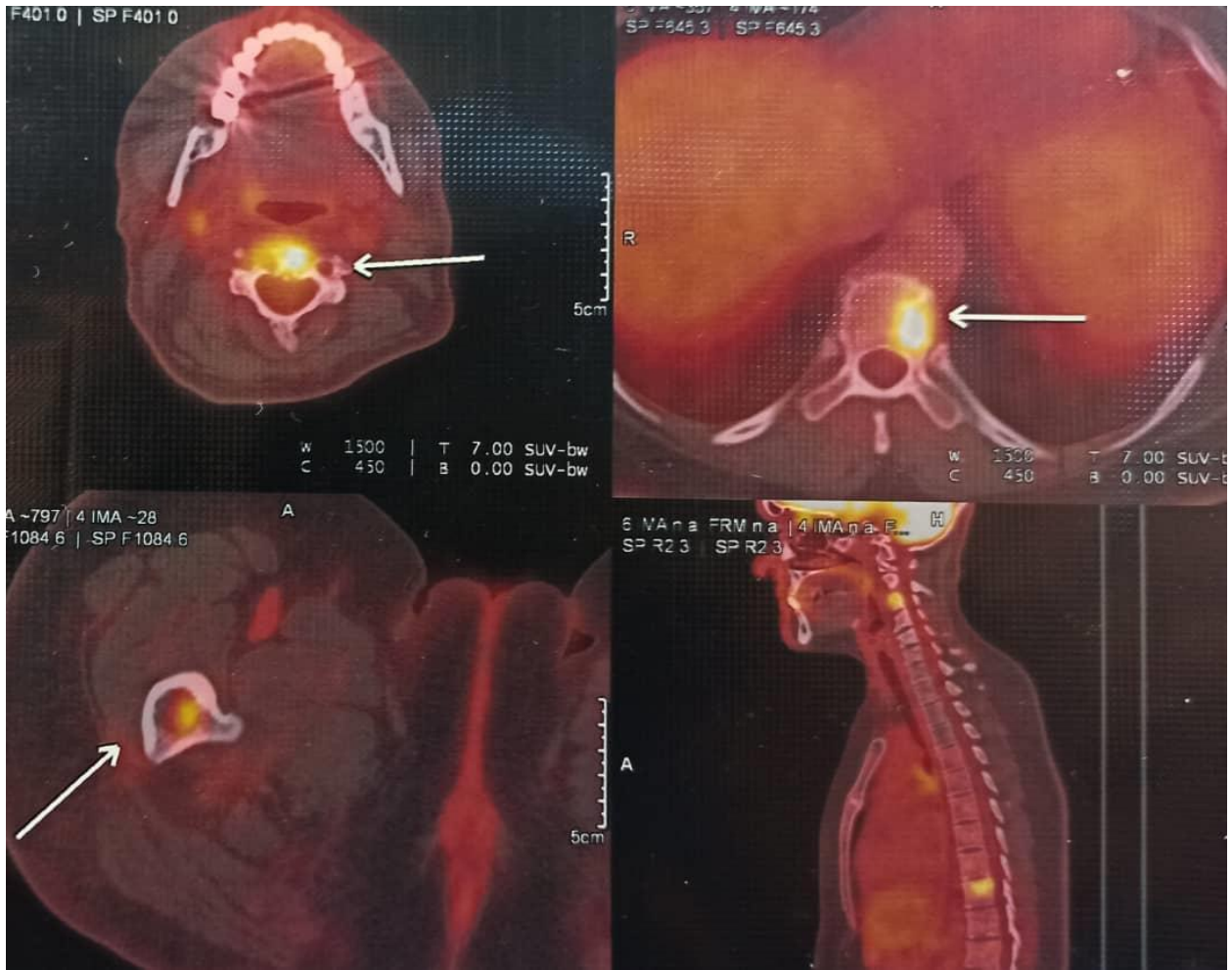
Recommended tests & Considered plan: 1-radiotherapy consultation for weight bearing bones.2-Biopsy of one metastatic site depending on oncologist preference (adrenal –pulmonary hilar- other site?) 3-complete uterine work up 4-genetic counselling 5-adding some drugs of metastatic 6-Endocrine therapy.



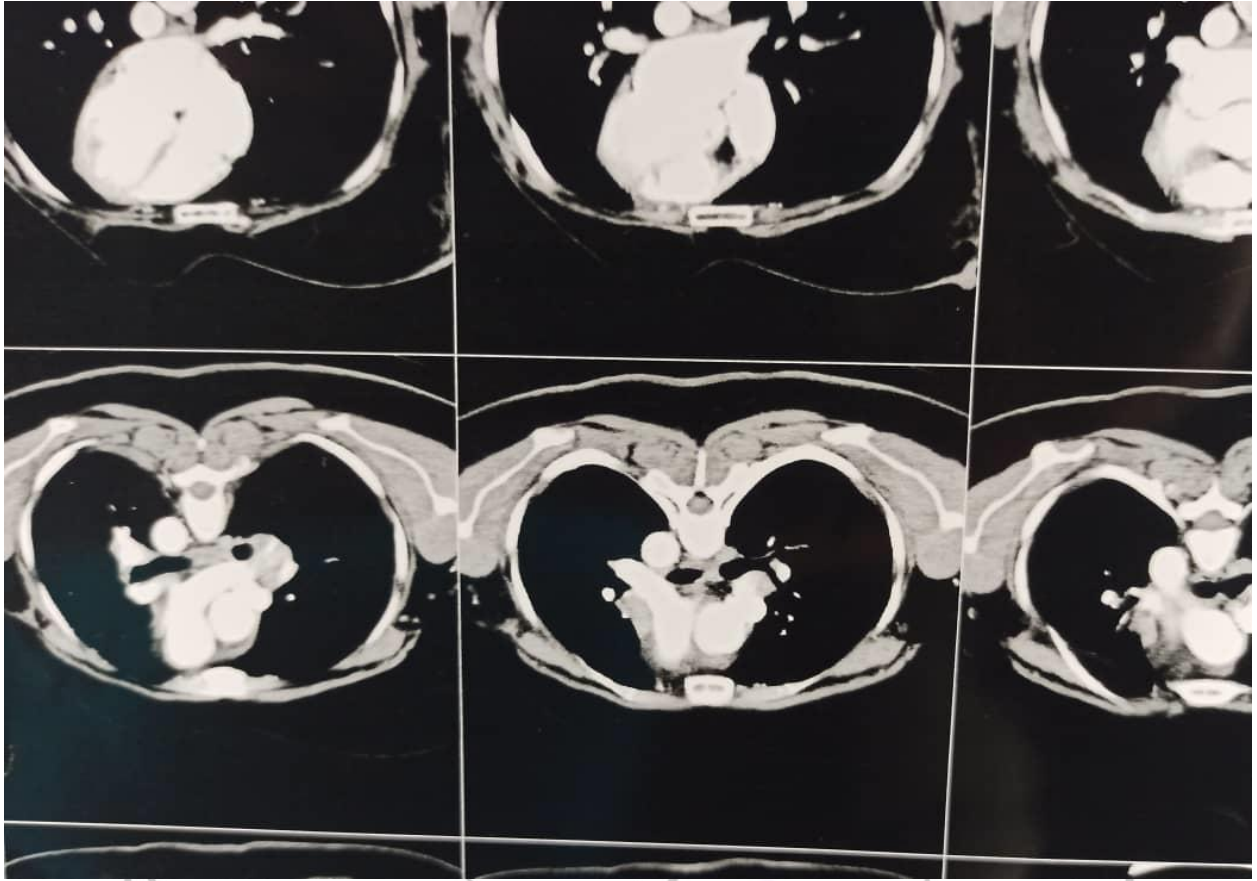
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