

Date: 10.10.2020 ; 1399.7.19

Patient's Name: N.Gh

Responsible Physician: Dr.Alipour

Patient presentation:

- female-48 years
- Right breast mass (11/98) speculated 21 mm 8oclock+ suspicious LN
- neglected treatment in first visit.
- A few months later she returned with dermal involvement + multiple matted LNs
- Rt. Ax (LABC;Invasive ductal carcinoma ,ER+ 95%;PR+30%;HER2 2+;Ki67 8-9%)
- CT scan of thorax & abdomen & pelvis: multiple suspicious 2-7 mm nodules in both lungs
- Bone scan: negative
- PET involved Breast & multiple Axillary lymph nodes & Right subpectoral + multiple bilateral pulmonary nodules
- Sent for neoadjuvant chemotherapy(8courses)
- Now post NAC (neoadjuvant chemotherapy) Breast mass is smaller+ multiple lymph nodes up to 38 mm in Right .Axilla & only Right
- Multiple pulmonary nodules up to 2 mm (obvious reduction in number & size of them)

Question: Shall we perform operation? Curative or palliative? Or continual of hormone therapy?

Recommendations: In spite of normal bone scan there are some small osteous lesions in CT scan (eg : left ilium) they are sclerotic and so invisible in PET scan.

Answer: Perform modified radical mastectomy(complete axillary dissection) to prevent or postpone future ulcers and lymphedema secondary to renewed growth of lymph nodes.

