

Date: 2020/10/24; 3/08/1399

Patient's Name: F.CH

Responsible Physician: Dr. Omranipour

Patient presentation:

- 51years – positive Family History for breast cancer
- History of right breast mass (12/2019) Ultrasound: BIRADS5 . Speculated hypoechoic heterogenous mass 16*14 mm Midzone lower inner quadrant of the breast B5 and Pathologic intramammary LN 25 mm Farzone 10 o'clock of it also B5
- Mammography (12/2019): right breast B5 ill- defined mass in lower outer quadrant with lymph nodes in axilla
- underwent core needle biopsy
- Pathology (12/2019):Right Breast CNB: IDC -G3; ER +80% ; PR+ 30%; Her2 score 1, Ki67: 90%
- Right axilla CNB: Fibroadipose tissue with invasive carcinoma shows squamous differentiation (probably metaplastic carcinoma)
- Paraclinic workups: Spiral Abdomino pelvic CT + contrast: NL, Spiral Axial Brain CT + contrast : NL
- Bone scan: degenerative inflammatory changes without evidence of obvious osteoblastic metastatic lesion
- (01/2020) port for chemotherapy inserted & 7 courses of chemotherapy done
- Underwent right mastectomy (MRM 08/2020)

- Pathology report: Multifocal Tumors; first: 6cm, UOQ, Ovoid soft tan and necrotic UOQ; Second:2.3 cm LIQ , Irregular fibrotic soft tan LIQ, Metaplastic squamous cell carcinoma, UOQ, 6.5 cm, G3
- According to review of previous slides of CNB & recent specimen 2 separate Breast masses exist. One in LIQ with complete treatment effect other UOQ with features of metaplastic squamous cell carcinoma (no rim of LN around axillary mass). Margins at Axillary site are involved by tumor extensively but at mastectomy site Margins are Free and lymph nodes involvement was LN 0/12 that is complete treatment effect (fibrosis in 7 LN). Tumor in right Brachial plexus is a 6 cm squamous cell carcinoma
- NOW she is receiving Radiotherapy in her 9th session and is referred for her severe radicular pain & Brachial plexopathy due to axillary edema & bulging
- Axillary MRI: Mass lesion 66 * 58 mm right Axilla & supraclavicular space thoracic & axial inlet vessels encasement
- Axillary CT scan: mass 70 *60 mm with extention to supraclavicular space which has encased both vein and artery. And metastasis involving right brachial plexus

Question: What to do??Is there any surgical intervention to palliate her?

Recommended tests: no further test needed

Considered plan: Refer to the medical Oncologist for treatment. If her previous chemotherapy regimen has been devoid of platinum it can be added during her radiation therapy (eg: Cisplatin)

