

Date: 2020/11/07; 17/08/1399

Patient's Name: N.M

Responsible Physician: Dr. Mahmoudzade

Patient presentation:

- 39years, Negative family history –negative cancer gene[NGS performed]
- Presented with Right breast mass found during self-examination(01/2017).
- Mammography:BIRADS 4a; breast ACR =3 ;Dermal and subdermal thickening of right breast plus multiple right axillary lymphadenopathies.
Ultrasound: BIRADS 5 ;Malignant mass 30mm farzone at 9-10 o'clock of right breast plus edema of dermal and subdermal tissues all over the breast and multiple metastatic right axillary lymph nodes.
- Right Breast mass CNB: Invasive ductal carcinoma(ER-; PR+)
- Pathology of right breast conserving surgery done(01/2017): IDC(6cm)+DCIS ;G3 ;medial margin focally involved; 37out of 51 lymph nodes dissected involved by tumor.(ER - ; PR - ; HER2 3+). Also she received IORT (50 Kv -Xray + 20 Gy Boost dose)
- Reexcision of margin :Multifocal DCIS located at less than 1mm distance from medial margin .Afterward she received chemoradiation & herceptine therapy.
- (12/2018) Mammography: Right breast: BIRADS 4b-c [Marked skin thickening and a new group of pleomorphic microcalcification UOQ of right breast also a breast mass seen in thoracic CT scan simultaneously done]

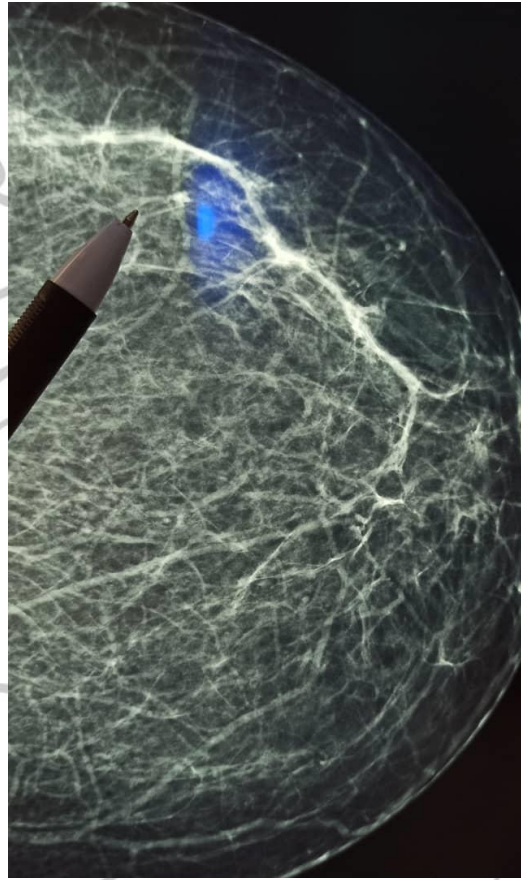
- CNB : IDC; ER- ; PR- with the plan of neoadjuvant chemotherapy and then mastectomy(07/2019).Pathology: IDC ; bifocal ;Margins free; G3 ;ER- ;PR - ; HER2 3+ ; Ki 67: 20%.
- Four months after mastectomy biopsy of skin lesion at the site of previous surgery approved metastatic adenocarcinoma with breast origin; also thoracic CT scan approved mediastinal and left axillary suspicious lymph nodes .(Since the beginning of disease till this time left side breast and axilla were normal).So again chemotherapy done.
- Latest work up done proved metastatic left axillary lymph nodes (CNB: IDC; moderately differentiated; ER - ; PR + 15%; HER2 3+; Ki67 50%) and some sclerotic bone lesions in vertebra and left ilium.
- (2020) PET scan: increased uptake in right anterior thoracic wall and left axillary lymph nodes and bilateral internal mammary nodes.

Question: Is it necessary to perform breast MRI? Is it of benefit for her to perform curative surgery for left breast?

Recommended tests: Nothing

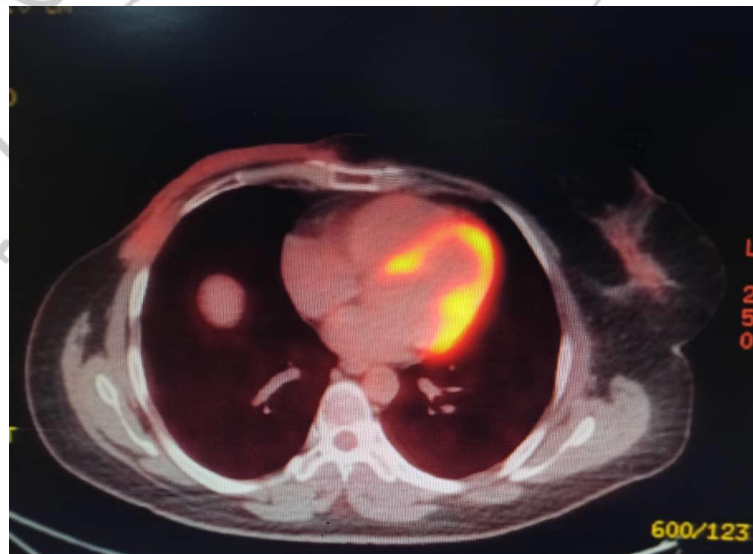
Considered plan: Continue chemotherapy and hormone therapy.

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Breast



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