

**Date:** 2021/01/23; 04/11/1399

**Patient's Name:** S.Kh

**Responsible Physician:** Dr. Daryaie

**Patient presentation:** - 64years – negative family history of breast cancer

Past history of cholecystectomy and hemi thyroidectomy (right lobe). Pathology not accessible.

- Presented with. left breast cancer (IDC; ER+; PR+; HER2 2+; LVI +; PNI +) (T2N1M0) BCT done 3 years ago (1396) and received chemotherapy and radiotherapy.

-(2/1399) presented with a mass growing in left scapular region.

-(4/1399) Sonography: Subcuticular lobulated Soft tissue mass (38\*18 mm) without any attachment to underlying bone or muscles in favor of malignant lesion.

-Tru-Cut needle biopsy of mass: Elastofibroma. Complete excision recommended by pathologist.

-(9/1399) surgery done.

-Pathology result: Well circumscribed 5.3cm mass with 7.5 cm overlying skin and its peripheral tissues.

-Result: Spindle cell sarcoma; Grade2; Margins Free and inferior margin involved by tumor. IHC: Ki67 10-12%; CD34 negative.

-One month later the mass recurred.

-Now there is a huge mass at left superior chest wall and lateral to paraspinal muscles of lower cervical spines, that is extended to and has disabled unilateral upper limb.

-Spiral CT scan of thorax:14mm nodule of left thyroid lobe with calcified wall. A Soft tissue mass 8\*8.5 cm at the back of neck base on left side of it, that has involved skin and subcuticular tissue accompanied by multiple lymphadenopathies in left supraclavicular region.

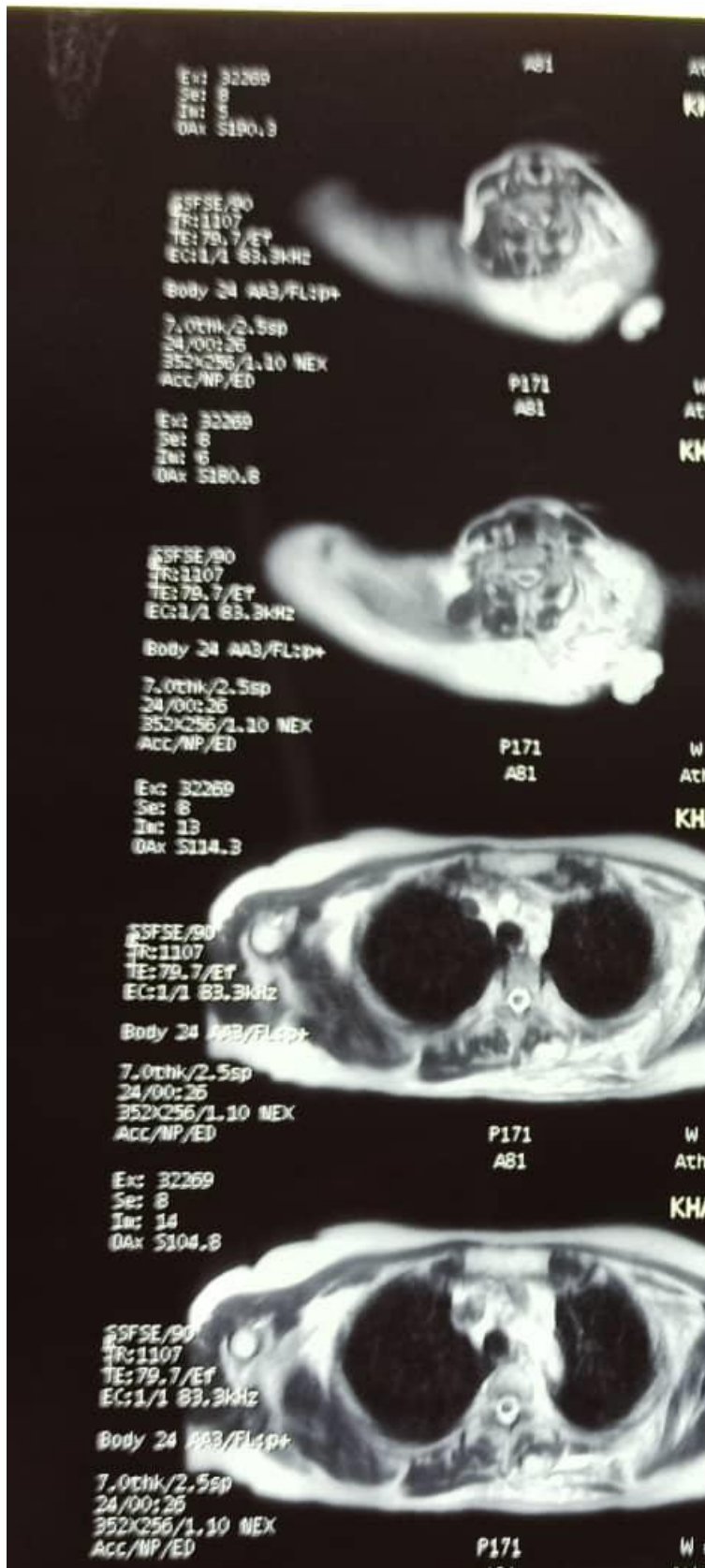
-Thoracic MRI: Multi lobular and infiltrative tumor (107\*96) in posterior aspect of base of the neck on left side which infiltrates muscles of base of neck as well as shoulder girdle muscle on left side. Infiltration of subscapularis muscle is evident and the tumor extends caudally in lateral chest wall even below lower tip of left scapula (length of the tumor is approximately 18 cm)

**Question:** What is the Plan? Neo adjuvant chemotherapy then compartmentectomy? Or forequarter resection?

**Recommended tests:** 1-Pathology review & obtain IHC of tumor. 2-Genetic consult and probably genetic test. 3-Systemic chemotherapy.4-Local Radiotherapy.

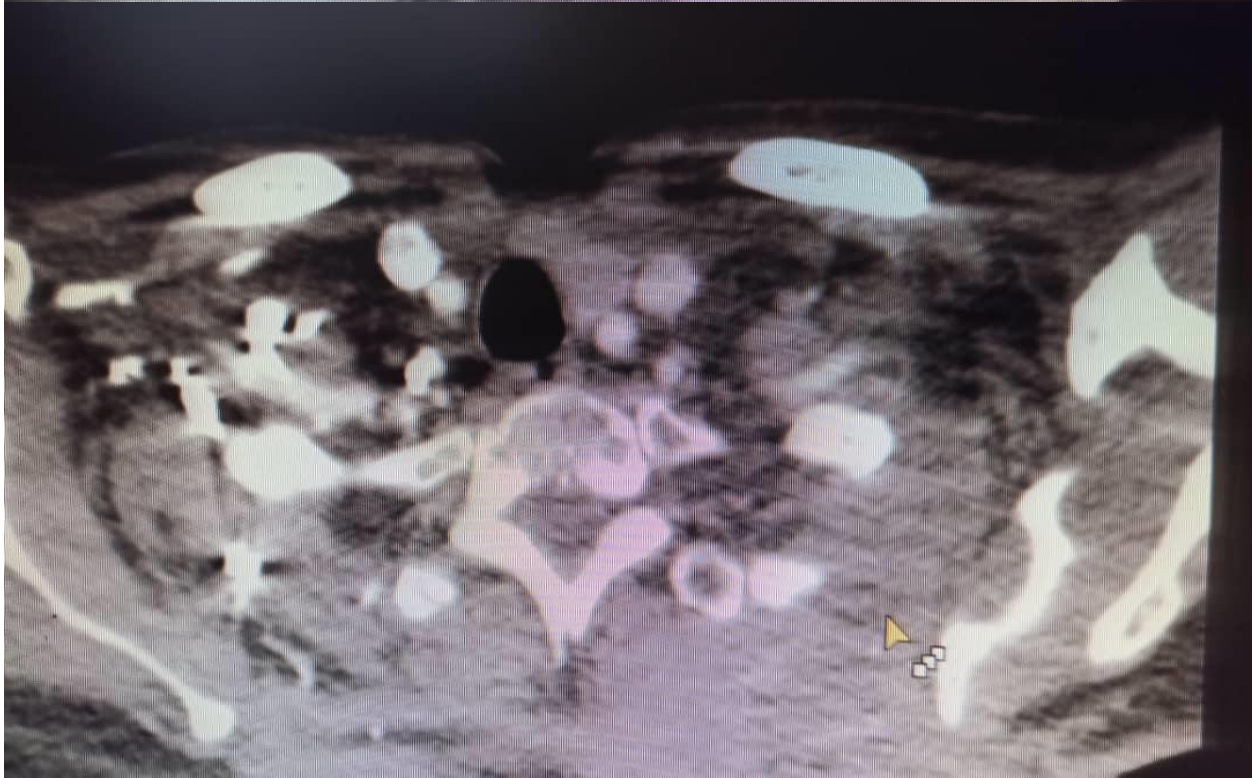
**Considered plan:** Surgery is recommended only if the tumor response justifies it (consider multidisciplinary decision.).

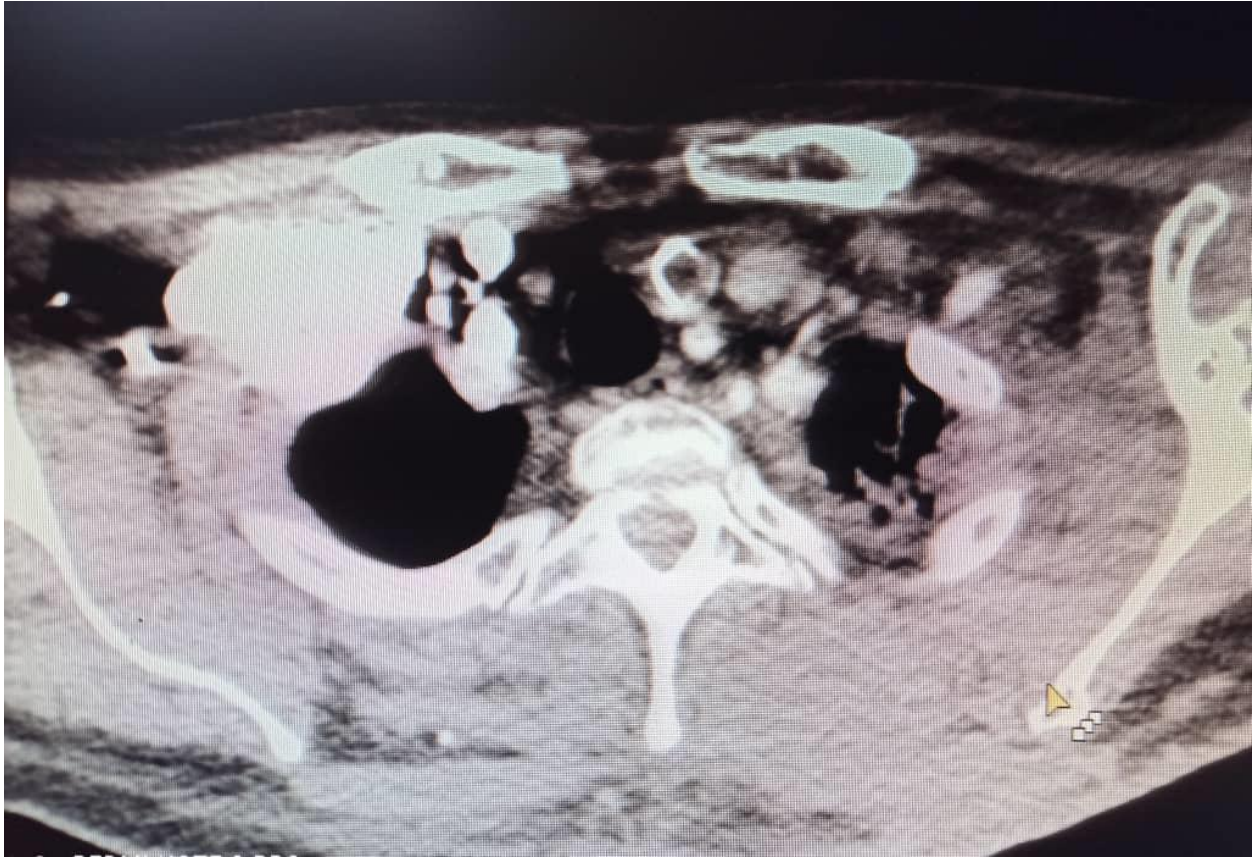




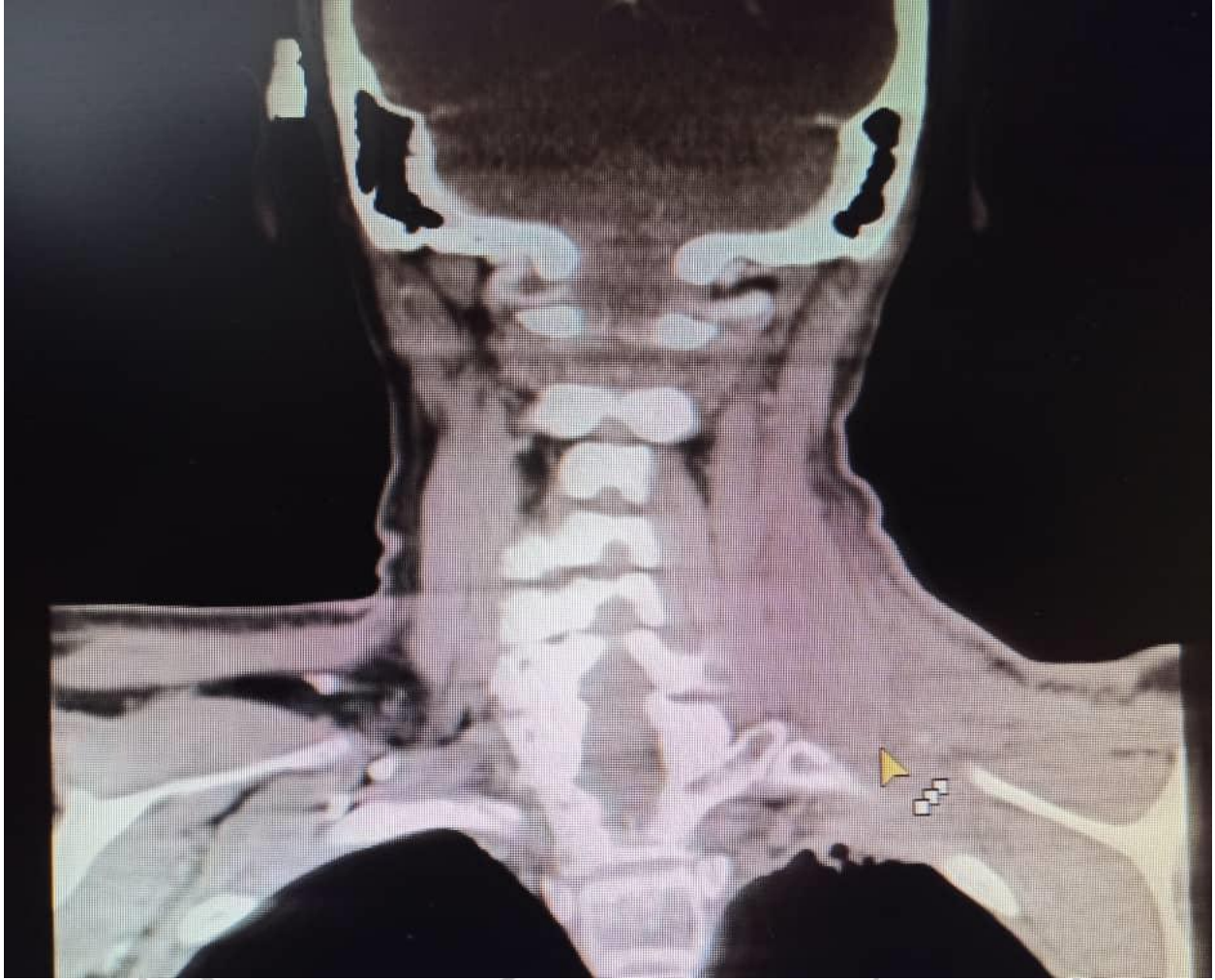
مركز  
تحقیقات

search Center





Breast Disease Research Center



Breast Disease Research Center