Date: 2021/01/30;11/11/1399

Patient's Name: G.Gh

Responsible Physician: Dr. Musavi

Patient presentation: 63years

- Presented with: left breast mass since long time ago and recent sudden enlargement that ended in Modified Radical Mastectomy.

-IDC; 2.1cm-1.1cm; DCIS (high grade); skin of nipple involves by paget's disease; bifocal; Lymphovascular invasion seen; 4 out of 14 lymph nodes harvested involved.

-metastatic workups before starting chemotherapy showed normal thoraco abdomino pelvic CT scan. Whole body bone scan showed suspicious lesions in sternum and lumbar spine (sclerotic lesions).

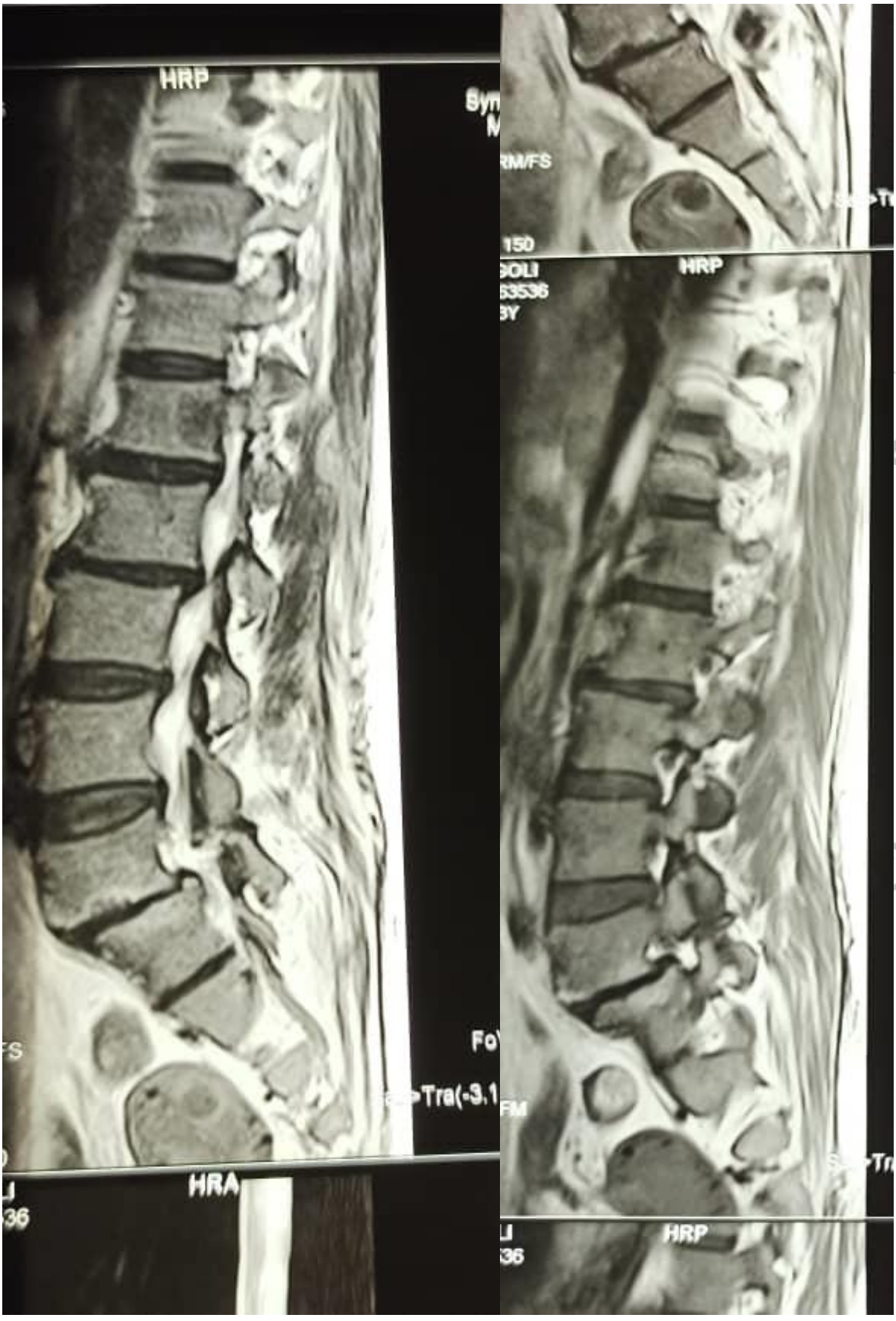
-To plan for beginning radiotherapy spinal MRI done showed the lesions to be hemangiomas.

-PET CT scan proved response to treatment in bones, Large hypermetabolic lymph node with necrotic center in right lateral upper neck (R/O metastasis); Right thyroid and parathyroid lobe nodules (SUV=3.5) whose FNA were nonmalignant.

Question: Is there any need to further evaluate thyroid and parathyroid nodules? Shall bone lesions be considered metastasis and is radiotherapy needed for the primary and the limited bone lesions?

Recommended tests: Repeat ultrasound and thyroid and lymph node FNAB.

Considered plan: Continue herceptine therapy. Patient should receive Zometa. Radiotherapy has to be done for weight bearing bones, spine and the breast.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