

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

Patient's Name: A.K.Gh

Responsible Physician: Dr. Omranipour

Patient presentation:

- 56years – positive family history (her daughter)

- Presented with (1394) Right breast Mastectomy post Neo adjuvant Chemotherapy (8 courses) + Tissue Expander insertion was done.

-Surgical pathology: IDC+ DCIS; unifocal8cm; lymphovascular & perineural invasion present + ALND 4out of15 lymph nodes involved; G1-2; ER+; PR +; HER2 -; Ki67 24-26%.

Received chemo & Radiotherapy and letrozole.

-(1395) Reconstruction with prosthesis + Latissimus Dorsi flap done.

-(3.99) burning pain at right medial chest wall started.

Physical exam: Normal; Mammography: Normal; Sonography: Normal.

-(6.99) Sonography: breast and axillaries Normal but incidental finding of hypoechoic mass with irregular border at medial side of right reconstructed breast on costosternal junction with involvement of underlying pleura.

-(7.99) Pain continued. Bone scan: Normal. Spiral chest CT scan: Normal.

-(9.99) Simultaneous rise of CA 15-3 was seen.Spiral CT scan review and CNB of chest wall lesion: Involved by carcinoma; ER +; PR -; HER2 -.

-(10.99) PET scan:

Suspicious hyper vascular lesions in right thyroid and parathyroid(SUV=3.5) [FNAB proved to be inflammation].

Involvement of right anterior chest wall between3rd & 4th costal cartilage. Right internal mammary Lymph Node Metastasis posterior to 4th costal cartilage. Pure lytic bone lesion at right parietal and L4 sclerotic bone lesion (Hormonal therapy line changed to Aromasine.)

Pathology of Surgery done:

periprosthetic Capsule: Fibroadipose tissue.

Partial resection of 3rd & 4th ribs & sternum: Metastatic IDC at least 4.5 cm.

Soft tissue surgical margins of resected ribs free.

Bone surgical margins involved by tumor at medial and superior aspects of rib.

LND: 16/16 Lymph Nodes involved with extra nodal extension.

Question: Discuss future plan?

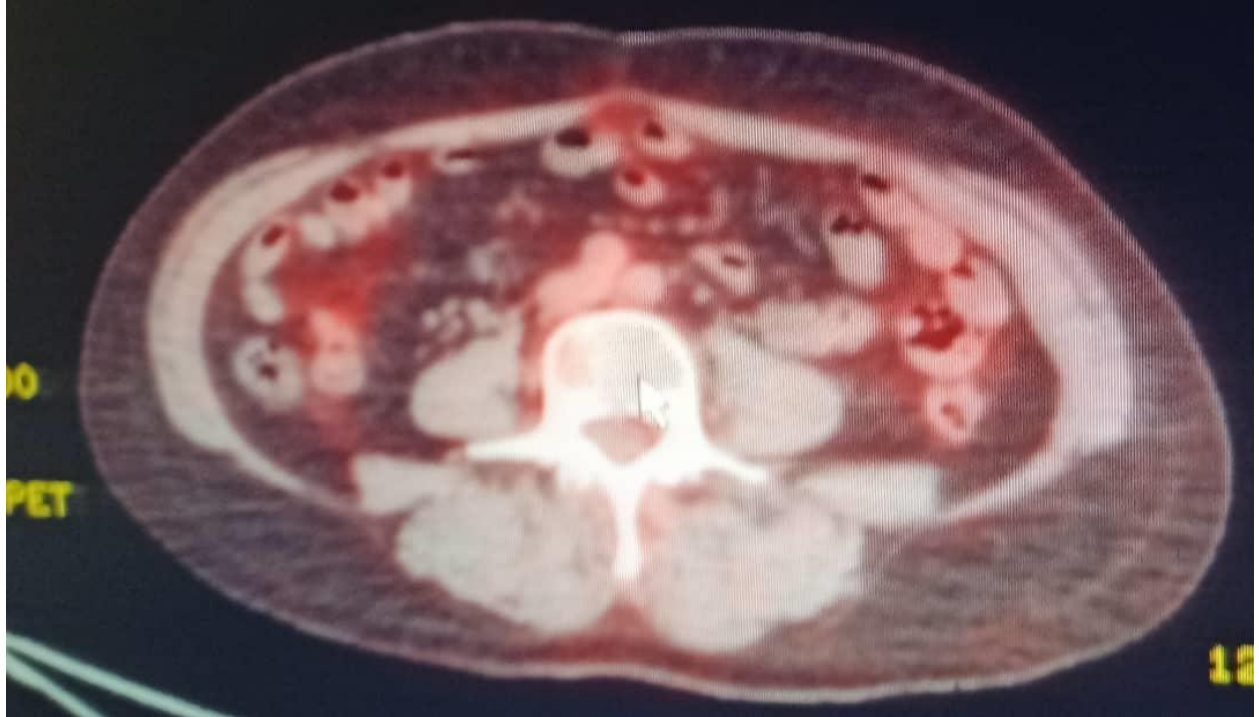
Recommended tests: Targeted ultrasound and repeat needle biopsy from the most suspicious lesions in thyroid.

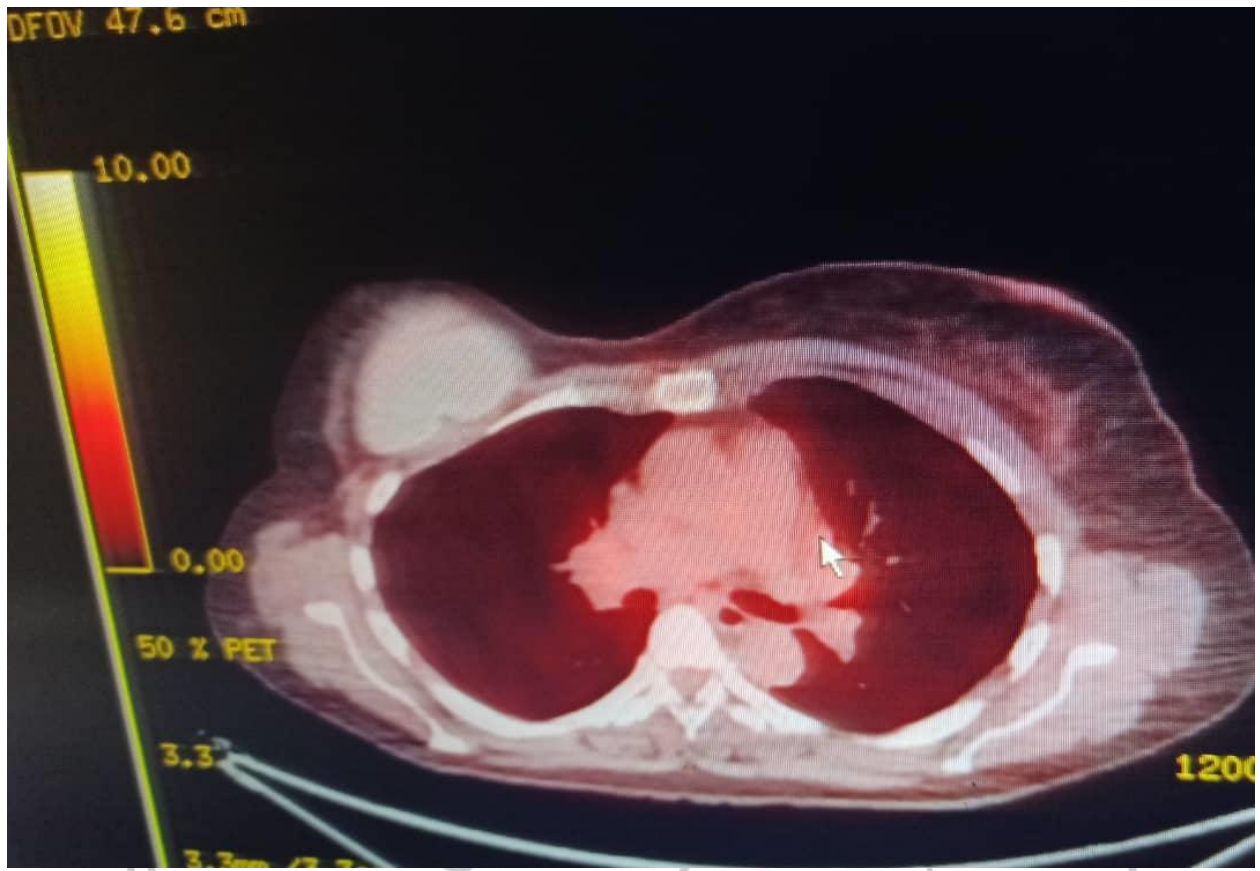
Considered plan:

1-Postmastectomy Radiotherapy

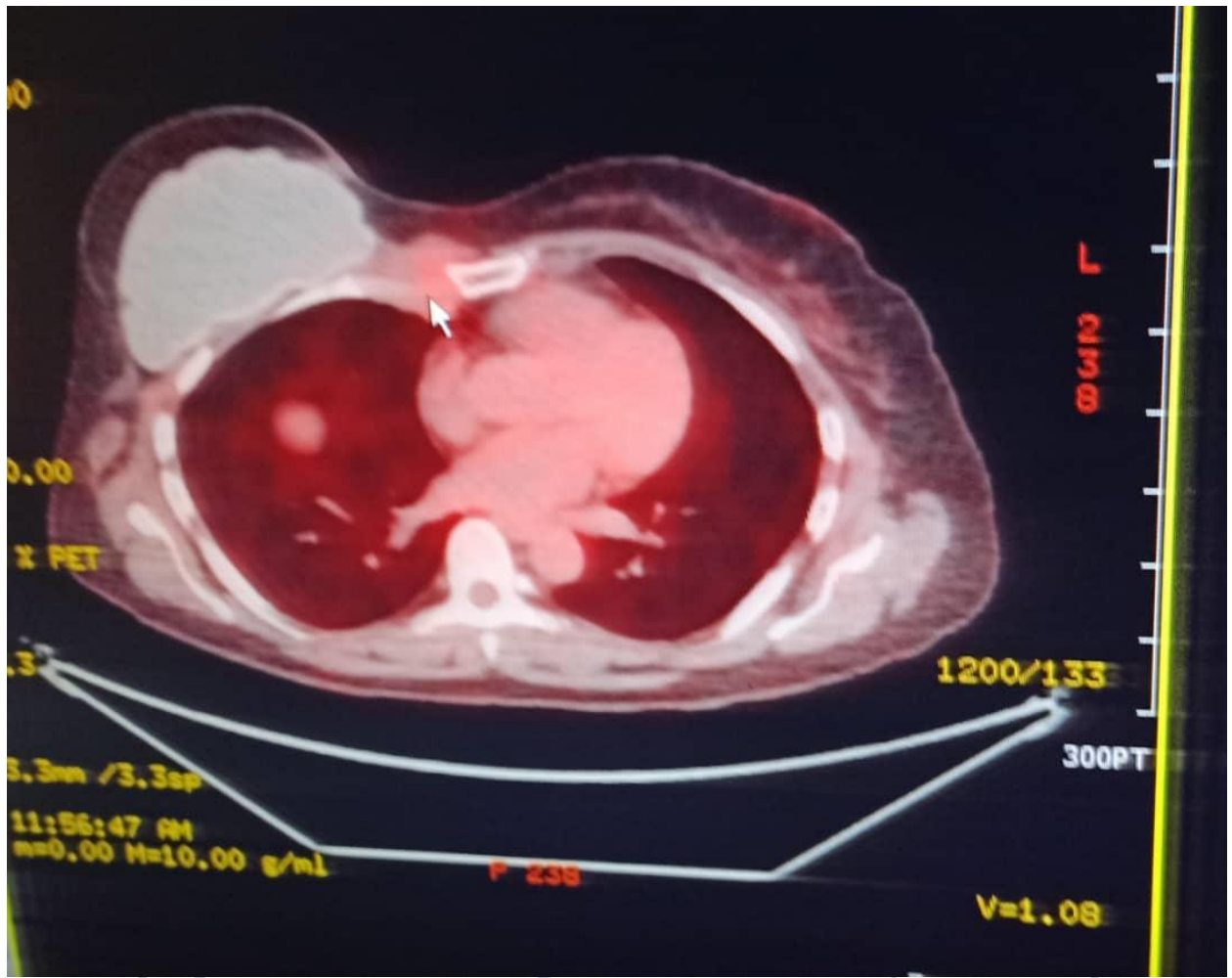
2-Radiotherapy of spine.







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