

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

Patient's Name: Z.A

Responsible Physician: Dr.Omranipour

Patient presentation:

- 26 years-female-positive family history(cousin)
 - (6.98) Right breast mass in Sonography :3cm in Upper Outer Quadrant of it.
 - (11.98) Sonography: 8 cm. Excisional biopsy of this sub areolar mass done: pathology is not accessible.
 - (12.98) Incisional biopsy of the recurrent lesion: IDC; G3; ER +5-10%; PR -; HER2 -; Ki 67 60-70%.
 - (2.99) Mammography: Massive skin edema +large solid cystic mass extended to all parts of the breast+ multiple suspicious axillary Lymph Nodes.
 - (2.99) Bone scan Normal; Spiral Ct scan only breast and axillary lesions otherwise Normal; genetic Test Negative.
- Received Neo Adjuvant Chemotherapy.
- (6.99) Mastectomy + Latissimus Dorsi Flap (for defect coverage) done: tumor in all quadrants of breast seen; IDC +DCIS; G3; post neoadjuvant tumor had NO response. Margins free (deep margin <1mm); LVI +;1out of 2 axillary lymph nodes involved.
 - (10.99) Bone scan suspicious 4th & 10th left rib Metastasis.
 - (11.99) Chest CT scan: Mediastinal window: enlarged 14 mm Lymph Nodes in right internal mammary chain.
- Now she is in her radiotherapy period (has received 17 sessions) complains of severe chest wall pain specially when coughing.

Question: Paraclinical documents review? Plan?

Recommended tests: PET scan or bone biopsy to confirm probable metastasis and differentiate their number (oligo or multiple?)

Considered plan: Medical therapy and if not responsive radiotherapy.

