

Date: 2021/02/13;25/11/1399

Patient's Name: N.R

Responsible Physician: Dr.Ebrahimi

Patient presentation: 23years –female-positive family history in her grandmother

- Presented with erythema and mass sensation in her left breast since 2 months ago.

-Positive family history of breast cancer in her Grandmother

-Ultrasound report (8/10): Two mass like lesions ,30*20mm (2-3 o'clock) & 30*17 mm (5-6 o'clock) of left breast with the Diagnosis of early abscess formation, IGM or multifocal mastitis(B3)

-Mammography: There is global asymmetry in left breast more prominent in outer part(B3).

-Due to continuous growth of them, second Ultrasound done (22/10): Two mass like lesion 40*20mm (2-3 o'clock) & 30* 16mm (5-6 o'clock) of left breast with multiple reactive lymphadenopathies and cortical thickening in left axilla(B4a).

-Core needle biopsy done: severe chronic mastitis.

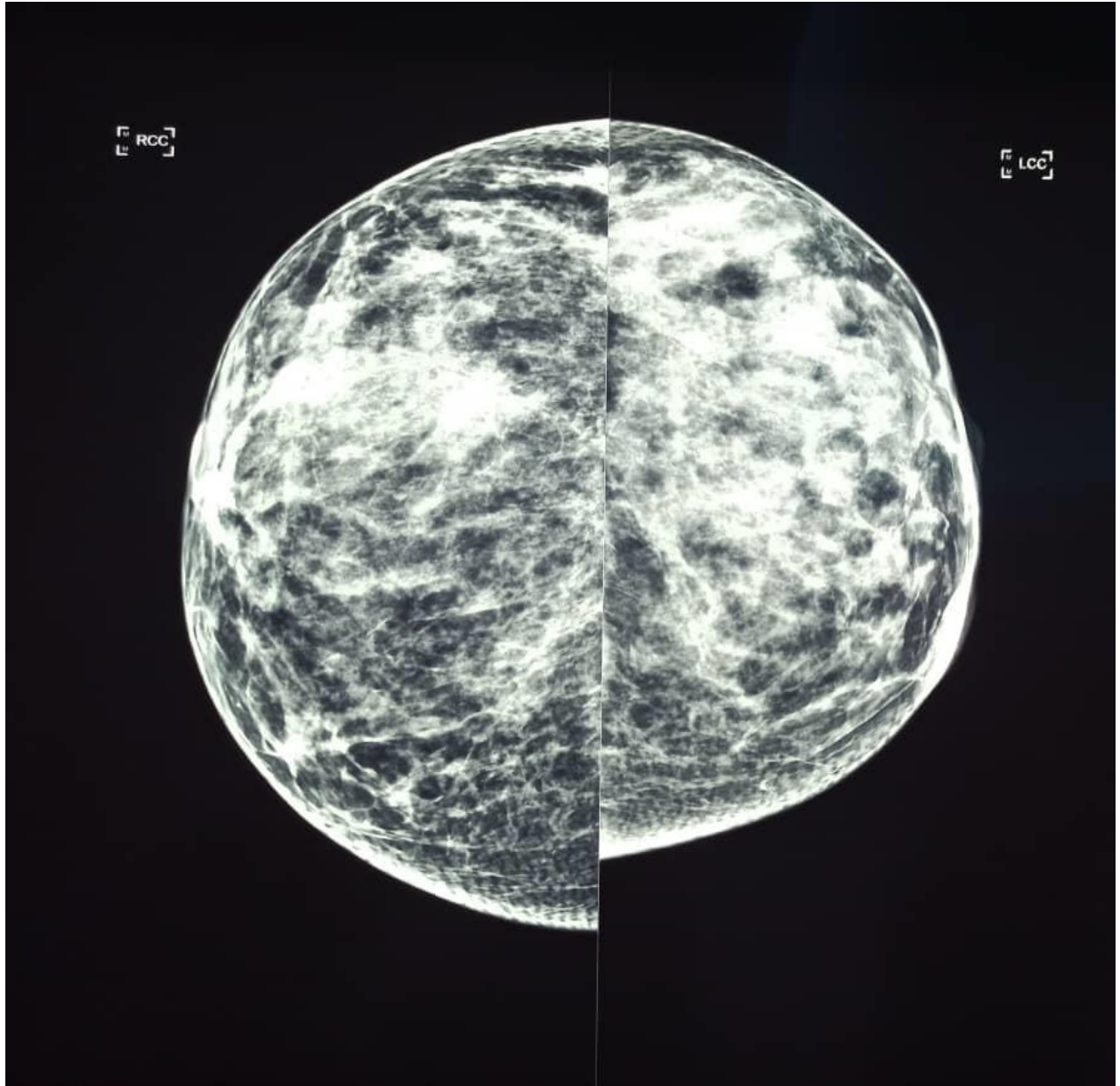
-IHC (Immunohistochemistry)report: pancytocratin: negative, ALK: negative, Desmin: negative, Beta catenin: negative, SMA: positive, Ki67:20-25%, Cd45: negative, altogether suggestive of inflammatory myofibroblastic sarcoma

_Also, there was another mass lesion palpated in UIQ of the breast that was not mentioned in Ultrasound.

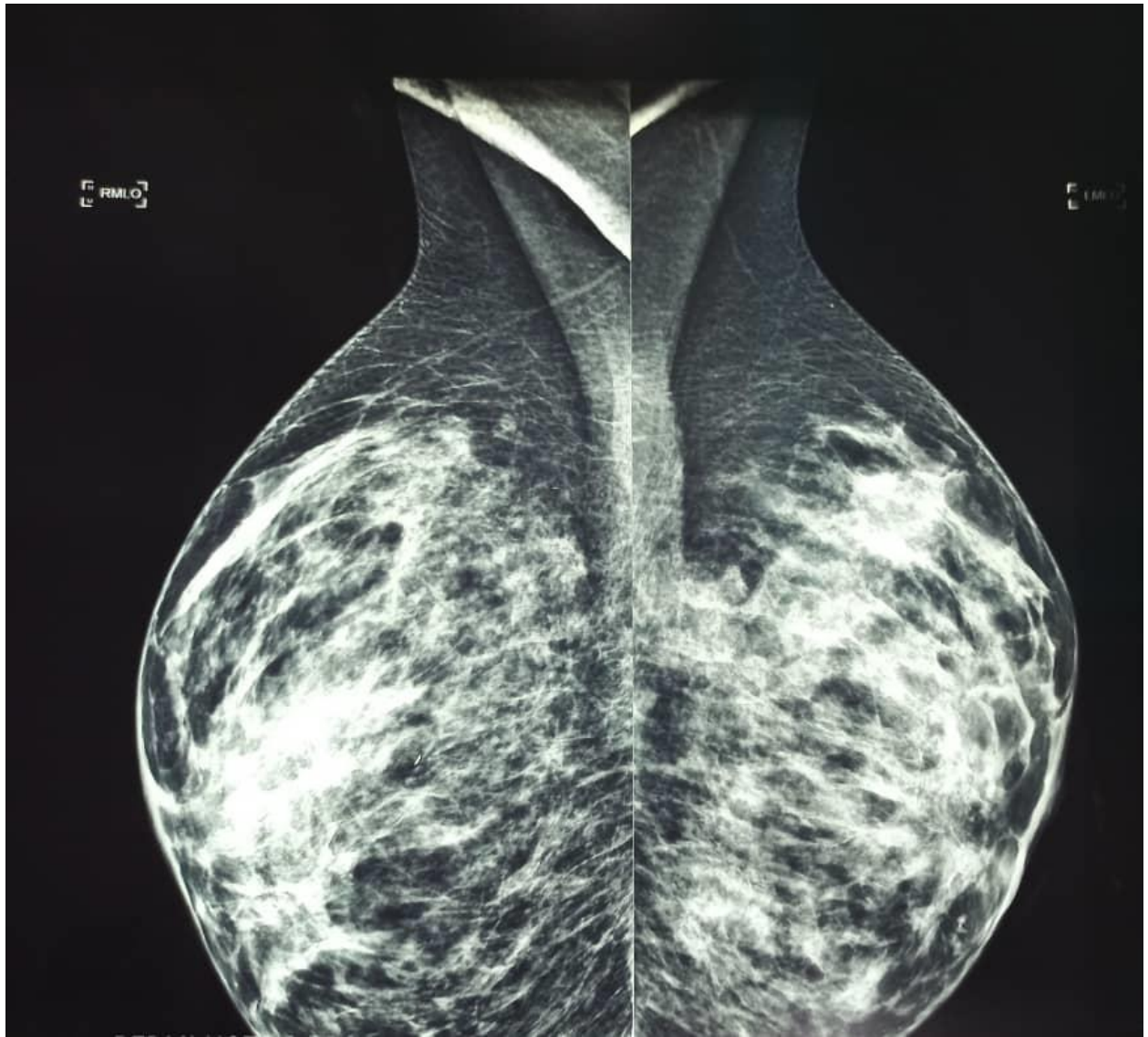
Question: do we need any further any diagnostic step? What is the plan of Treatment? If surgery is considered using which technique is suitable?

Recommended tests: perform core needle biopsy of the palpable new lesion. Review pathology. Perform breast MRI. Systemic evaluation of metastasis is mandatory.

Considered plan: Depends on the results.



Heart Disease Research Center



Breast Disease Research Centre