

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

Patient's Name: E.A

Responsible Physician: Dr.Elahi

Patient presentation:

- 39years – female, negative family history of cancer
- Presented with Right breast masses.
- One in lateral far zone of breast (3-4 cm) & retro areolar multiple masses (1.5 cm).
- Imaging: Right lateral 35mm & retro areolar 12mm (B4c & B5) masses, Right Lymph Node with thick cortex.
- Core Needle Biopsy of both region masses: Invasive Ductal Carcinoma, Grade 3, ER+ 90%, PR-, Her2 +++, ki67 20-30%
- FNA of Right Axillary Lymph Node: negative

Metastasis Work Ups showed:

Right ovarian 6cm cyst.

Right liver hypervascular mass (41*28 mm).

L5, S1 vertebra increased density.

Bone scan: Right humerus & Left femoral bone lesions.

Liver Biopsy: Cavernous Hemangioma.

Left Femoral bone biopsy :(done after 2 courses of chemotherapy): sclerotic bone and necrotic materials in favor of metastasis with total necrosis.

Question: Are these bone lesions Metastatic? Is another tissue diagnosis necessary? Plan?

Considered plan: Should be considered metastatic and in NIMAD survey plan.

Surgery is recommended only if response to chemotherapy justifies it. Consider radiotherapy either.

2???-9911-PM

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