

Date: 2021/02/20;02/12/1399

Patient's Name: N.T

Responsible Physician: Dr. Omranipour

Patient presentation:

- 40years – female -Family history of breast cancer in two cousins (pre menopause) one of them bilateral.

- Presented for her first breast screening (4/99).

-Mammography: focal upper left breast asymmetry (BIRADS4).

-Sonography: 2 dominant masses, lesions in left breast 2oc'clock near zone & few solid hypoechoic lesions in lower quadrants of breast + 4 suspicious LNs in left axilla.

-FNA: Breast: Fibrocystic changes, Axilla: involved by Metastasis.

-(5/99) BCS (breast conserving surgery) of breast (UOQ) + ALND done:

Resultant pathology: Breast specimen free from tumor; axillary lymph nodes: 11/16 metastatic from breast; ER-; PR -; Her2 3+; (2 subsequent second opinion confirmed this diagnosis).

-Post operation MRI & Sonography done: 2 masses were found in left lower Breast.

-Core Needle Biopsy (CNB): Invasive Ductal Carcinoma (IDC) then Mastectomy performed: Multifocal IDC +DCIS ;9mm-25mm; were found.

-(6/99) Thorax CT scan: nonspecific subpleural nodules in right & left sides.

Comparison with previous imaging & Follow up was recommended, also, a heterogenous thyroid with some nodules inferior to isthmus

Abdominopelvic CT scan: Normal

-Thyroid sonography: nodules TIRADS 3 & 4 in right and 3 in left lobe respectively so FNA of nodules done. Response is not available.

-She received 8 courses of chemotherapy for breast cancer.

-Nowadays presented with supraclavicular palpable Lymphadenopathy.

-CNB of the lymph node: Metastatic from breast origin ER-; PR-; Her2 2+.

-Neck MRI: thyroid mass at thoracic inlet without retrosternal extension and few sub centimeter lymph nodes in left 4th zone.

- Neck sonography: no suspicious thyroid nodule seen so there is no indication for FNA: hypoechoic heterogenous soft tissue area extended to suprasternal notch suggestive of thymus; several small hypoechoic areas like nodules along the left trapezoid muscle sheath and along the brachial plexus trunk suggestive of being neoplastic lymph nodes with NO activity (probably response to chemotherapy?)

-Left brachial plexus MRI +/- IV (intravenous)contrast: Normal.

-Last chemotherapy (21/11/99) and she is receiving herceptine.

Question: Shall we resect supraclavicular lymph nodes?

Recommended tests: FISH test of recent pathology should be done.

Considered plan: Supraclavicular mass resection and quick radiotherapy in future 2 weeks.