

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

Patient's Name: R.K

Responsible Physician: Dr. Omranipour.

Patient presentation:

- 36year female.

-Presented with respiratory symptoms assigned to be probable COVID infection.

-(25/1/99) Thorax CT scan: Bilateral pleural effusion, moderate in right side and a little amount of it in left side & multiple nodules and micronodules of both lungs possibly metastatic ones.

-(27/1/99) Abdominopelvic & thoracic spiral CT scan: hypodense lesions in left and in right liver lobes in favor of metastasis. Right iliac expansile cystic lesion in favor of metastasis. Multiple lytic bone lesions in superior thoracic spines.

Left breast asymmetric density with surrounding inflammatory reaction (IBC)also multiple left axillary lymph nodes & bilateral pleural effusion & multiple pulmonary nodules & mediastinal lymph nodes and some submandibular lymph nodes, the largest in right side 10 *6 mm.

(31/1/99) CNB (Core Needle Biopsy) left breast: IDC; ER+ 80%; PR+ 90 %; HER2 -.

(2/99) Bone scan: Multiple metastasis in shoulders; humeri; sternum; ribs; spine; pelvis; femoral bones.

-Received 8 courses of chemotherapy, last session (5/7/99).

-Thoracic CT scan (5/99) within normal limits. Sole positive finding: left breast smaller than the right one (probable previous surgery?) with some lymph nodes in right axilla.

-PET scan (8/99): Multiple sclerotic lesions in skeleton; T2; T5; T9; pelvis; Right femur with no abnormal hypermetabolic point at present (responded to chemotherapy?)

- since then, only consumed 20 mg Tamoxifen daily.

-The patient is not OK with mastectomy and the appearance of the breast is acceptable.

Question: In next step is only radiotherapy enough or shall mastectomy be done?

Considered plan: Continue previous therapy (tamoxifen), subjoin her to NIMAD survey.

