

Date: 2021/02/27;09/12/1399

Patient's Name: S.R

Responsible Physician: Dr.Shahi

Patient presentation:

- 78years – Past history of diabetes mellitus.

- Presented with severe asthenia.

-General work ups done:

(17/10/1399): Bilateral multiple non ulcerated plaques of both common carotid arteries and about half diameter reduction of them. Cardiac catheterization and PCI on LAD (left anterior descending artery) & stent insertion done. Since then she is consuming Plavix and Aspirin.

-Lab test showed her Hg=4 (gr/dl) and packed cell transfusion done that was not completely tolerated.

_ (24/10/1399) Generalized decrease of bone density of skeleton was noted in her CXR (chest X-Ray).

A (26*17 mm) mass of right breast shown in Ultrasound (BIRADS5) and some reactive axillary lymph nodes that was confirmed in her mammography as speculated hyperdense mass of axillary tail.

Abdominopelvic sonography had coarseness & heterogeneity of liver parenchyma and probability of bilateral CRF (chronic renal failure) so proposed further evaluation.

Neck sonography revealed left thyroid lobe minor cyst (TIRADS1) & bilateral multiple supra and infraclavicular and bilateral submaxillary suspicious lymph nodes.

-(25/10/1399) whole body bone scan had NO clear evidence of metastasis but irregular increased uptake along the spine likely due to degenerative changes [MRI correlation recommended].

-(1/11/1399) whole body CT angiography (MDCT-64 slice) showed only 20mm enhancing tissue lesion lateral aspect of right breast and an old ischemic insult of left frontal lobe.

-(14/11/1399) CNB of breast mass: IDC [invasive ductal carcinoma]; Grade 3; ER+; PR+; Her2-(FISH-). So Letrozole consumption started.

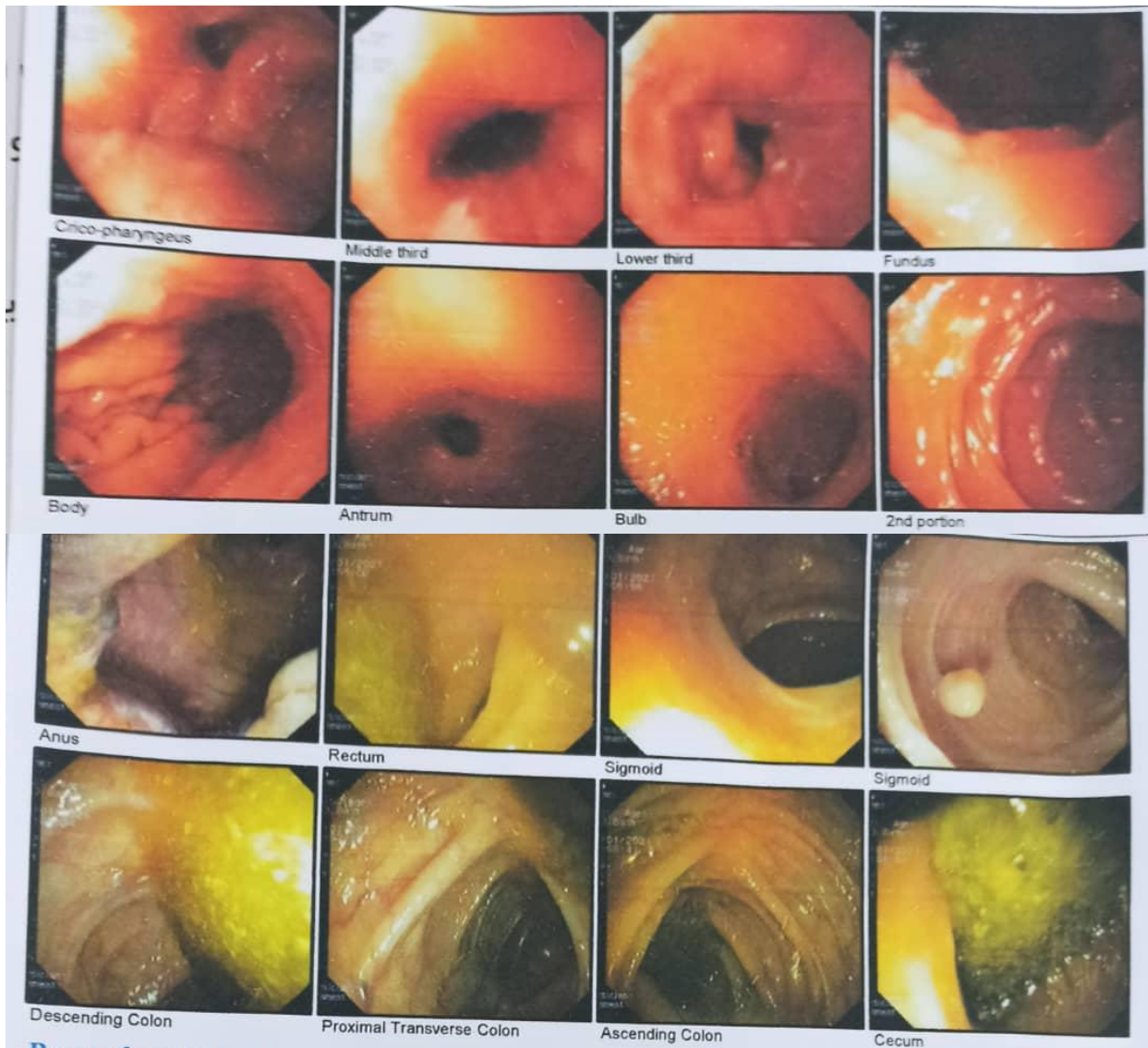
- (15/11/1399) Bone marrow showed diffuse infiltration of mature & immature plasma cells (20% plasma cells). ESR=70; Ig G+1800; Ferritin=738; CA-15-3=42, Serum calcium level was normal, but proportion of lambda to cappa was improper. Cytogenetic report of bone marrow (46XX) compatible with normal female karyotype. Endoscopy: Mild sliding hiatal hernia. Colonoscopy: Mixed type hemorrhoid.

-(5/12/1399) PET scan: Right Breast(uoq)cancer and multiple interpectoral lymph nodes, NO evidence of skeletal myeloma, few scattered tiny (<4mm) bilateral pulmonary nodules beyond the resolution of PET so recommended thoracic CT scan.

Question: What is the next plan?

Recommended tests: Perform complete rheumatologic lab tests. FNA biopsy of thyroid & cervical lymph nodes should be done & flow cytometry of peripheral blood is needed.

Considered plan: Surgery is recommended only if biopsy justifies it with non-existence of metastatic disease.



Reason for endoscopy

Breast Disease Research Centre