

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

Patient's Name: A.R

Responsible Physician: Dr. Ebrahimi.

Patient presentation:

- 48years lady
- Presented with past history of left triple negative breast cancer underwent BCT (breast conserving surgery) (11/98) with free margins, both 2 sentinel lymph nodes extracted involved (axilla spared based on Z0011 trial), followed by adjuvant chemotherapy and radiotherapy.
- Nowadays Patient palpated some stiffness at the site of previous surgery.
- MRI: BIRADS4 lesion in favor of local recurrence, normal axilla.
- Ultrasound:20*16 hypo-echo mass-like lesion compatible with MRI findings on 2-3 o'clock of left breast BIRADS4b.
- Core needle biopsy of new lesion: focal ADH (atypical ductal hyperplasia) + fat necrosis.
- Patient is about to undergo mastectomy due to her own request.

Question: 1: Does axilla need surgery? (sentinel lymph node biopsy or dissection?)

2: Does she need metastasis work up?

Recommended tests: Review new pathologic result. Perform complete metastatic work up.

Considered plan: Surgery is recommended if biopsy justifies it with complete level1&2 lymph node dissection.