

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

Patient's Name: N.R

Responsible Physician: Dr. Ebrahimi

Patient presentation:

- 23years lady – positive family history in her grandmother
- Presented with mass sensation in her left breast since 2 months ago.
- Ultrasound (8/10): Two mass like lesion 30*20 in 2-3 o'clock & 30*17 5-6 o'clock of left breast probable early abscess formation, IGM (idiopathic granulomatous mastitis or multifocal mastitis). (BIRADS3).
- Second Ultrasound (22/10): Two mass like lesion 40*20 in 2-3 o'clock & 30* 16 in 5-6 o'clock of left breast, with multiple reactive lymphadenopathies with cortical thickening of left axilla(BIRADS4a).
- Core Needle Biopsy: severe chronic mastitis.
- IHC(immunohistochemistry): pancytocartin: negative, ALK: negative, Desmin: negative, Beta catherin: negative, SMA: positive, Ki67:20-25%, Cd45: negative, suggestive of inflammatory myofibroblastic sarcoma.
- During physical exam another mass lesion was palpated in UIQ of breast not mentioned in previous sonography & new lymph nodes palpated in her neck.
- Previous MDT(multidisciplinary) recommendations:
 - ~Pathology review: in favor of lymphoma.
 - ~Chest/abdomen CT scan: 34*21 soft tissue mass in antero-superior mediastinum
 - ~WBC: 3.3 ,35% lymphocytes. ESR: 16, LDH:344
 - ~PBS (peripheral blood smear): a number of stomacytes observed.
- MRI report: Multiple bilateral breast masses.
- Genetic test: negative

Question: Considering very rapid growth of masses what shall be done?

Recommended tests:

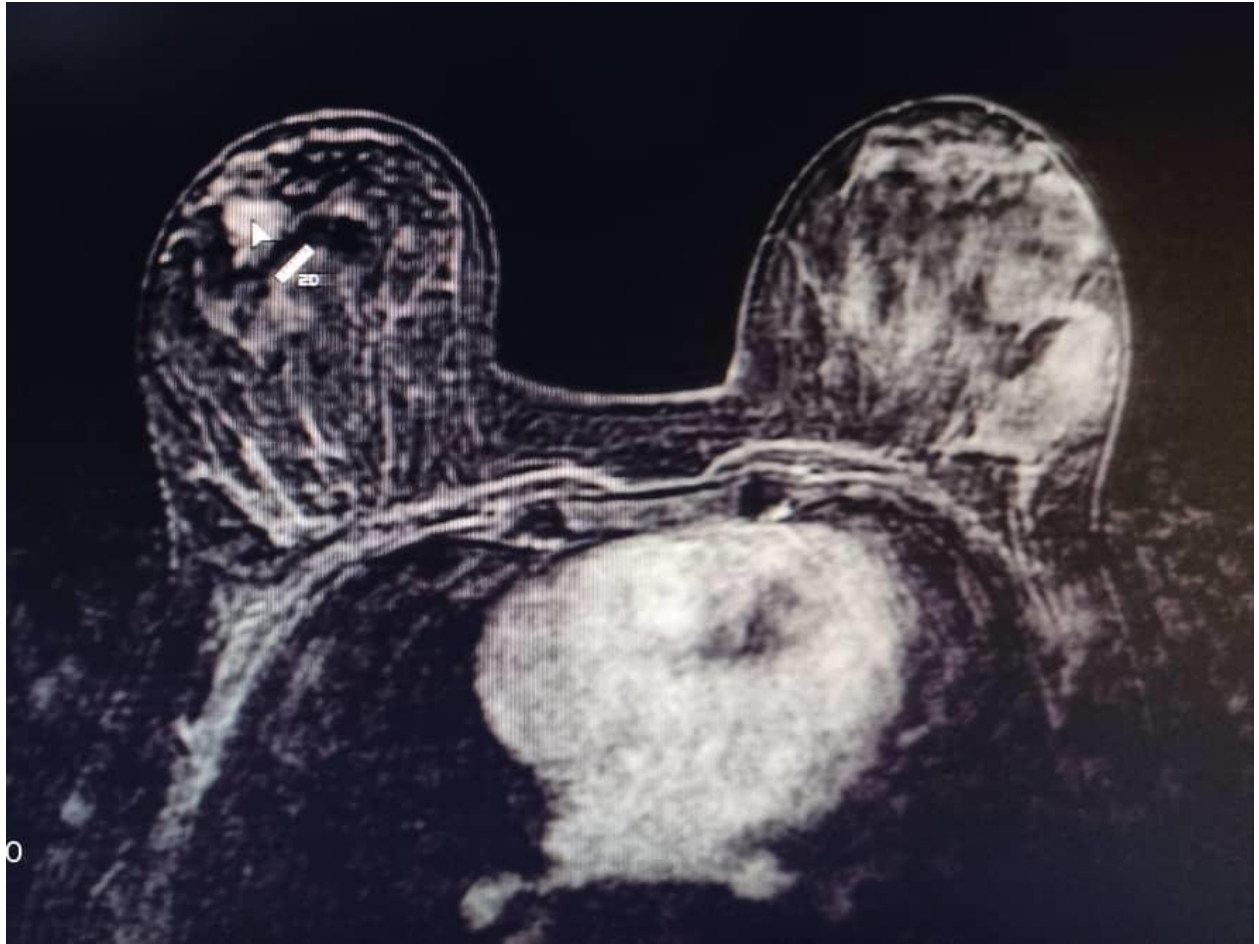
Targeted ultrasound and core needle biopsy from mediastinal lymph nodes.

Since the it looks aggressive and treatment plan may differ, it's better to have bone marrow biopsy for evaluation of lymphoproliferative lesions.

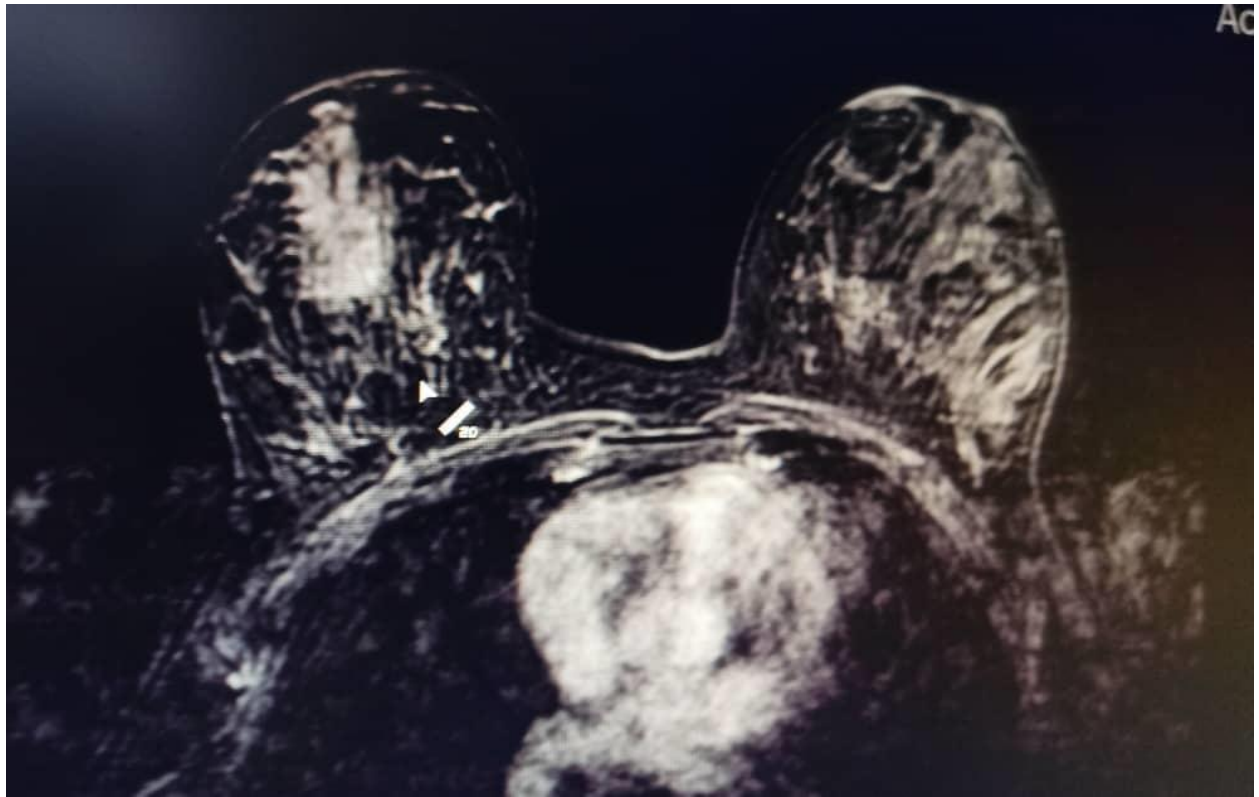
Perform PET scan.

Considered plan: Results of the aforementioned tests justifies it.

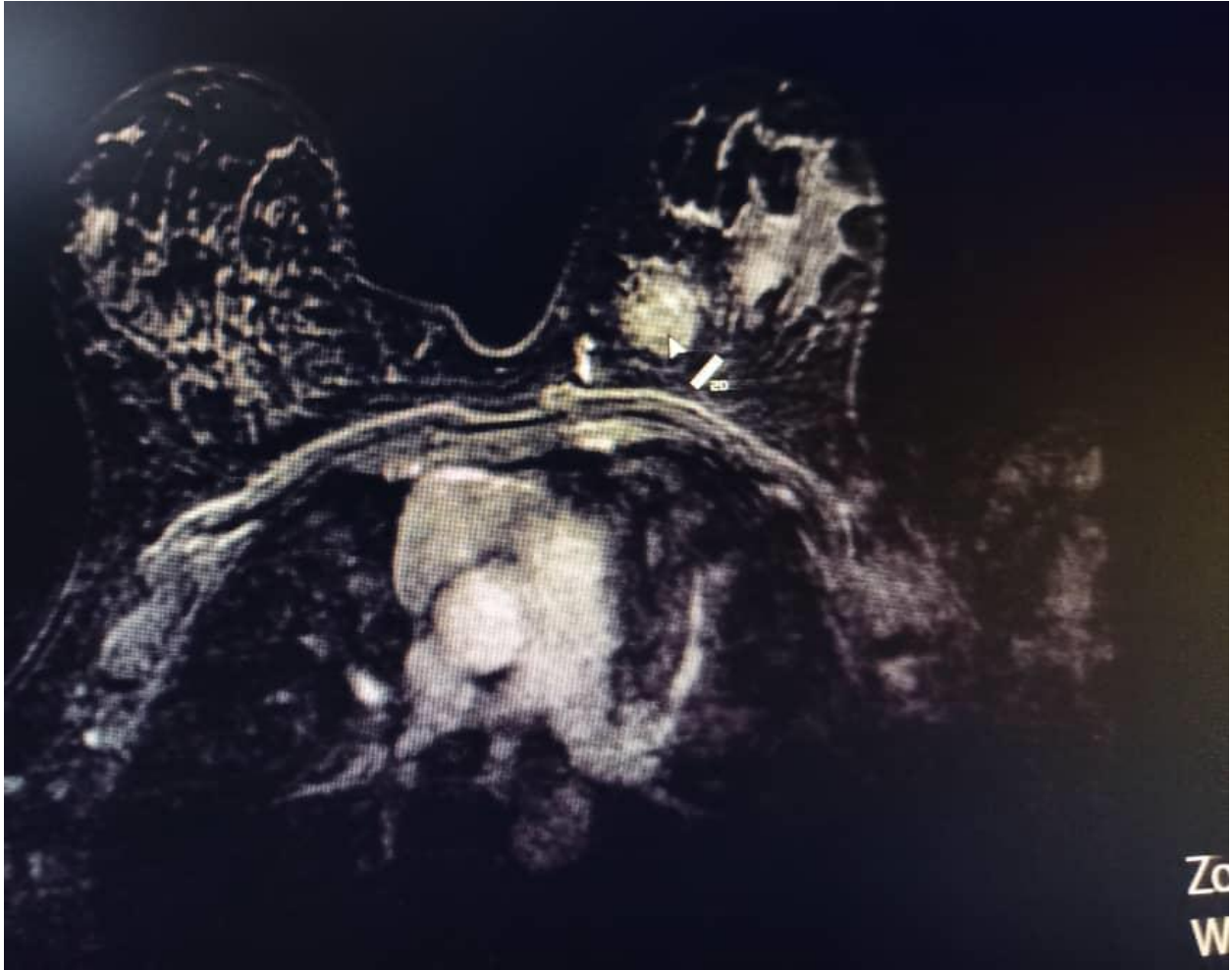




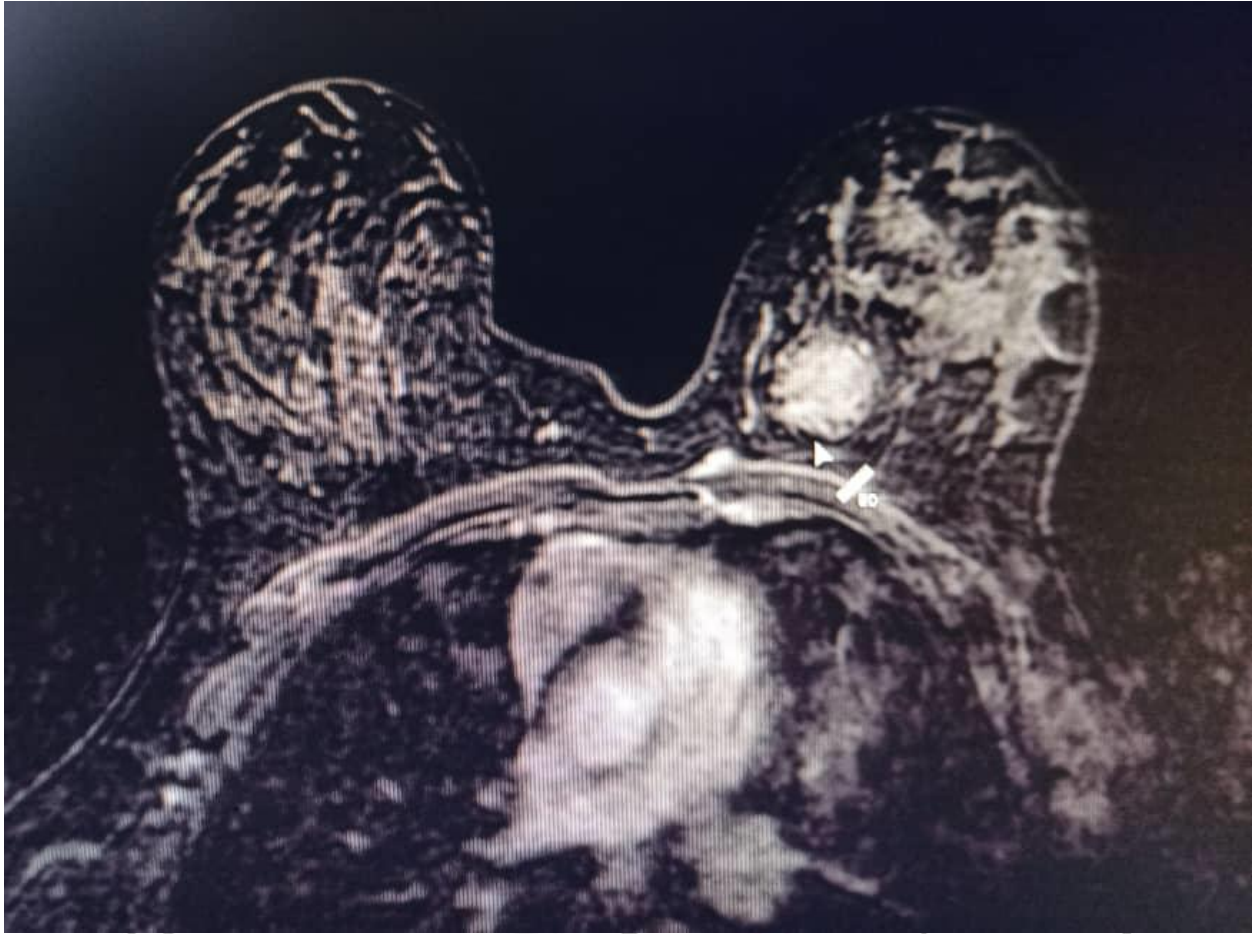
Breast Disease Research Center



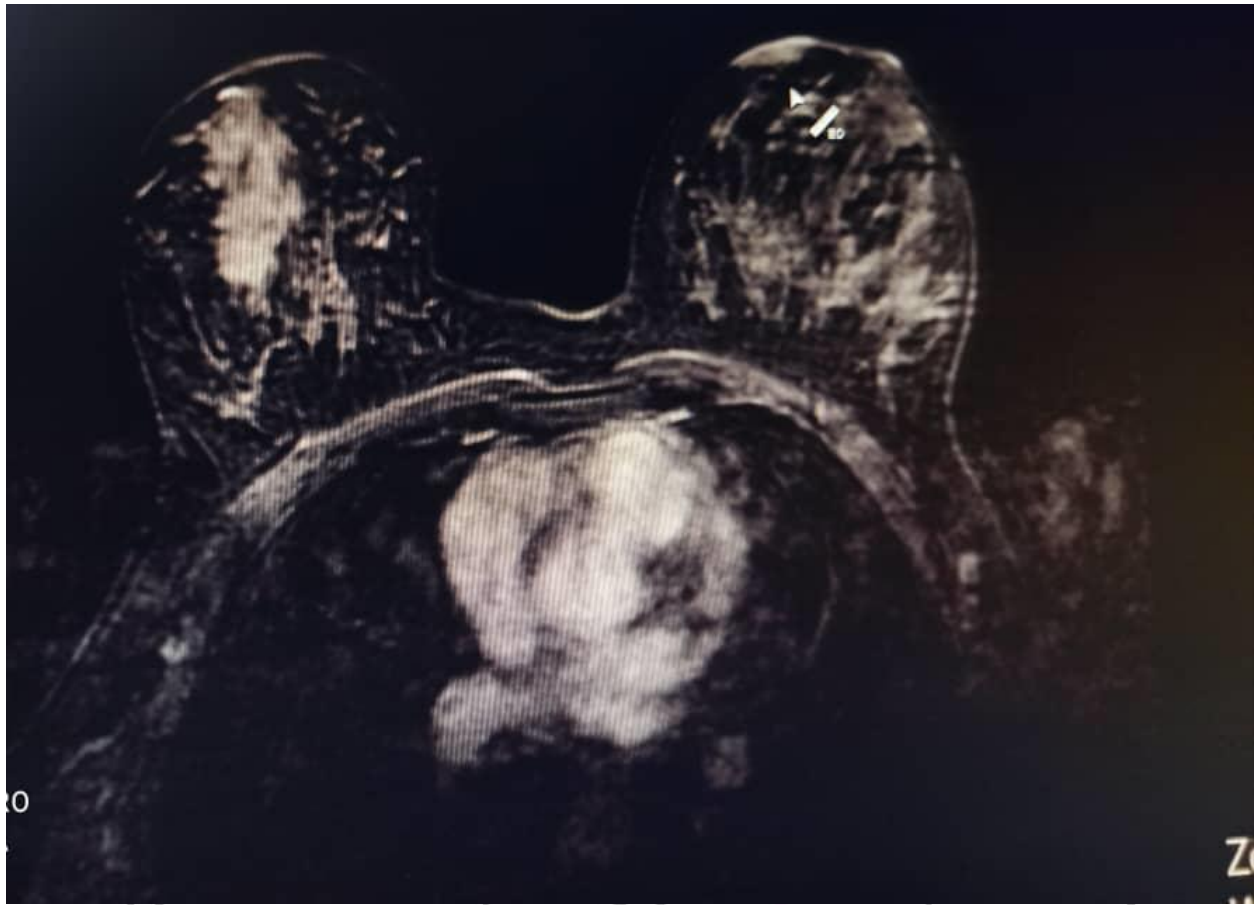
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