

**Date:** 2021/03/09;16/12/1399

**Patient's Name:** S.Sh

**Responsible Physician:** Dr. Alipour

**Patient presentation:**

- 43years –self history of presacral schwannoma(L5-S3) operated on 2months ago.

- Presented with left breast mass.

-Mammography: ACR/C, Spiculated mass with pleomorphic microcalcification in UOQ (upper outer quadrant) region of left breast [ BIRADS 5], also a focal asymmetry in LIQ (lower inner quadrant) needs further evaluation by spot compression (BIRADS 0).

- Sonography: A solid hypoechoic spiculated mass(23mm) between 2-3 o'clock with tissue distortion and at least 2-3axillary lymph nodes up to17mm (cortical thickness 4mm), BIRADS 5.

-CNB (core needle biopsy) of main mass: IDC (invasive ductal carcinoma), Grade2, DIN2(ductal intraepithelial neoplasia), PNI (perineural invasion seen).ER+70%; PR+50%; Her2 Negative; Ki67 35-40%.

-Breast MRI Left breast UOQ irregular border mass 30\*25mm (BIRADS 6) at 2 o'clock and a Non mass enhancement (NME) 12\*5 around mentioned mass (BIRADS 5).

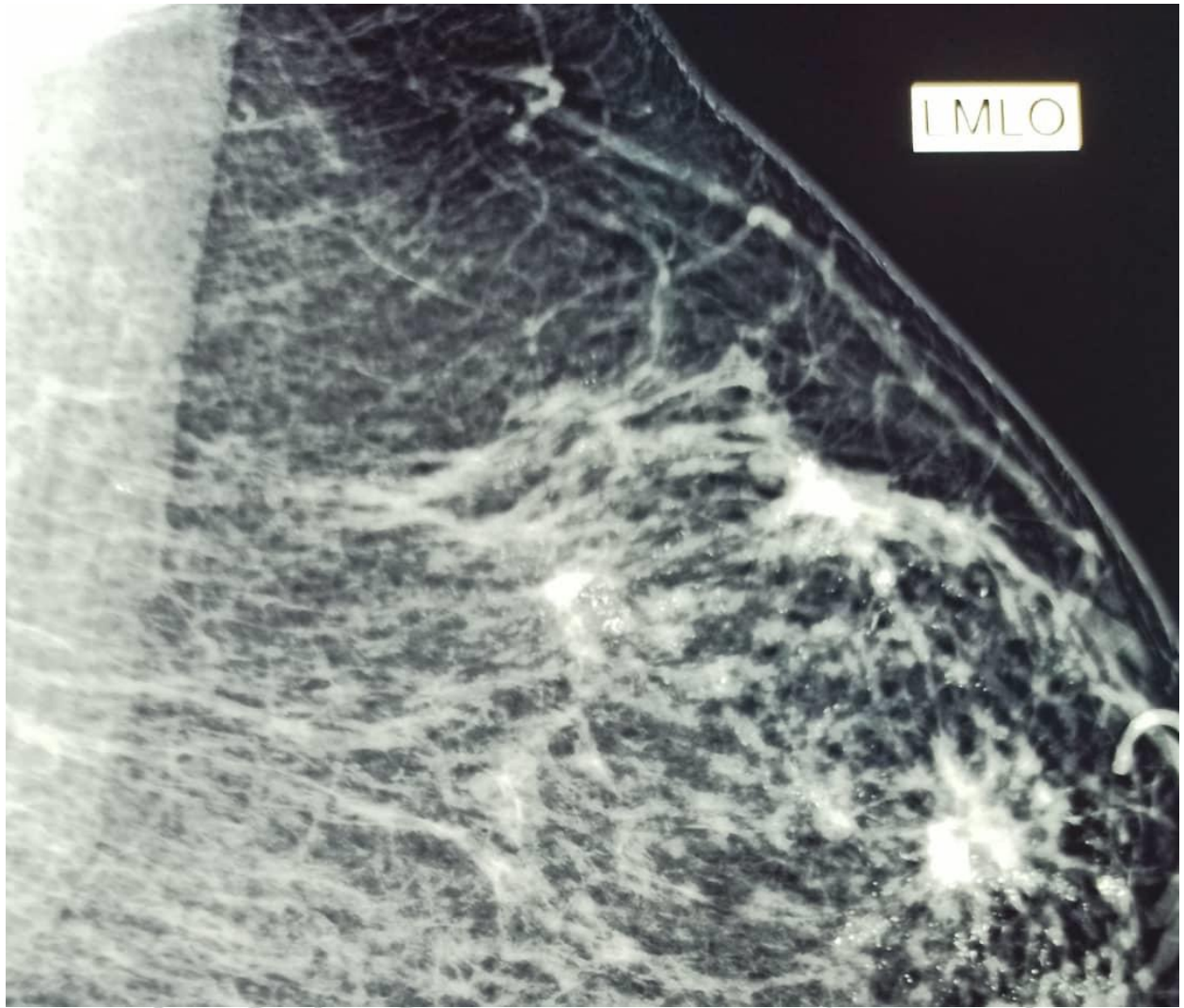
-A new Target sonography of left breast: Intramammary lymph node 6mm at 1-2 o'clock in favor of metastatic involvement (BIRADS 6) and multiple reactive lymph nodes in mid axillary region one of them 28mm seems suspicious.

**Question:** Can the NME in MRI be considered as being cancer either? What about its extension? Is the breast preservable? Can we save the NAC [nipple areola complex]? considering the distance of tumor from it? Is it possible to bracket the lesions sonographic guided?

**Considered plan:** 1-Because of very vast microcalcification and other suspicious masses in different quadrants and also plain involvement of NAC mastectomy should be done.

2-Perform genetic testing.





Breast Disease Research Center

