

Date: 2021/03/13; 23/12/1399

Patient's Name: A.A.kh.S

Responsible Physician: Dr. Vaghef Davari.

Patient presentation:

- 51years – positive FH breast cancer (mother post menopause and cousin pre menopause).
- Past history of schizoid mental disorder and VAB (vacuum assisted biopsy) of her right breast 5 years ago with pathologic result of Intraductal papilloma and apocrine metaplasia.
- Presented with Mass sensation in BSE of right breast since one year ago.
- Mammography: right breast upper outer quadrant asymmetry and vast micro calcification; there is irregularity of the same zone in sonography, previous metallic marker also visible in UOQ of right breast. Axillary physical exam: Normal.
- VAB: DCIS, low grade, solid type, DIN-1c, ER+95-100%, PR+10-15%.
- Preoperative metastatic work ups were negative.
- BCS (breast conserving surgery) done:
- Pathology report: ILC (invasive lobular carcinoma) & LCIS in margins. (superficial-deep-lateral margins involved). All 5 lymph nodes harvested involved by lobular carcinoma with extra nodal extension. [ER+100%; PR+100%; Her2-; Ki67 25%].
- Mastectomy is not allowed by the patient.

Question: Next plan?

Recommended tests: Genetic test specially for CDH1.MRI to have complete assessment of both breasts.

Considered plan: Surgery is recommended if not approved then chemotherapy, radiotherapy & endocrine therapy.

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