

Date: 12.06.2021; 1400.03.22

Patient's Name: M.E

Responsible Physician: Dr.Omranipour/ Dr.Mirzania

Patient presentation: A 34 year-old woman, known case of Cirrhosis, with right breast cancer who underwent mastectomy and hormone therapy without Adjuvant Chemotherapy (BOF low Plt) about 7 years ago, presented with right Supraclavicular LAP and left thyroid Nodule, 6 months ago, then total thyroidectomy and cervical LND was done.

Breast Pathology(93): IDC, T=5cm, LVI+,ER+,PR-,Ki67 30%

Supraclavical LN CNBx(99.6): breast metastasis

MG: B2

Thyroid FNA(99.9): Hurtle or Follicular neoplasm

Surgical pathology of thyroid(99.10): Hurtle cell neoplasm, 3cm, Lt lobe,

Cervical LN: breast metastasis, 1cm, ER+, HER2 -

CT(00.2): mediastinal LAP, sub carina mass(78*51mm)(DDx:LAP,metastasis, neurogenic Tumor), splenomegaly, no metastasis

WBS(00.1): negative

Neck US(00.3): NL

PET: no uptake in mediastinal mass, LAP(axillary & supraclavicular & infraclavicular)

Chest CT: mediastinal mass encased Esophagus

Question:

What's the next plan?

Recommendation:

- 1.Breast MRI
- 2.Right side XRT
- 3.Mediastinal mass open Bx
- 4.Whole body iodine scan (Dx: Hertel cell adonoma and carcinoma)