

Date: 02.10.2021; 1400.07.10

Patient's Name: H.Kh

Responsible Physician: Dr.Omranipour

Patient presentation: A 32 year-old woman with right breast mass underwent mastectomy and radiotherapy and reconstruction with prosthesis in 1398 with the diagnosis of high grade phyllodes tumor(ER - , PR - , Ki 67 (60 %), and HER 2 - . She returned in 1400 with right axillary mass & underwent excision and the pathology was invasive ductal carcinoma triple negative.

The pathology of breast mass was reviewed and the result reported as carcinosarcoma.

New breast MRI: Right breast B 3

: Left breast B1

Thoracic &abdominopelvic CT: Normal

Bone scan: Normal

Sonography: isoechoic mass 20x5 in 10 o'clock of right breast B3/ no adenopathy

She underwent chemotherapy 8 courses. The last one was in 1400/6/29.

She is the case of fallot tetralogy and had multiple heart surgery.

Question:

What's the next plan?

Axillary dissection?

Recommendation:

1-Pathology consult is needed to know whether the specimen is lymph node or breast tissue.

2-Genetic consult

3-Sonography of breast & axilla

4- Axillary dissection if the patient wants.