

Date: 22.01.2022; 1400.11.02

Patient's Name: M.Gh

Responsible Physician: Dr.Shahi

Patient presentation: A 45 year-old lady presented with left breast mass in 1400/3: invasive mammary carcinoma with mucinous features

FNA axilla: dysplastic cells, ER-, PR-, HER 3+, Ki67 10%

She underwent BCS & SLNB (3cm, 1cm, SLN negative)

Then received chemotherapy & Herceptin.

CT: multiple osteometastases (T9, T12, L3, L5), sclerotic lesions in right iliac wing (bone metastasis), 2 small lesions in liver (probably metastasis), large right adrenal mass (adenomyolipoma rather than metastasis)

Bone scan: lytic lesion in T12& abnormal uptake in frontal bone

MRI: vertebral lesions probably due to hemangioma-right paravertebral enlarge soft tissue mass adjacent to T9

Review CT: L3 pathologic fracture, T9 only tumor without hemangioma

Question:

What's the next plan?

Recommendation:

Biopsy of T9 & PET are recommended.

Breast Disease Research Center