

**Date:** 12.10.2024; 1403/07/21

**Patient's Name:** A.K

**Responsible Physician:** Dr.Sarebani

**Patient presentation:** A 63 year-old woman with a history of microcalcification in left breast has undergone BCS SLNB one year ago. Left accessory breast was excised.

Sonography: Tissue distortion in left breast 2-3 o'clock (BIRADS: 4).

Mammography: Pleomorphic calcifications in UOQ of left breast (BIRADS: 5).

Surgical pathology: IDC, Grade: 2, T: 7mm, DCIS, Lymph node: negative.

She had bloody discharged in her left breast 2 months after surgery so she was investigated.

Sonography: A 16.13 retro areolar mass in left breast in 5 o'clock and suspicious Lymph node (BIRADS: 5).

Mammography: BIRADS: 5.

MRI: Skin and areolar thickening, 2 Non-mass enhancements (BIRADS: 4).

CNB: Left breast: fat necrosis, Left Lymph node: reactive.

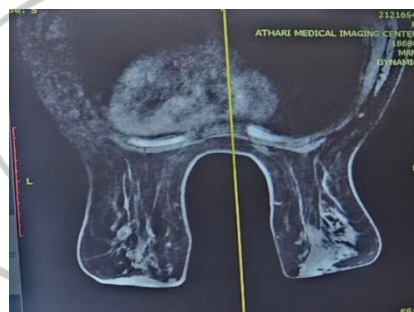
Skin incisional biopsy: Paget.

### **Question:**

What is the next treatment plan?

### **Recommended plan:**

- Mastectomy is better than re-BCS.



*Figure 1: MRI of Breast shows the masses and nipple involvement.*