

Date: 21.01.2023; 1401/11/1

Patient's Name: Z.A

Responsible Physician: Dr.Giti

Patient presentation: A 58 year-old woman with positive family history (her sister, genetic test: negative) and history of right breast cancer since 3 years ago. She underwent breast-conserving surgery (BCS) and axillary lymph node dissection (ALND) (IDC, focally micropapillary feature, Tumor size: 1.5cm, Grade: 3, High grade DCIS (25%), sentinel lymph node biopsy: 0/8, ER: 90%, PR: negative, HER-2: double positive, CISH: negative, Ki67:30%).

After 2 years, during follow up, a mass, 12*10 mm, BIRADS: 4, was detected at right center in MRI.

MRI guided VAB: fibrocystic change with focal moderate to severe Usual Ductal Hyperplasia (UDH).

Follow up with MRI after 6 months was recommended.

In the MRI of 6 months later no change in mass and excisional biopsy was seen.

Wire excisional biopsy: DCIS, Tiny foci suspicious to microinvasion, Tumor size: 10mm, Margins: free, Lymph nodes: 0/8.

Question:

What is the treatment plan?

Recommended plan:

- 1-Mastectomy (If patient prefers, bilateral mastectomy is recommended).
- 2-Sentinel lymph node biopsy (SLNB).