

Date: 26.11.2022; 1401/09/05

Patient's Name: P.Y

Responsible Physician: Dr.Omranipour

Patient presentation: A 56 year-old woman known case of MS, with bilateral breast cancer.

CNB:

Left: mod to high grade DCIS, ER: negative, PR: negative, Ki67: 15%,
Right: IDC, ER: 70%, PR: 10%, HER-2: 1+, Ki67: 40%.

PH/E:

Left breast: not palpable mass, Lymph node: negative, diffuse microcalcification in mammography

Right breast: large mass 50* 45 mm in UOQ, Erythema <30%, edema and nipple retraction was seen, Lymph node clinically was positive (locally advanced breast cancer).

CT scan of chest: one lesion suspicious of metastasis.

Question:

1-Is lung lesion metastasis?

2-Should she be referred to NAC?

Recommended plan:

Lung lesion is very suspicious of metastasis and biopsy is recommended. If biopsy is negative, she will be candidate for NAC.

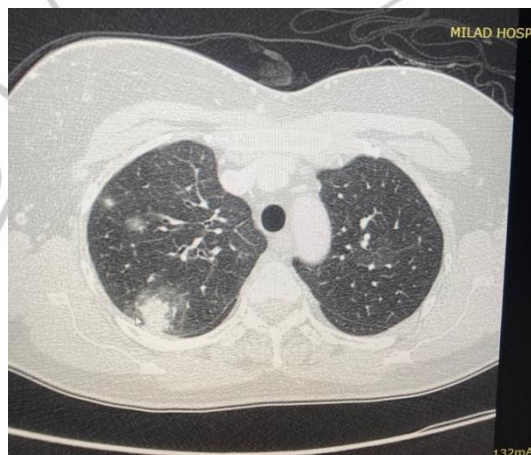


Figure 1, lung lesion suspicious of metastasis, arrow tip shows lesion