

Date: 2020/12/26; 06/10/1399

Patient's Name: A.S

Responsible Physician: Dr.Omranipour

Patient presentation:

- 40years – negative family history

- Presented with right lower outer quadrant breast mass.

-Ultrasound: BIRADS 5. Two adjacent masses 16 & 8 mm in right breast B5; some reactive axillary lymph nodes.

-Mammography: BIRADS 5: Two adjacent spiculated masses in right Breast.

-Core Needle Biopsy of both masses: (near & far zone 8 o'clock): IDC (G2) plus DCIS(cribriform); ER+80%; PR+80%; HER2- ; Ki67 10%

- Spiral CT scan thorax-abdomen- pelvis: 2 left lower lobe pulmonary nodules

needs follow up; Bilateral thyroid nodules; Mild right hydronephrosis &

hydroureter; few small right Breast enhancing nodules & small axillary LNs.

-Thyroid FNA cytology: Positive for malignancy.

-Simultaneous Mastectomy & thyroidectomy done: unifocal breast tumor 2*1.5

cm IDC(G1) plus DCIS(EIC+) solid; LVI -;2 free sentinel and 2 free non sentinel lymph nodes were found; non SLN 0/2; 7 total lymph nodes dissected were free.

There was unifocal thyroid Papillary Thyroid Carcinoma of right lobe 3*2.3 cm;

Tangential margins; angioinvasion was seen.

Question: Need to chemotherapy?

plan of treatment?

Recommended tests: genetic counseling & check for PTEN.

Considered plan: 1-If the patient's financial condition can afford it is preferable to have the result of Oncotype test, if not talk to her about risks and benefits of chemotherapy according to predict and other schedules and let her decide.

2-Therapeutic radioactive iodine is necessary.

