

**Date:** 24.4.2021; 1400.02.04

**Patient's Name:** N.H

**Responsible Physician:** Dr. Omranipour / Dr. Ensani

**Patient presentation:** A 40 year-old woman with left axillary metastatic breast originated malignancy(Unknown Primary) who received only one CHT session.

PMH: PTC(total thyroidectomy + iodine therapy)

FH: PTC(her mother); Colon cancer(her grandpa)

US: A 17mm Left Axillary suspicious mass, Left breast 10 o'clock 13mm hypoechoic mass (B3) and a stable suspicious posterior left Carotid nodule with microcalcification

MG:Left UOQ mass (borderline) and Left Axillary mass (B6)

CNBx(LN): invasive carcinoma, ER+(40%), PR-, HER2 -, Ki67 30%

Breast VABx: SA, FCC, UDH

CT: a very small suspicious liver mass.

**Question:** Upfront Surgery or NAC and surgery?

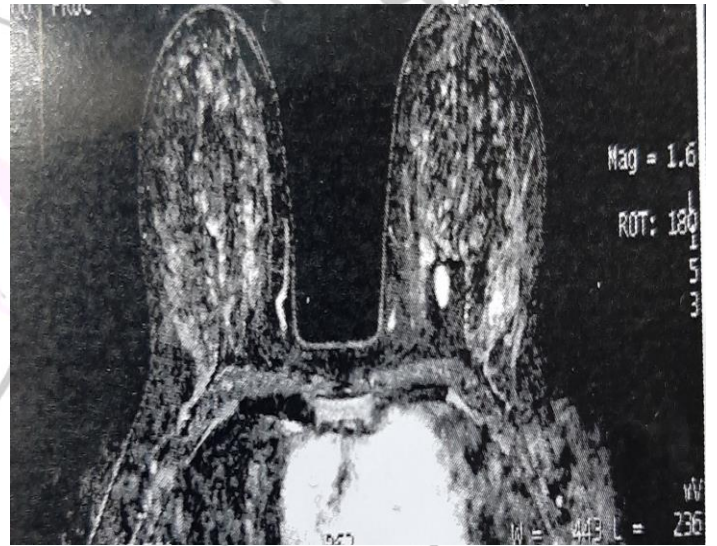
**Recommendation:**

1.Wire guided axillary mass resection and SLNBx

2.Liver MRI.



# تحقیقات بیماریهای پستان



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