

Date: 08.05.2021;1400.02.18

Patient's Name: M.E

Responsible Physician: Dr.Ebrahimi

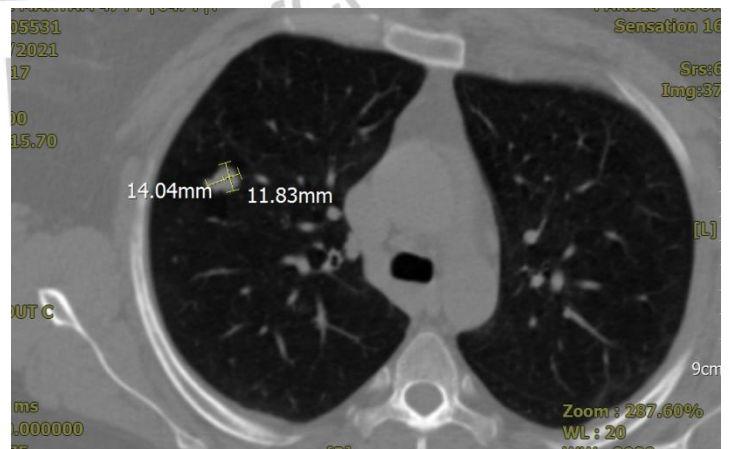
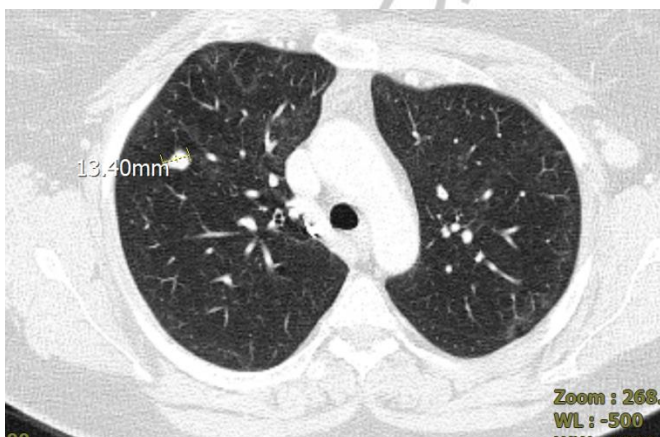
Patient presentation: A 47 year-old lady with a mass in her left breast besides nipple excoriation. .(T3N2)(9/99)
IDC , ER +(weakly positive), PR-,HER2 +, ki67 45%
Clinically N2 axilla: positive for malignancy
WBS: slightly suspicious lesions in spine which were negative for metastasis in Lumbosacral MRI
There was a 12 mm suspicious lung lesion (9/99)
She received chemotherapy, and breast / nipple lesions completely resolved.
Chest CT(2/1400): the aforementioned lung lesion became 14 mm in diameter
Genetic test: VUS Mutation

Question:

Should we consider tissue diagnosis for lung lesion? If it's metastasis, what is surgical plan?

Recommendation:

- 1.MRM(curative intention)
- 2.compare CT(before and after covid)
- 3.CT follow up(Bx OR PET) after mastectomy



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