

**Date:** 2020/10/24 ; 3/08/1399

**Patient's Name:** A.GH.K

**Responsible Physician:** Dr. Vasigh

**Patient presentation:**

- 43years, Positive family history (her mother)
- History of right breast mass nearly 2 years ago. underwent core needle biopsy then with IDC neo adjuvant chemotherapy done .After that she had BCS and ALND
- Pathology: IDC(2cm) + DCIS ; G2;perineural invasion+; lymph vascular invasion+;medial margin suspicious for involvement ;lymph nodes 1/20 +(micro invasion).
- She received chemo and radiotherapy and was continuing on herceptin when 14 months later noticed skin nodules in lower outer quadrant of her breast simultaneously mammography showed 2 masses in the remained breast that led to skin biopsy proving involvement by IDC and resultant mastectomy
- Pathology : IDC; G3; Multifocal; lymph vascular invasion+ ;ER- ;PR-; HER2 3+ ;Ki67 50%
- NOW: She has once again recurrence in the incision of mastectomy and its periphery and all workups for metastatic disease are negative

**Question:** Plan? Is it logical to perform operation for her? or is it better to first have chemotherapy and then surgery?

**Recommended tests:** no further test needed

**Considered plan:** It depends to the surgeon's skill and concept.

If the surgery can be done completely with free margins as soon as possible do it.

Otherwise first chemotherapy and then surgery was recommended.

