

Date: 2021/02/13;25/11/1399

Patient's Name: R.M.A

Responsible Physician: Dr. Lashgari

Patient presentation:

- 57years – Female

- Presented with Right breast nearly 1.5 cm mass (2 o'clock)

_Core Needle Biopsy Report: Invasive Lobular Carcinoma[ILC] (Total estimated size 4mm)

_Breast Conserving Surgery was done.

-Final pathology: 1 mm focus of invasive lobular carcinoma (pleomorphic type).
One out of two dissected Lymph Nodes involved by micrometastasis.
Triple negative. Ki67 30% Grade3.Margins free. LVI (lymphovascular invasion) positive.

-Pathology second opinion and review is done: same result and confirmation of the sizes got.

-Bone scan: Suspicious lesion of left femoral neck.

Left hip joint in MRI done: abnormal signal with enhancement highly suggestive for metastatic lesion.

Question: Is it needed to further investigate axillary lymph nodes? Does the femoral suspicious lesion need any other evaluation? Does she need adjuvant chemotherapy?

Recommended tests: Femoral head biopsy should be done.

Considered plan: No need for further ALND. Perform chemotherapy. If femoral biopsy proves metastasis perform radiotherapy.