

Date: 2021/02/20;02/12/1399

Patient's Name: F.GH

Responsible Physician: Dr. Tavakol

Patient presentation:

- 40years – positive family history (3 of her cousins-pre menopause)
- (8/97) Right MRM (modified radical mastectomy) done: IDC; DCIS; Grade2; T 2cm; LVI (lymphovascular invasion) present; ER+; PR+; HER2 -; Ki67 40%; Lymph nodes 1/10 involved.
- Concurrent nodule of Right lobe of thyroid (3cm). Sonography guided FNA result: PTC (papillary thyroid carcinoma).
- Bone scan: osteoblastic lesion of sternum.
- After that chemotherapy done till 1398.
- (3/98) Thyroidectomy was done: PTC 3cm; capsular & vascular invasion present.
- Then right breast & axilla & supraclavicle radiotherapy was done followed with radioiodine therapy for PTC (in 2 sessions).
- (7/98) Nuclear Scan: thyroid remnants & mediastinal lymph nodes. But the patient received NO enterprise.

Previous multidisciplinary session proposed:

- 1- Adrenal biopsy: was normal.
- 2- Axillary lymph node biopsy: metastasis from breast origin (with the same previous IHC).
- 3- Pulmonary hilar lymphadenopathy was assumed to be of a benign origin by the consultant physician so biopsy has not been done.

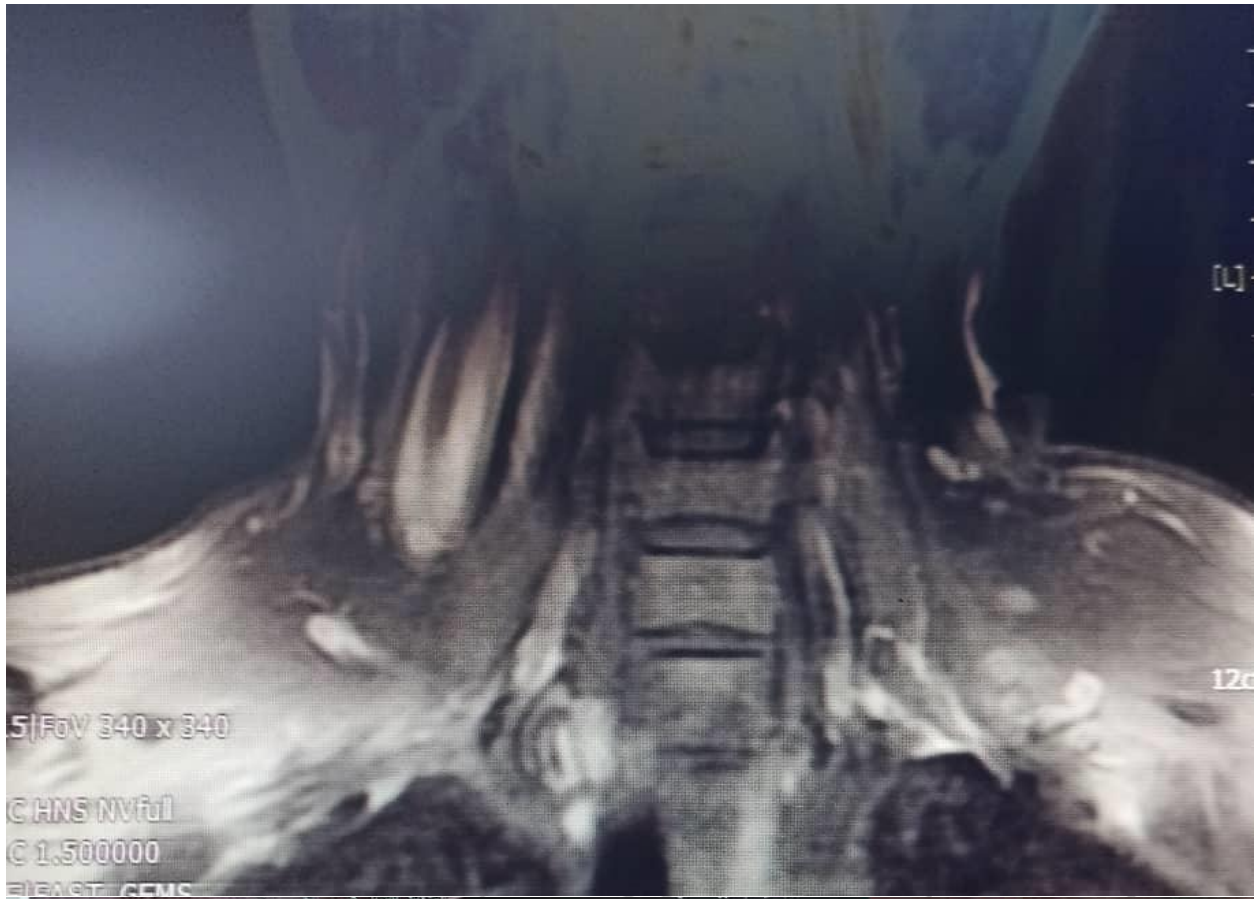
Question: Plan of treatment?

Recommended tests: Core needle biopsy of pulmonary lymph nodes (probably of from thyroid origin).

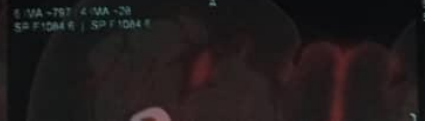
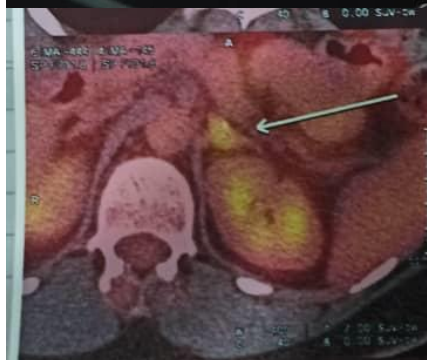
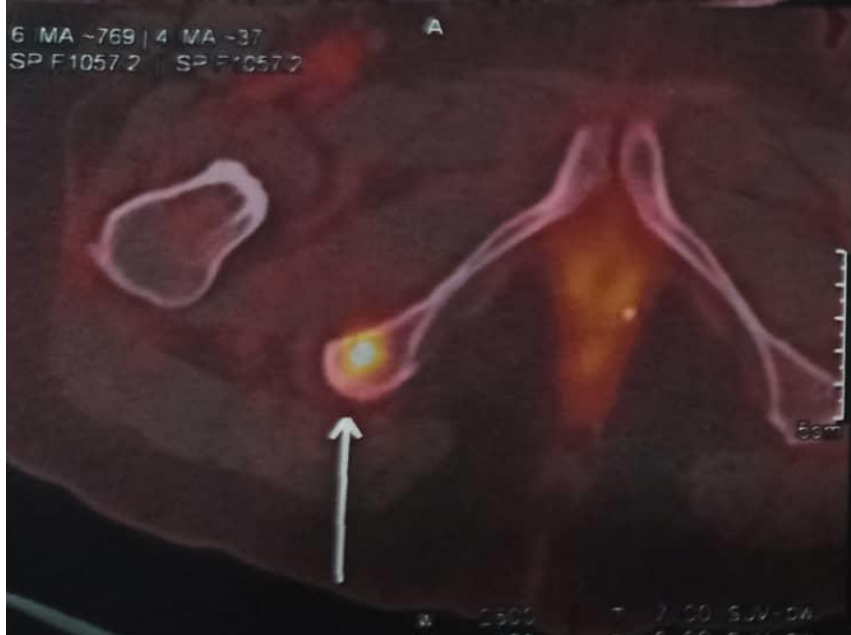
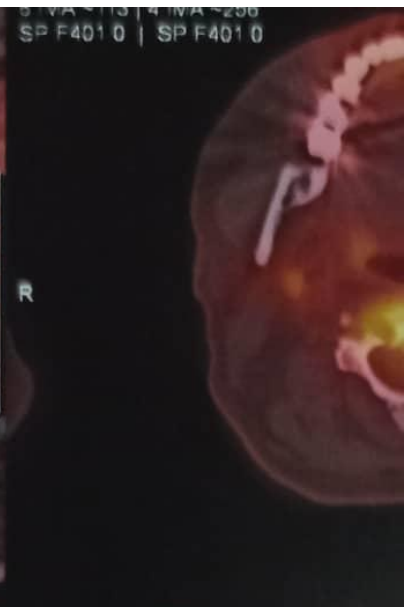
Considered plan: Stop chemotherapy. Perform hormone therapy if the breast tumor continues to grow under hormone therapy surgery be done for two local lesions of breast. Radiotherapy of bones.

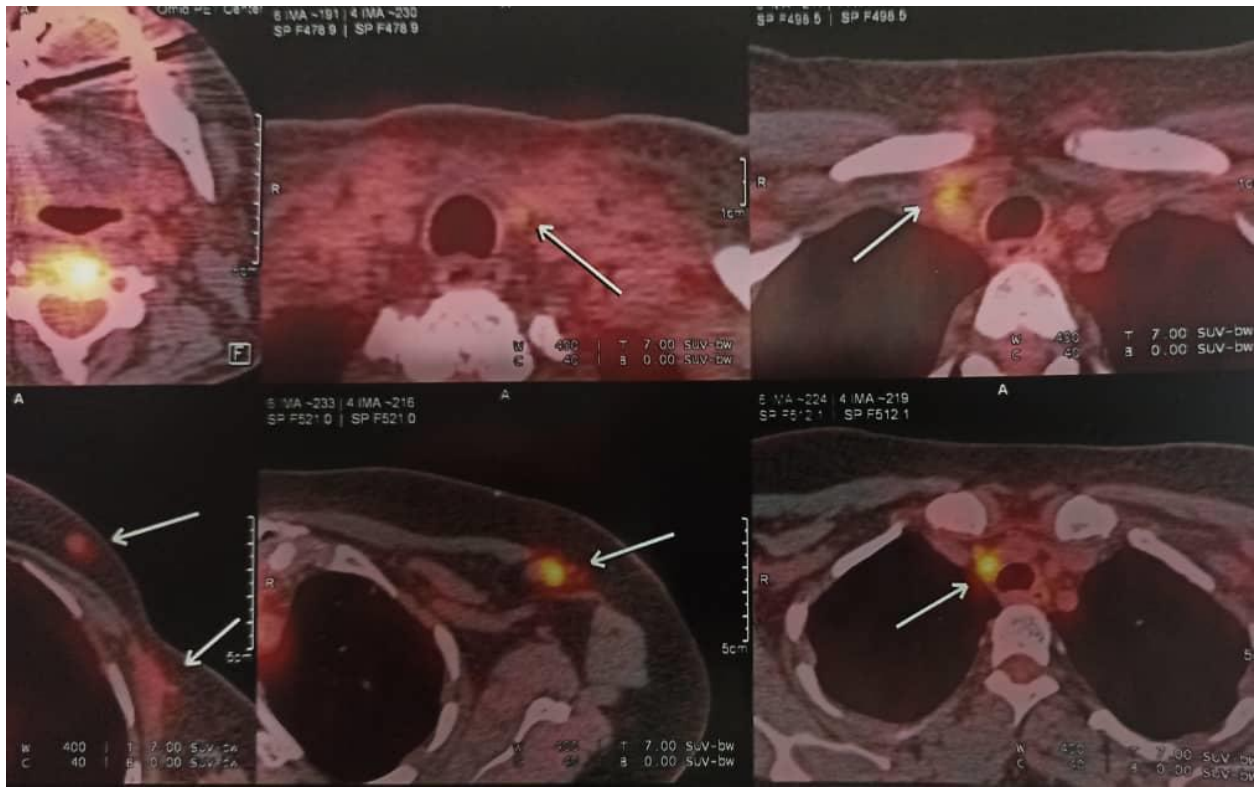




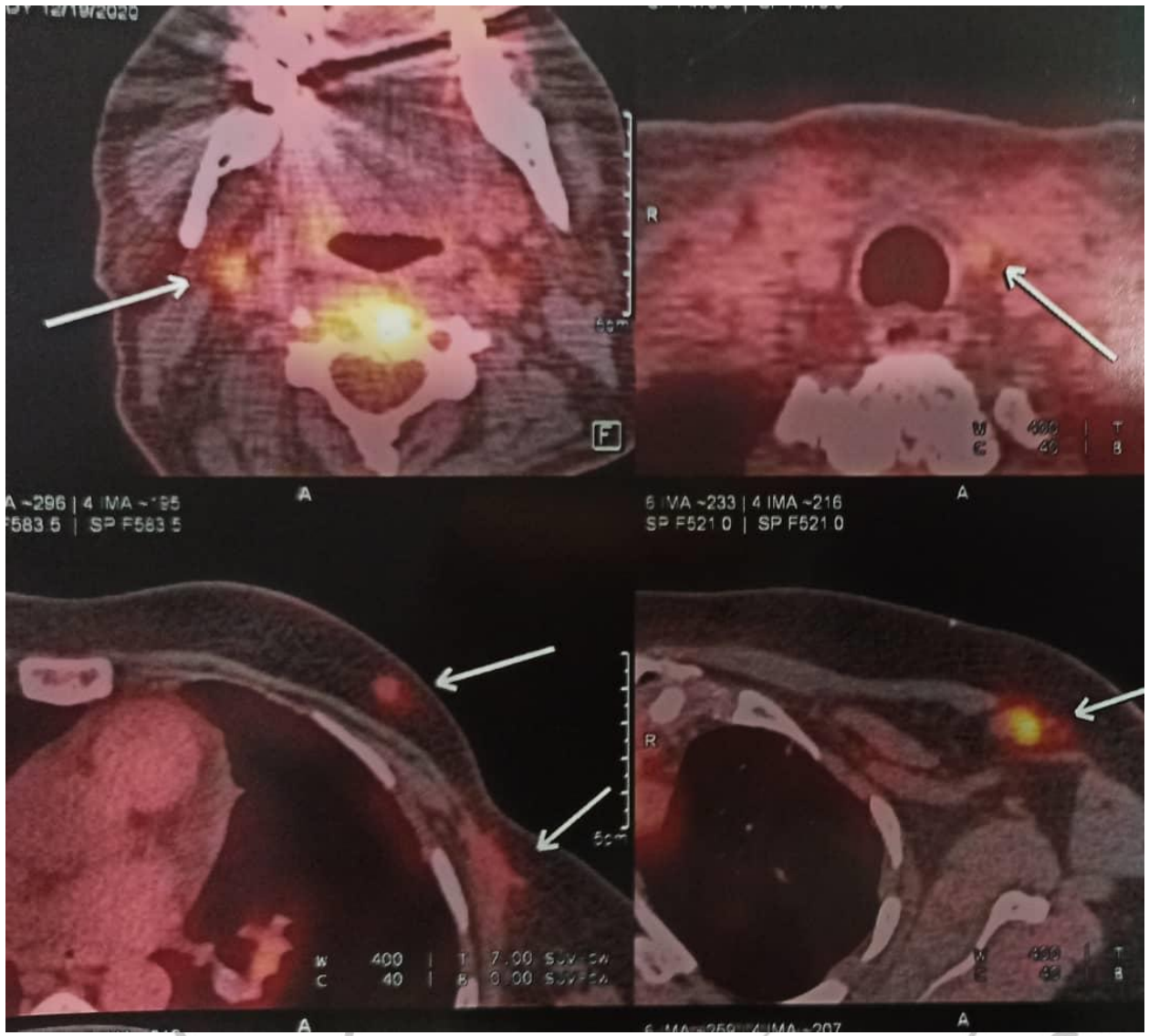


Breast Disease Research Center

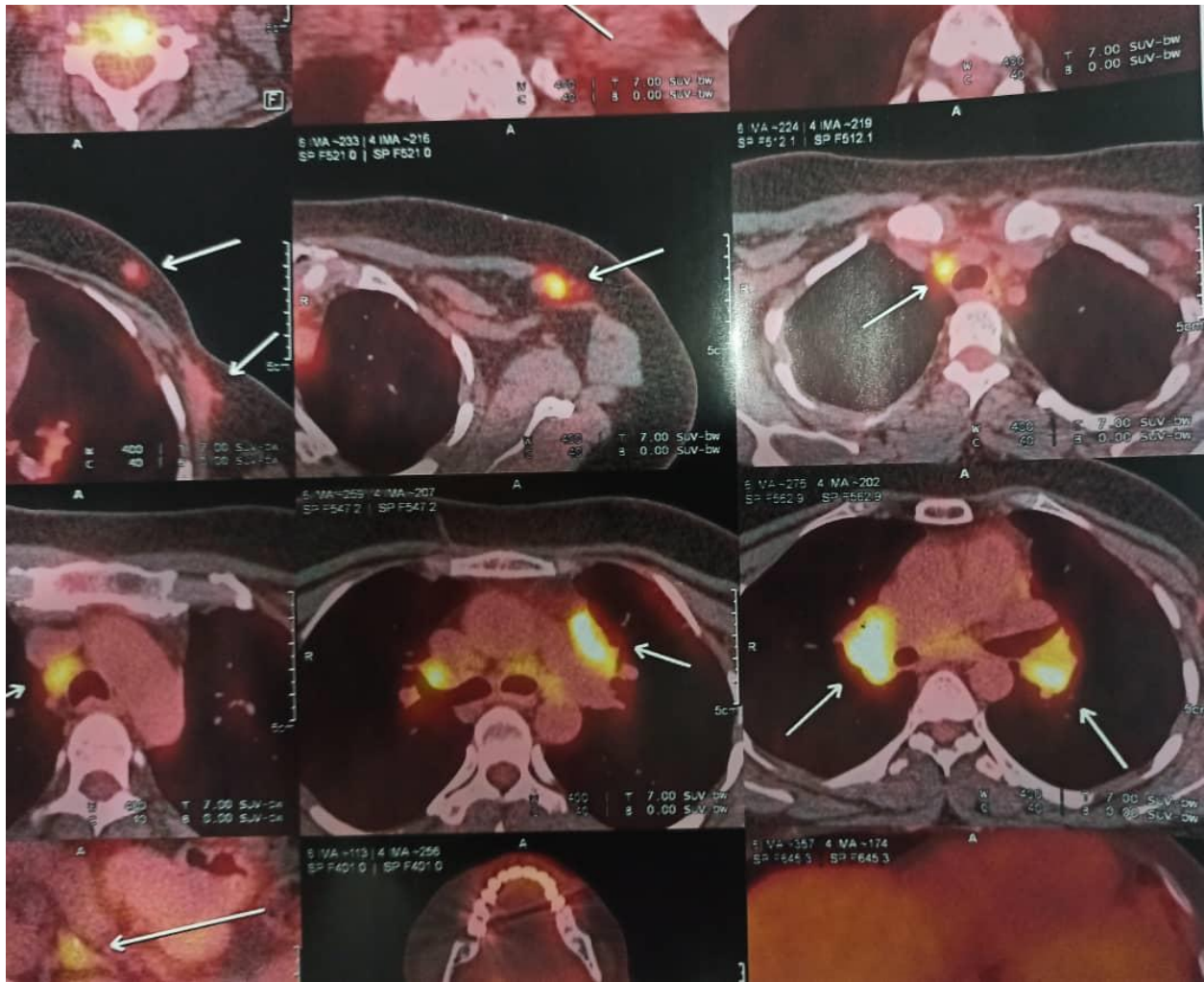




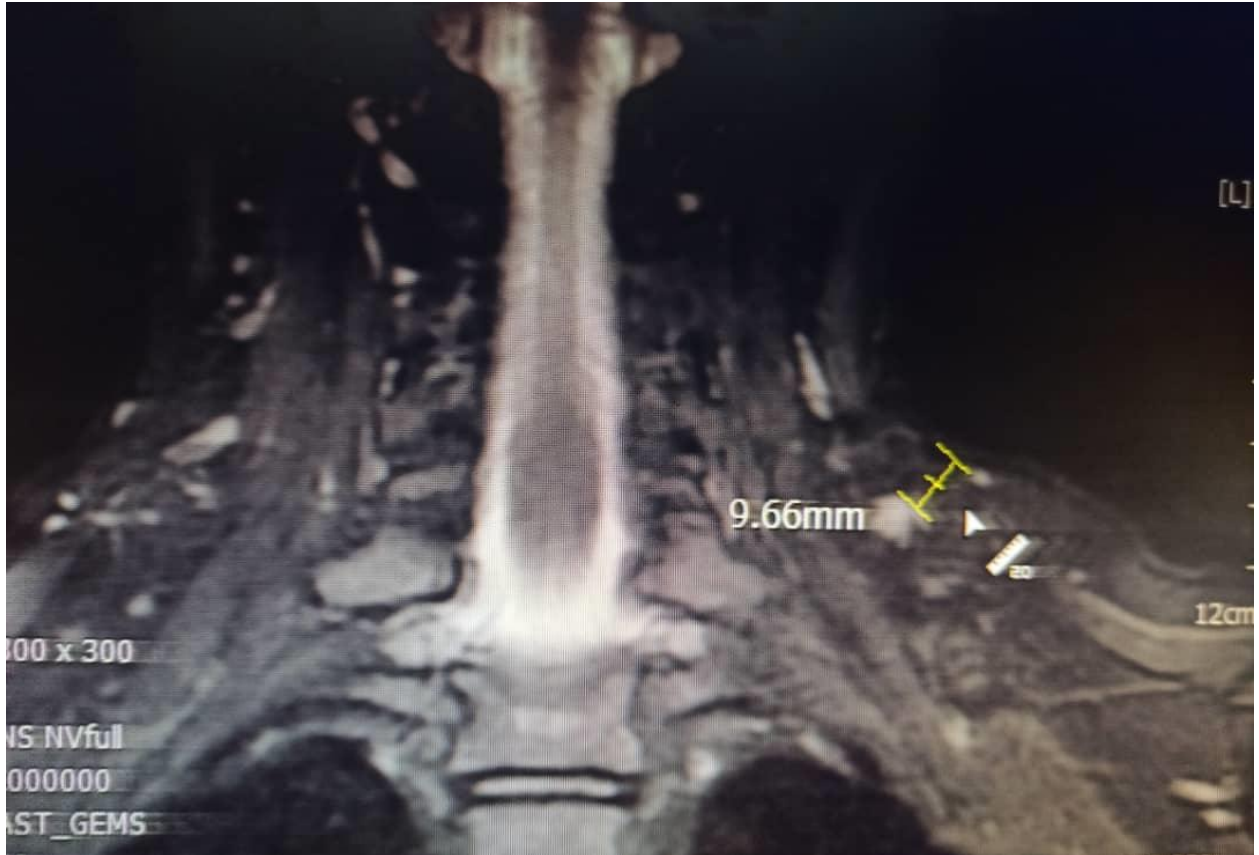
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