

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

**Patient's Name:** S.Gh

**Responsible Physician:** Dr. Vaghef.Davari

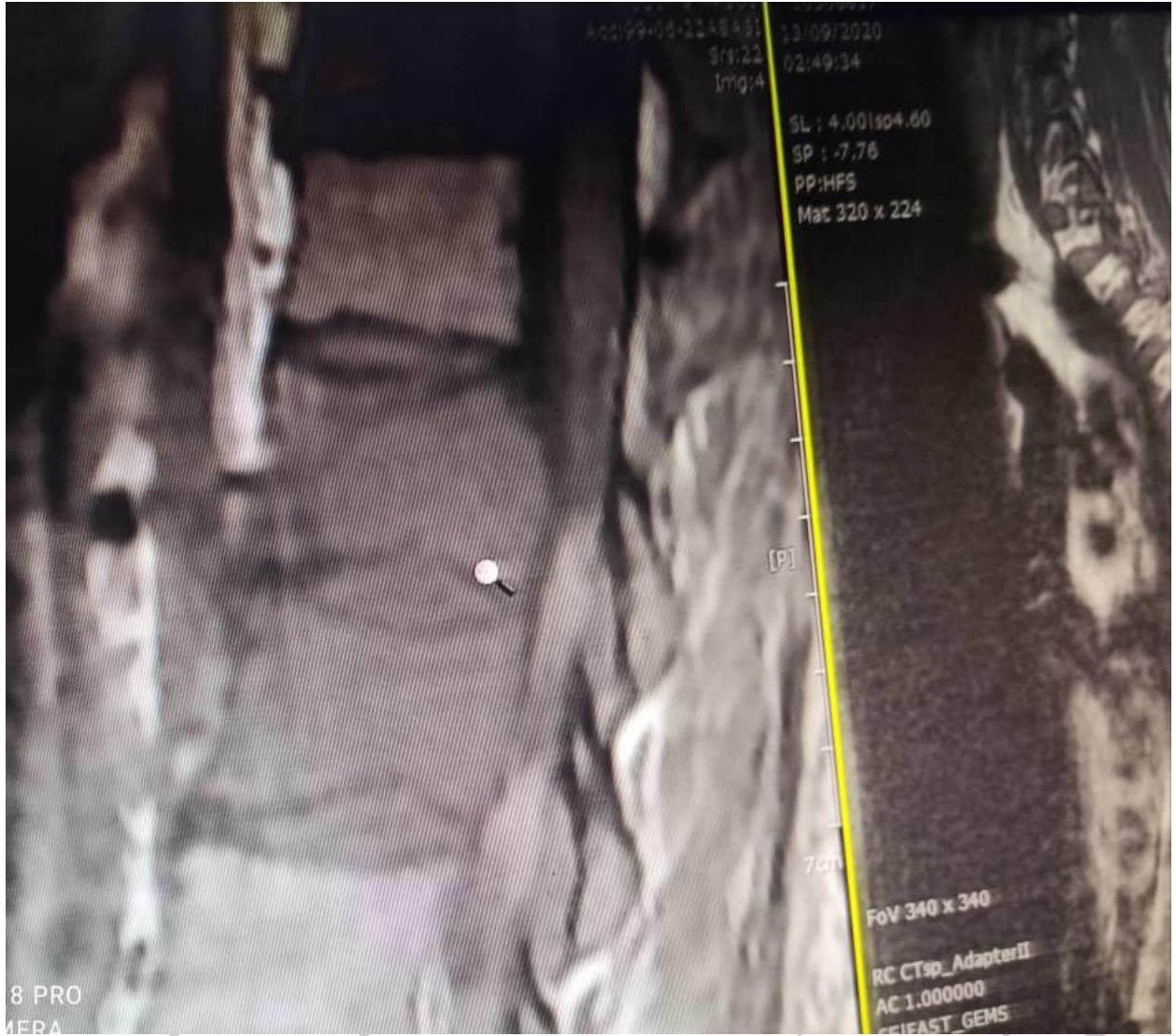
**Patient presentation:**

- 40years – positive family history (her aunt breast cancer& brain tumor father).
- 2 years ago, left nipple discharge (serousanguinous) ignored by Gynecologist.
- Last year hardness sensation in BSE (breast self-examination) & Sonography & Mammography done; only treatment received: EPO (Evening prime rose oil) Tablets.
- This year" Peau d'orange" in left breast presented & skin dimpling, with NO ulcer of breast also low back pain started.
- (5/99) CNB of both Breast & Axilla: IDC; ER+; PR +; HER2 +; Ki 67 30-40%.
- (6/99) Bone scan: increased uptake in superior cervical spines & 7<sup>th</sup> right rib.
- Spinal MRI: Metastasis to T12- L1 –L2.
- Thorax & abdominopelvic CT scan: Normal.
- Neoadjuvant chemotherapy done.
- Now: Local control achieved with very small size of tumor and only remnants of skin thickening.
- PET: increased uptake in spines & ribs.

**Question:** How to continue the plan of treatment? Shall we first do radiotherapy and then surgery of primary site? or only perform radio therapy?  
Do we need to have surgery on bones?

**Recommended tests:** FISH test of the sample.

**Considered plan:** First radiotherapy of the spine is necessary. Surgery is only permitted if she is considered in NIMAD survey otherwise continue systemic chemotherapy.



13/09/2020  
02:49:34  
Img:4

SL : 4.001sp4.60  
SP : -7.76  
PP:HFS  
Mat 320 x 224

[P]

7cm

FoV 340 x 340

RC CTsp\_AdapterII

AC 1.000000

SEFAST\_GEMS

8 PRO  
MERA

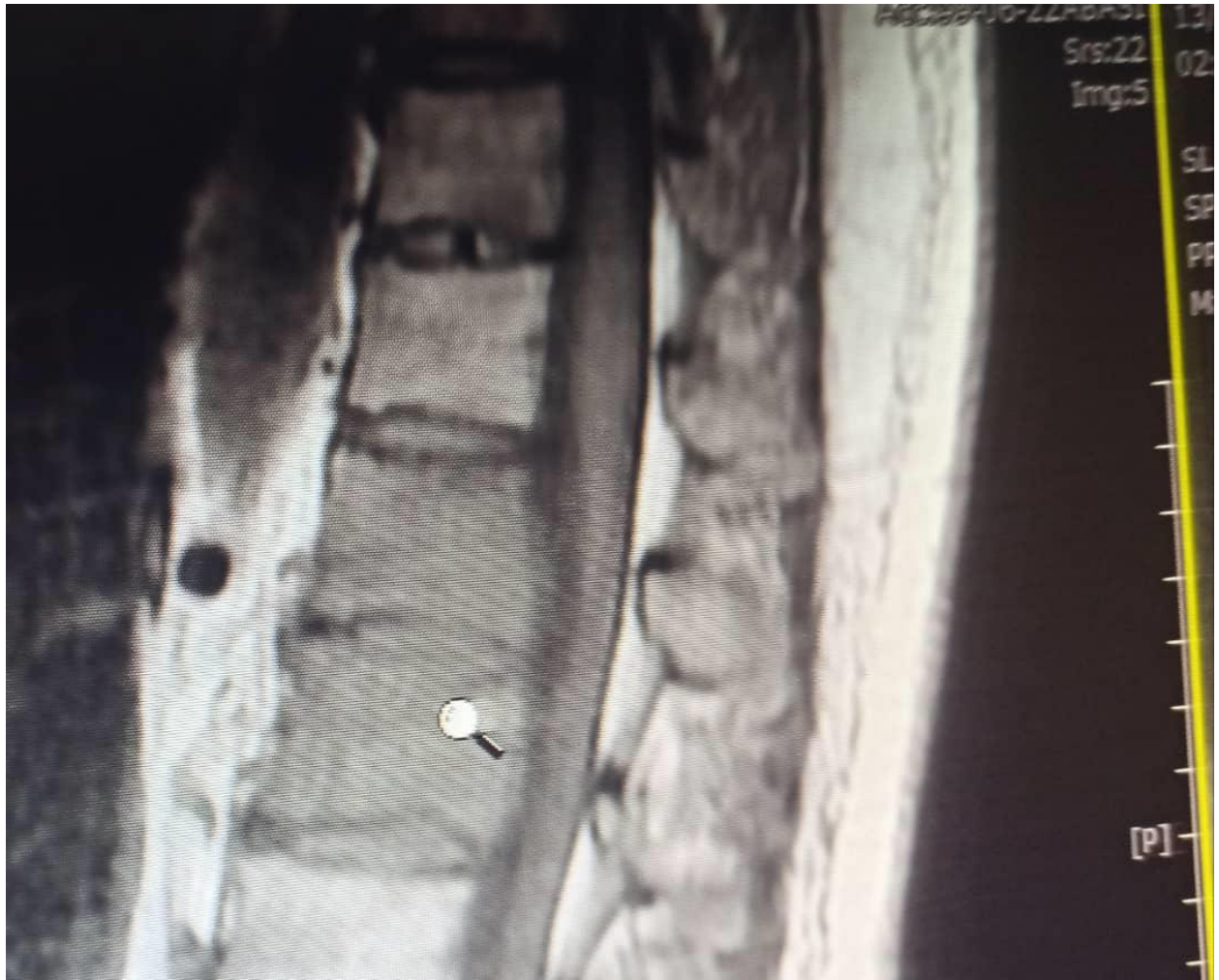
Breast Disease Research Center



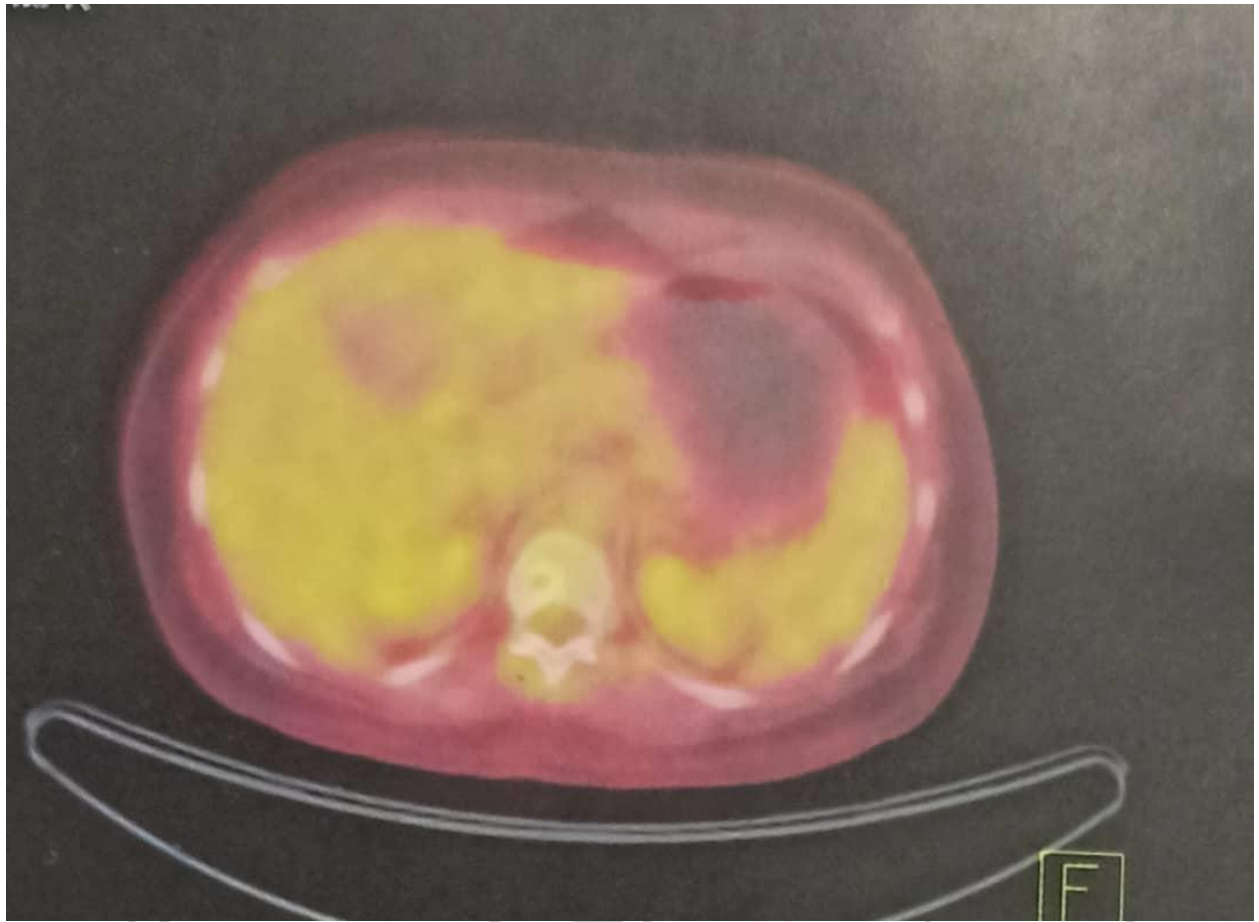
East Disease Research Center



Case No.



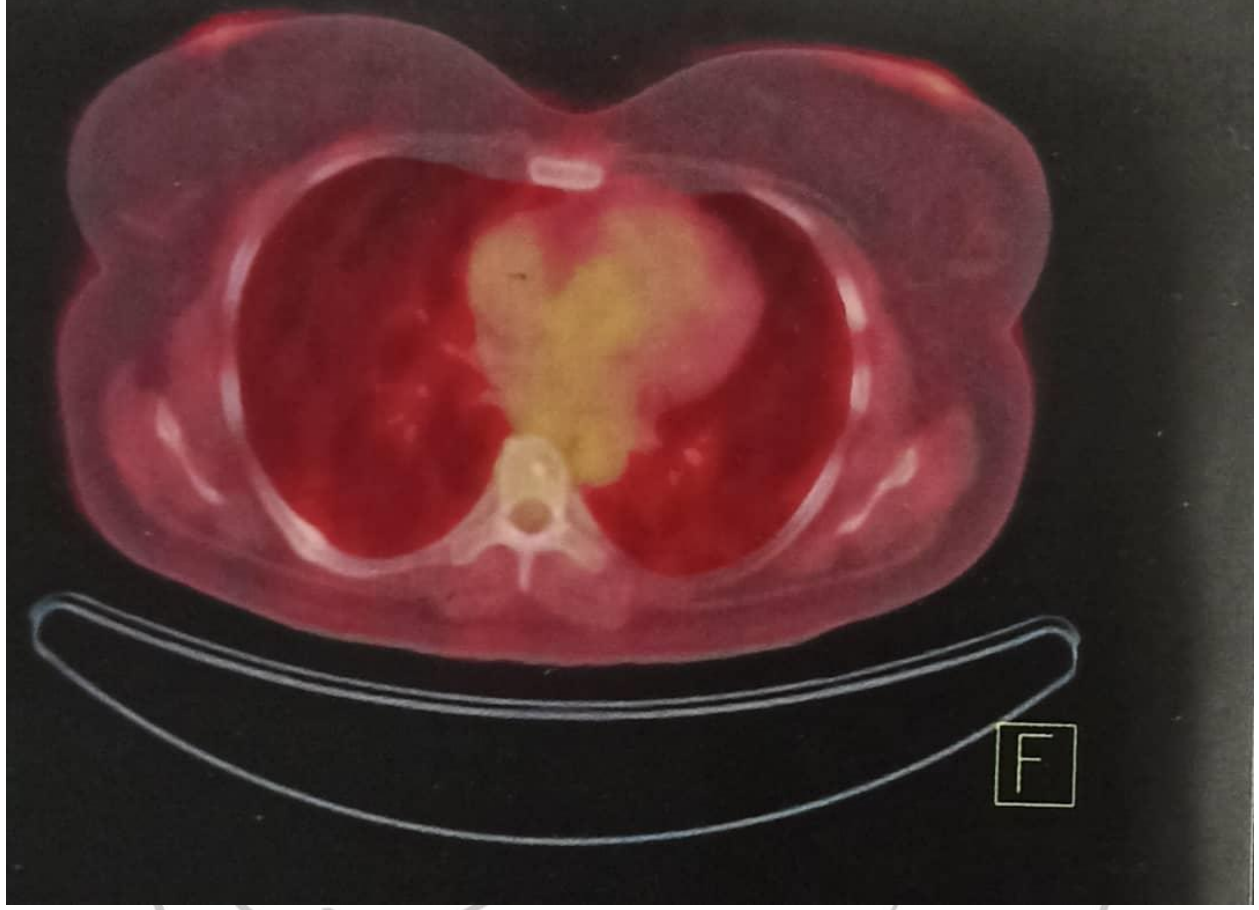
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MPR

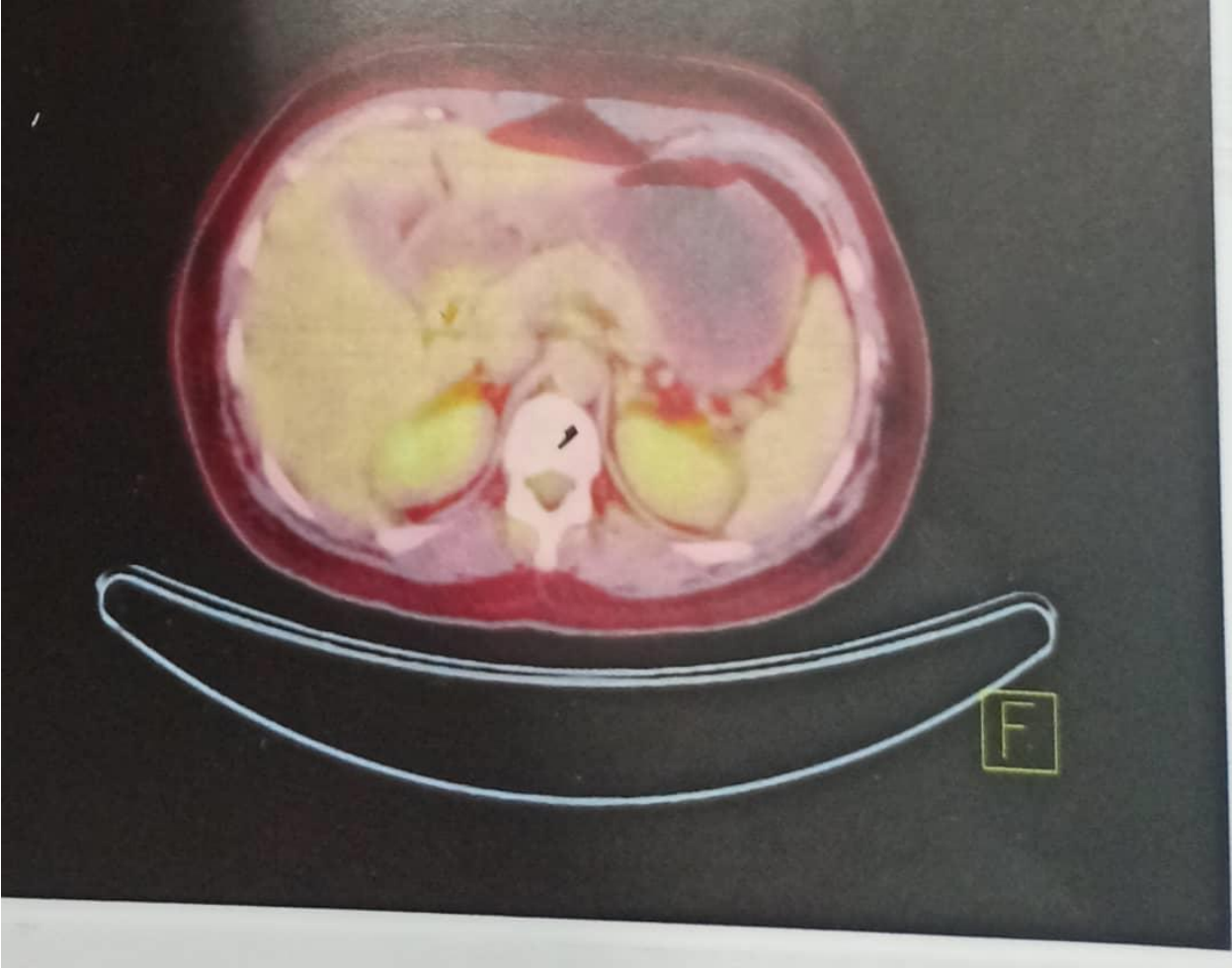


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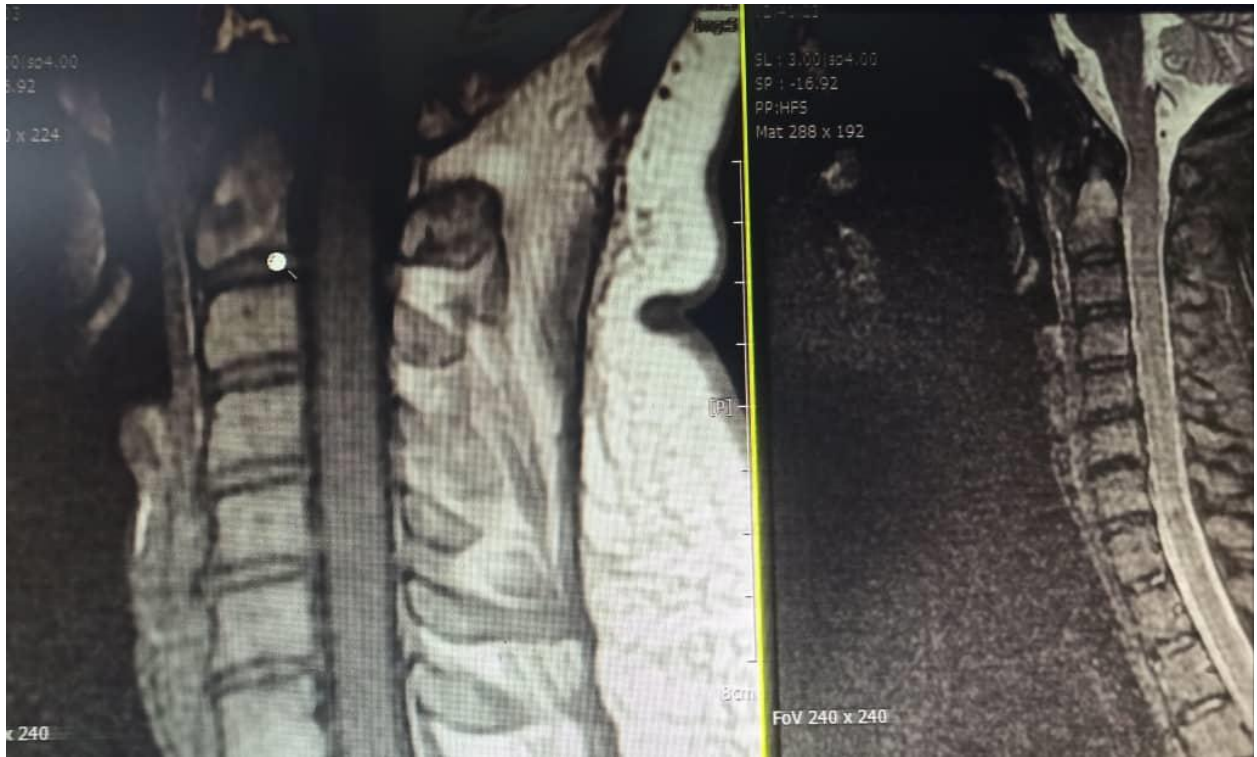




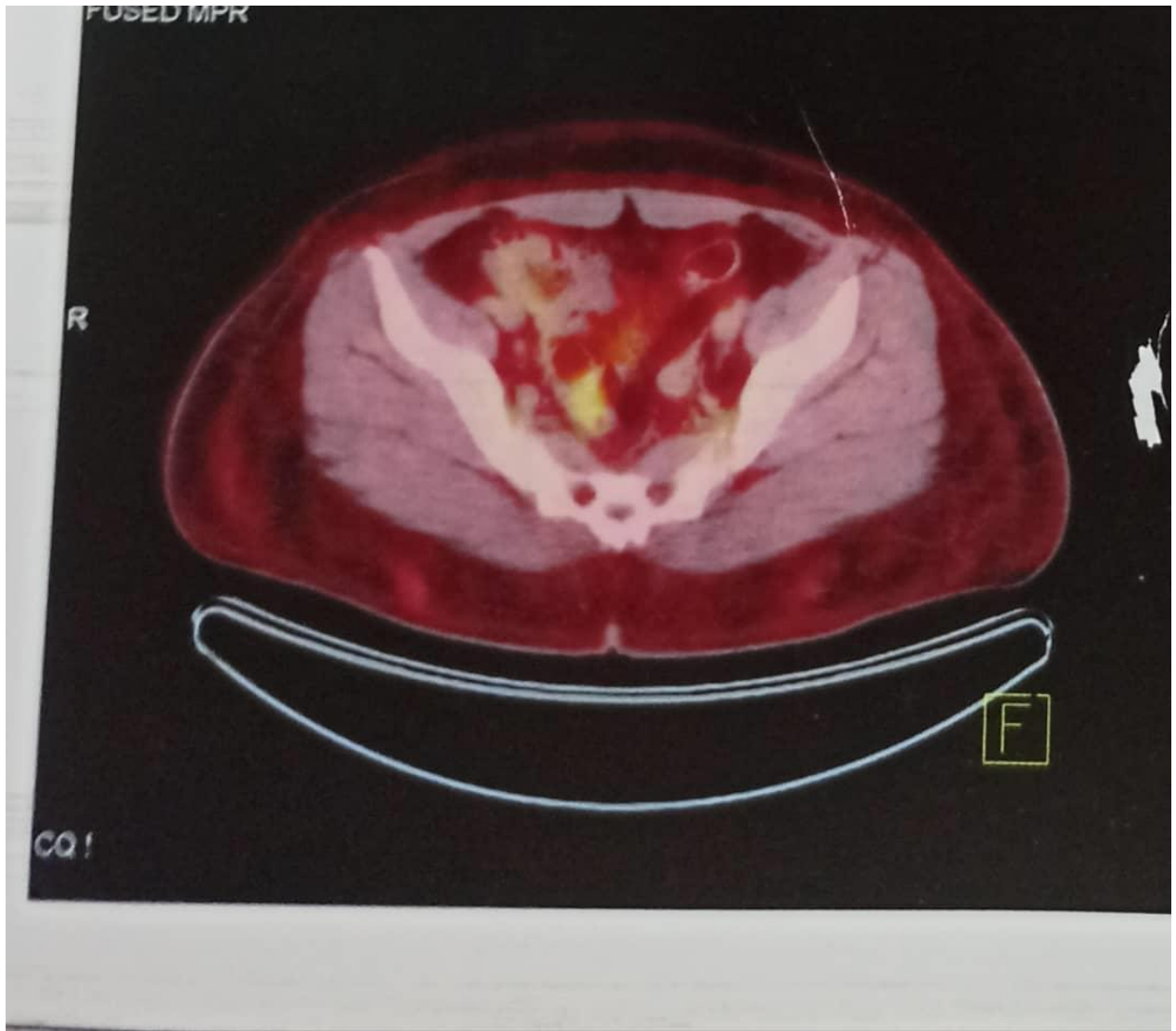
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