

Date: 2021/02/27;09/12/1399

Patient's Name: Dr. Sh.M

Responsible Physician: Dr. Jalaifar

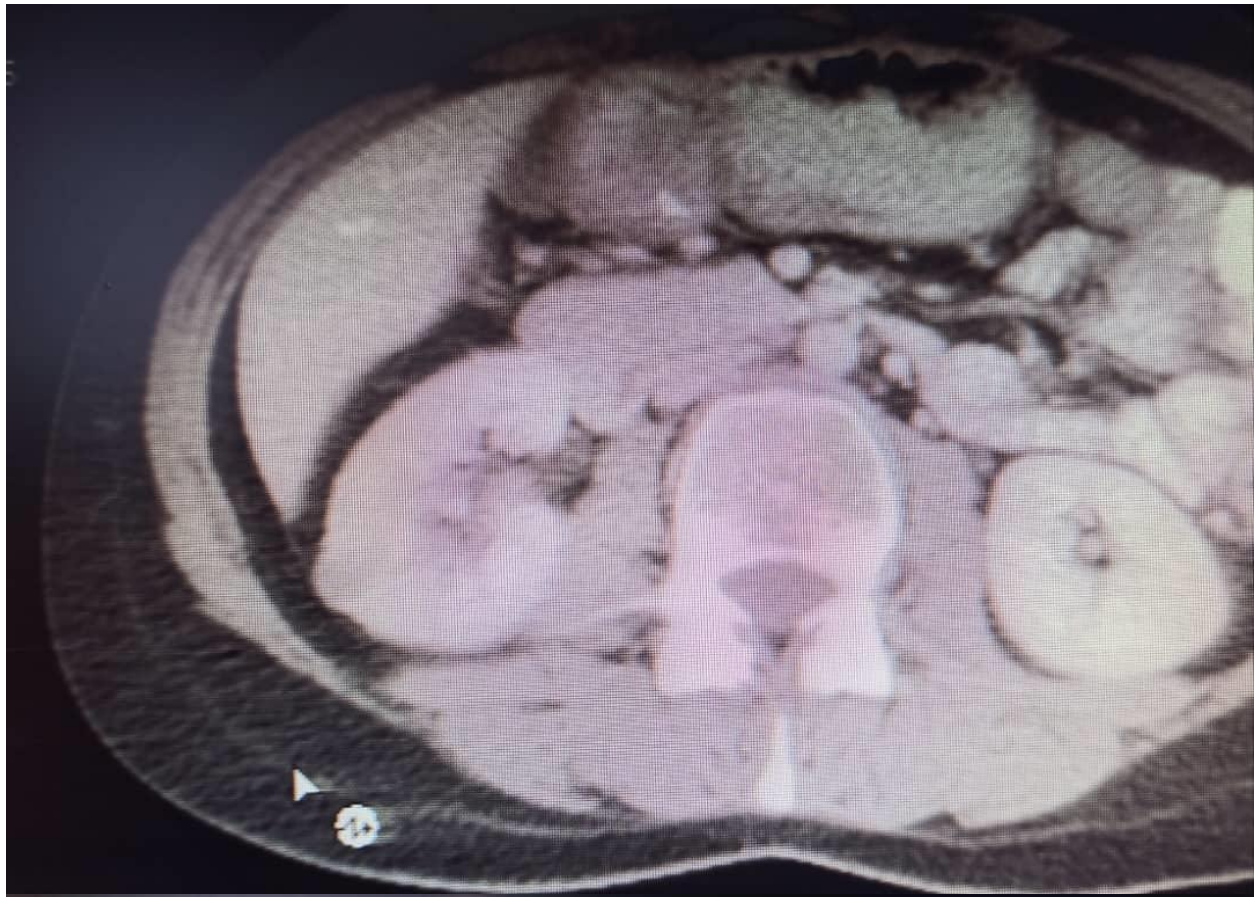
Patient presentation:

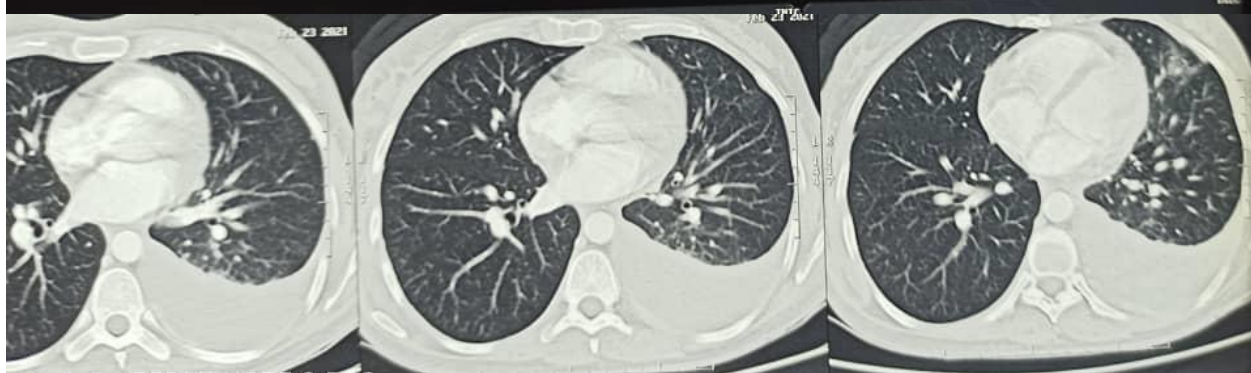
- 32years – positive FH of prostate cancer
- Presented with pelvic pain & during the work up pelvic MRI done showed metastatic lesions in head and neck of her femur.
- Then general physical & paraclinic exam proved a 2 masses in lateral of her Right breast (BIRADS 5). Axilla was normal.
- Report of CNB (core needle biopsy) of breast mass is not ready.
- Whole body Bone scan: Metastatic Lesions in T10vertebra; right ischium & left femoral head and neck
- Orthopedic consultation: Femur is impending to Fracture.
- CT scan: pleural effusion, pulmonary lesions, hepatic suspicious nodules.

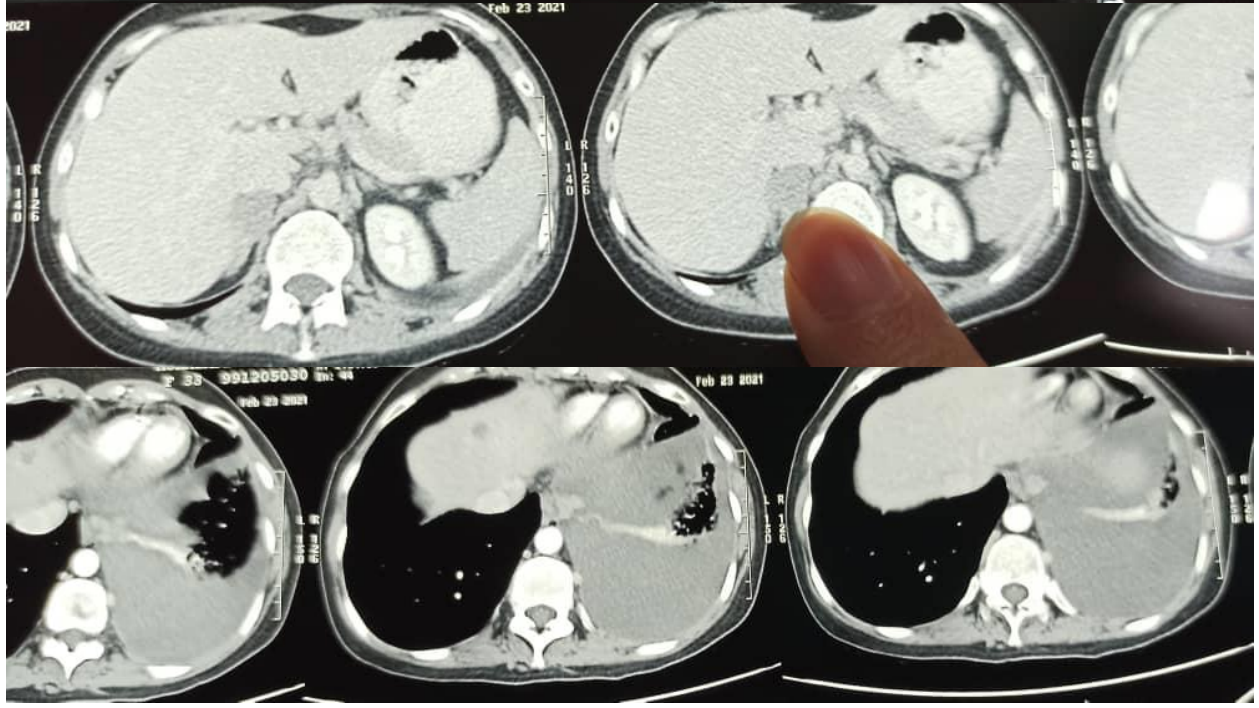
Question: The Best sequence of treatment? Is tissue diagnosis necessary?

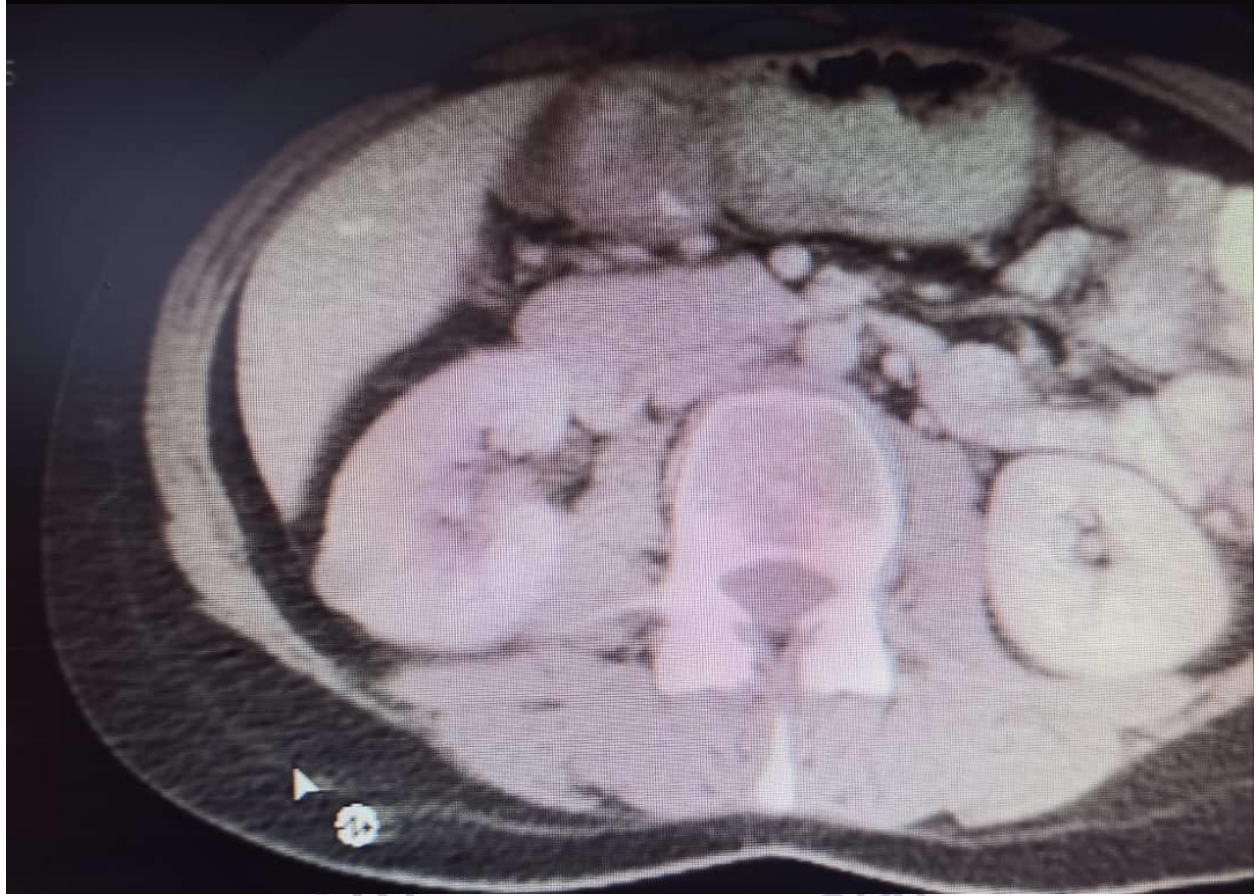
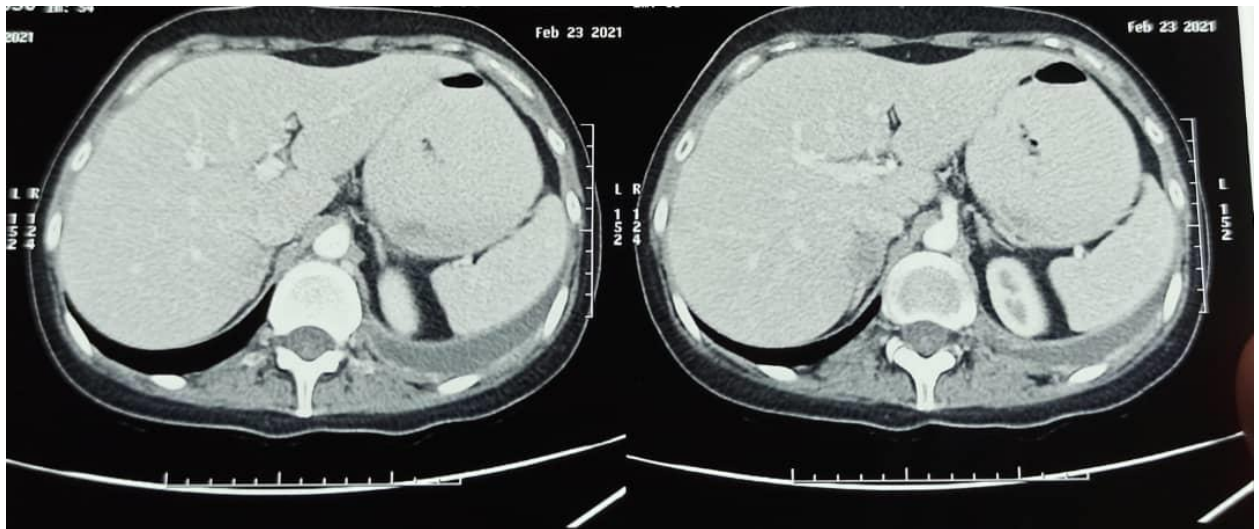
Recommended tests: Because of multiple necrotic lymph nodes with Rim enhancement all over mediastinum that are not typical of metastatic breast cancer at least one other tissue sample is needed for certain diagnosis (eg: liver lesion in segment 8 or her pleural effusion).

Considered plan: Femoral bone fixation and radiotherapy should be done & again return to multidisciplinary team.

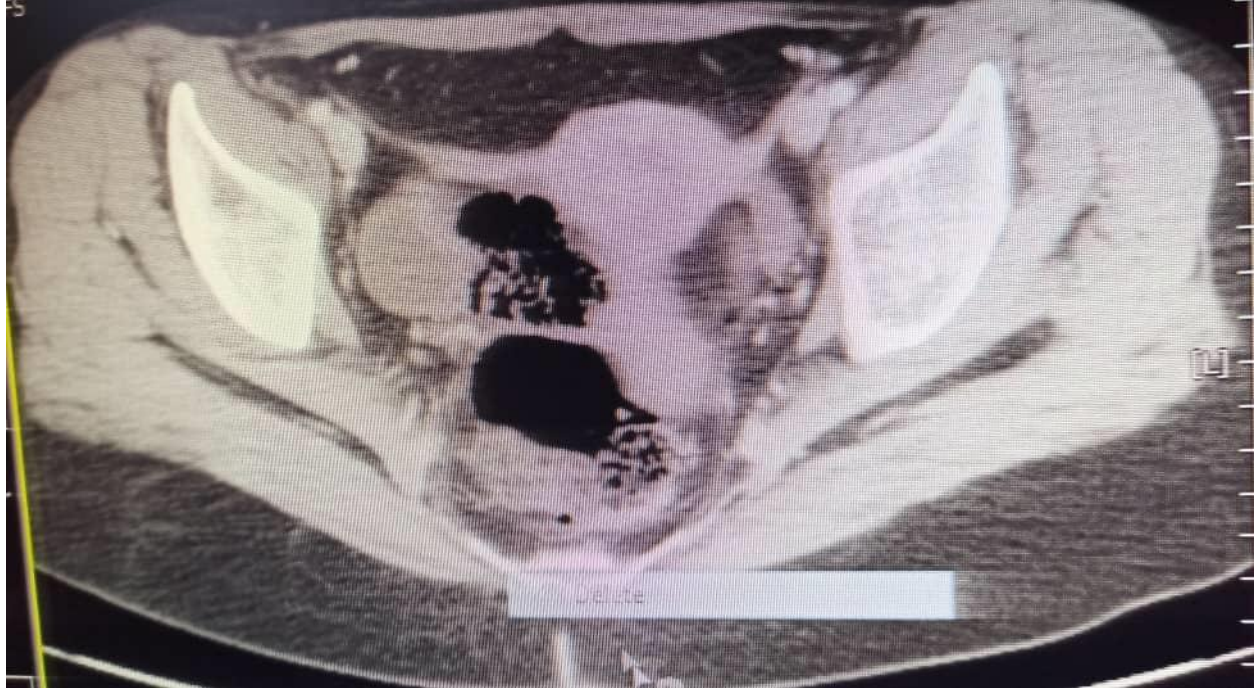








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