

Date: 2021/03/13; 23/12/1399

Patient's Name: Z.Sh

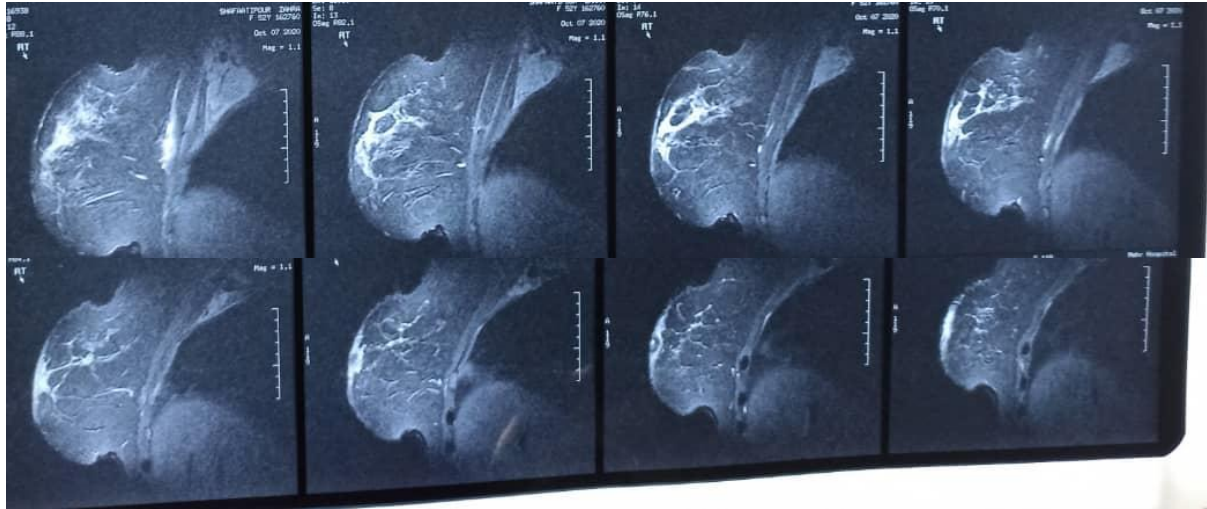
Responsible Physician: Dr. Jalili

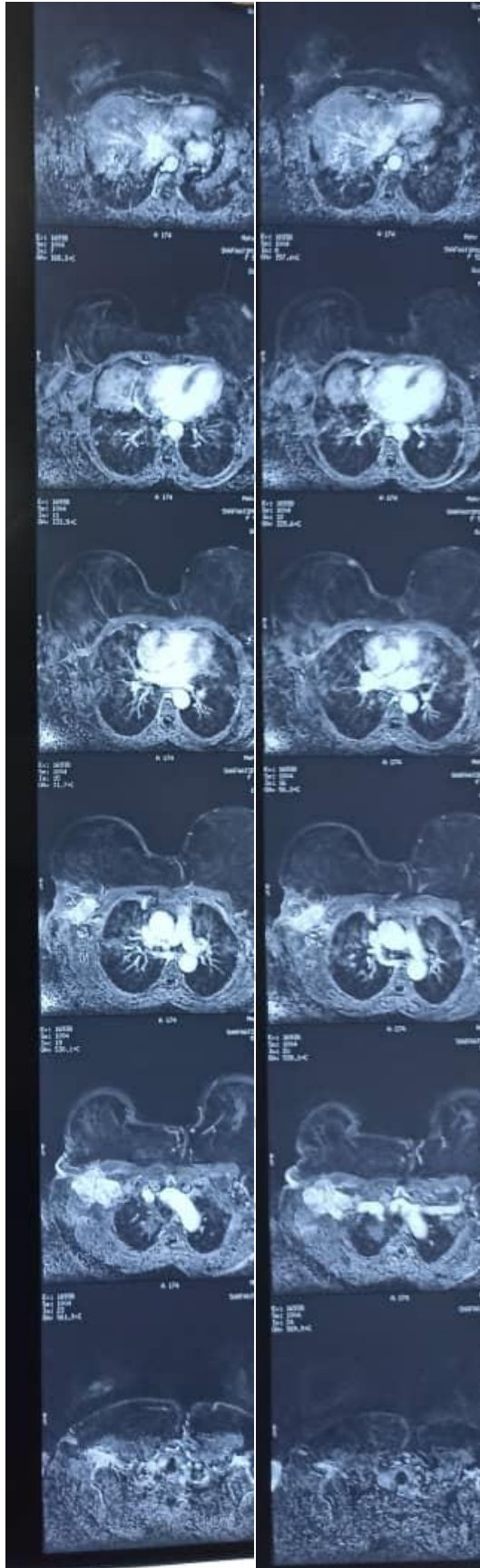
Patient presentation:

- 51years – female
 - Presented with right axillary mass; probable of being suspicious of malignancy during diagnostic work ups.
 - Several times of sonography proved no clear detectable lesion in either breast.
 - Also there was lack of positive findings of both breasts either in mammography or MRI.
- All reports of sonography showed several large macro lobulated masses in right axillary region with thick cortexes and central necrosis up to 45mm and overall size of conglomerated mass lesion of 84mm.
- CNB proved IDC in them with breast origin but no modality found the primary source in breasts. (IDC; G2; ER-; PR-; Her2-; Ki67 60-65%).
 - Primary metastatic work ups showed the disease to be confined to right axilla.
 - Neoadjuvant chemotherapy finished with good clinical response.
 - The patient opposes to mastectomy.

Question: Next plan? What to do?

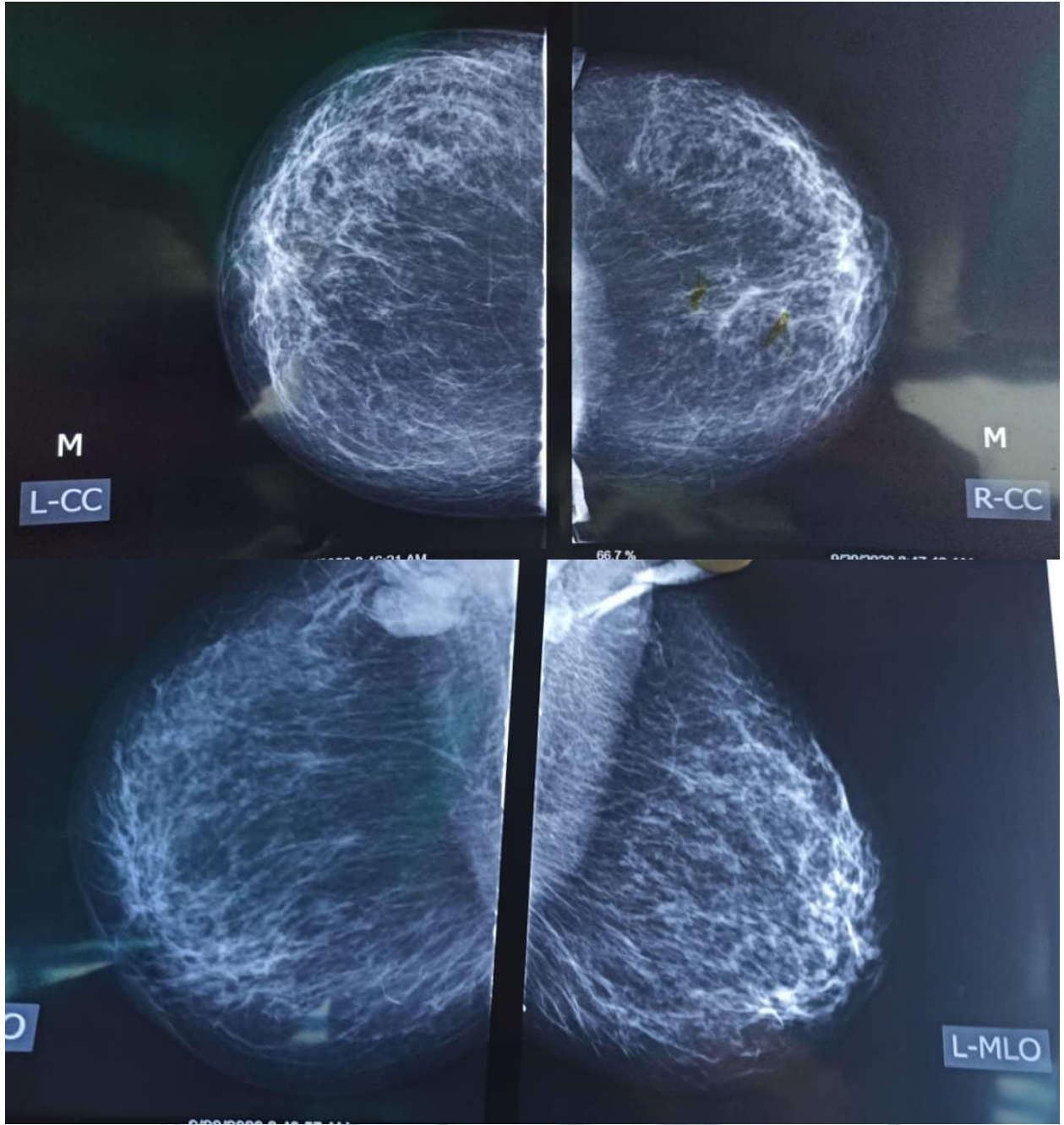
Considered plan: Best surgery is modified radical mastectomy, if not accepted; perform ALND and total right breast radiotherapy.





مرکز تحقیقات بیمه

Research Center



st Disease Research