

Date: 05.03.2022; 1400.12.14

Patient's Name: Dr.Omranipour

Responsible Physician: R.N

Patient presentation: A 57 year-old lady presented with left arm pain in 1400/01.

FH: breast cancer in her sister

MRI in 1400/7: a multilobulated infiltrative mass in left axilla with infiltration of inferior aspect of subscapularis and infraspinatus. The mass is also extended around shoulder girdle from anterior aspect of subscapularis. Multiple lymph nodes in left axilla, multiple small soft tissue mass around the vessels and brachial plexus which extend from the base of left side of neck inferiorly down to axillary area. Left subclavian artery is also embedded within mass.

CT: Heterodense mass 76 mm in left axilla that encase subclavian and axillary vessels and multiple left axillary lymphadenopathy also soft tissue mass in prevascular region of superior mediastinum in left side that encase brachiocephalic vein. Multiple lymphadenopathy in posterior triangle of neck.

Mammography: Microcalcification in left breast and increased density in left axillary and UOQ of breast.

Sonography: Two masses 29 mm and 23 mm and malignant LNs.

CNB: consistent with well-differentiated liposarcoma (metastatic carcinoma)

ER-, PR-, GATA3 +, CK +, EMA+, S100 -, MDM2 -

She underwent chemotherapy (8 sessions) & XRT (25 sessions)

CT scan in 1400/10/27: 33*23 residue in left infraclavicular region with encasement of subclavian artery

PET 1400/11: Mildly hyper metabolic speculated soft tissue mass in left axilla

Question:

What's the next plan?

Recommendation:

Review pathology & check HER-2 & palliative resection.

