

Date: 01.01.2022; 1400.10.11

Patient's Name: F.F

Responsible Physician: Dr.Ebrahimi

Patient presentation: A 50 year-old lady with a lump in her left breast

Mammography(4/1400):focal asymmetry in UOQ and mid zone

Sonography(4/1400): irregular heteroechoic 34*20 mm mass 10-11 o'clock(B4c).

One axillary lymph node with 3.6 mm cortex(B4)

CNBx: IDC, G2/3, ER 100% + PR 60%+ HER2 - Ki67:20-30.

Lymph node biopsy result was inconclusive.

She underwent 8 sessions of NAC following metallic marker placed at tumor center.

She underwent BCT and SLNB: four hot sentinel lymph nodes were free at the time of surgery.

Final pathology: 1.2 cm tumor remnant with free margins, one out of four SLNS were involved by isolated tumor cells (maximum diameter 1 mm)

Question:

Does she need axillary dissection?

Recommendation:

Axillary dissection is recommended but if patient does not accept, XRT is an alternative.

Breast Disease Research Center