

Date: 19.02.2022; 1400.11.30

Patient's Name: K.H

Responsible Physician: Dr.Ebrahimi

Patient presentation: A 35 year-old lady, with a rapid growing mass in her right breast (since 20 days ago)

In physical exam firm to stony breast, there was no obvious skin involvement.

Sonography: at 12 o'clock near zone and retro areolar region 52*29 mm ill-defined isoechoic mass with tiny internal cysts (probably IGM) ,2 reniform lymph nodes with 3.3 mm cortical thickness,B4a

Mammography: focal asymmetry in upper central of right breast

CNBx: invasive carcinoma with foamy to clear cell morphology, G 2/3.ER negative, PR negative,HER-2 negative, Ki67 90%,GATA3 +,E-Cadherin:+

Thoraco-abdominal CT: normal

Question:

Is it considered a LABC or IBC?

Recommendation:

1. According to clinical features inflammatory breast cancer is not diagnosed.
2. Neoadjuvant chemotherapy and then operation is recommended.
3. Oncofertility consult and genetic test are needed.

Breast Disease Research Center