

Date: 19.02.2022; 1400.11.30

Patient's Name: Z.F

Responsible Physician: Dr.Esfandbod

Patient presentation: A 50 year-old lady that underwent mastectomy and ALND in 1399/11/20.

Pathology: IDC, 5/5 cm, G3, margin free, LVI +, 2/15 LN+, ER+, PR+, Ki67 20%, HER-2 negative

She underwent chemotherapy & radiation.

Thoracic CT 1399/11/12: irregular border mass in right breast measuring 35*32 mm & axillary LNs

She has pacemaker & has suffered from COVID.

Thoracic CT: 1400/11/13: suspicious mass like lesion in pectoralis major without vascular invasion & pleural effusion, pulmonary nodules.

PET-CT: regional recurrence in right axilla & postcovid changes & bilateral pleural effusion, massive in right side, solitary hypermetabolic pulmonary nodule in RLL is highly suggestive for being metastasis, 6-7th rib (traumatic)

Lab test: CEA: 21, CA15-3: 62, CA125: 208

Question:

What's the next plan?

Recommendation:

1. Thoracoscopy & biopsy of lung are recommended.
2. If the biopsy result doesn't show metastasis then LN surgery is needed.

