

**Date:** 11.11.2023; 1402/08/20

**Patient's Name:** F.N

**Responsible Physician:** Dr.Majidina

**Patient presentation:** A 33 year-old woman with left Breast mass.

**Ph/E:** Diffuse Erythema and nipple retraction.

**Mammography:** 35\*60 mm distortion.

**CNB:** DCIS, ER: 20%, PR: 20%, LVI: positive.

**FNA:** Left Node Metastasis.

**Question:**

Are Pathology and Physical exam showing different diagnosis?

**Recommended plan:**

- Re-biopsy from mass and node, then Chemotherapy based on the result.



Figure 1, 2: Nipple retraction and left Breast Edema..

**Dx:** Left breast retroareolar lesion, imaging-guided core needle biopsy:

- Intermediate-grade DCIS, solid/cribriform/comedo type (DIN 2; DCIS nuclear grade 2)
- Microcalcification: identified in DCIS
- Lymphovascular invasion: identified
- There is no definite invasive focus in this specimen but it may not be representative of the whole lesion, so the presence or absence of definite invasive carcinoma in the main lesion cannot be predicted and requires further evaluation and pathologic examination of the resection specimen

Figure 3: Pathology report.