

**Date:** 13.07.2024; 1403/04/23

**Patient's Name:** S.Y

**Responsible Physician:** Dr.Ranjbar

**Patient presentation:** A 49-year-old woman underwent MRM in May due to inflammatory right breast cancer after neoadjuvant chemotherapy with AC, TC (triple negative breast cancer, Grade: 3, Ki67: 70 %, N: 6/8).

After the surgery, the patient underwent radiotherapy. In November (5 months after the end of radiotherapy), she went to the surgeon because of skin lesions, and a punch biopsy was recommended. The patient did not follow up due to anxiety. In February, after the biopsy, she returned to the clinic due to neck and shoulder pain, and due to the spread of redness to the left breast and palpation of the lymph nodes in the armpit and supraclavicular area, she underwent FNA. Pathology of lymph node and skin has been suggestive of metastasis. PET CT scan showed extensive and multifocal increases metabolic activity in right shoulder, chest wall and cutaneous tissue, multiple right cervical, left axillary, mediastinal ,right hilar and internal mammary lymphadenopathy, diffuse skin thickening and prominent fibro-glandular tissue of left breast with diffuse increase metabolic activity, she referred to oncologist for Chemotherapy and palliative therapy was done for right upper limb, but the patient suffers from severe upper limb pain and movement limitation.

### **Question:**

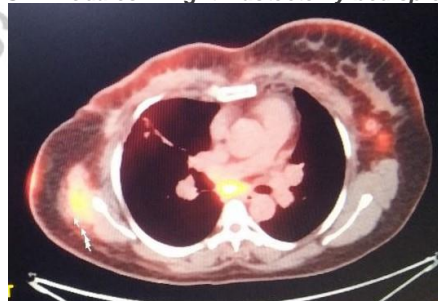
What is the best treatment plan?

### **Recommended plan:**

- Continue palliative therapy



*Figure 1, 2 & 3: Skin nodules in right mastectomy bed spread to left breast.*



*Figure 4: PET scan shows local recurrence and high uptake mediastinal Lymph node.*