

Date: 13.07.2024; 1403/04/23

Patient's Name: N.A

Responsible Physician: Dr.Akhavan & Dr.Sedighi

Patient presentation: A 42-year-old woman underwent right oophorectomy and omental biopsy, and the pathology was suspected to be cystadenocarcinoma 20 years ago. In 1403, the patient underwent surgery following spinal cord compression, which suggested metastasis from the breast origin. PET CT scan showed, an 18mm right breast mass and a solid cystic mass were reported in the left adnexa and multiple uterus mass, multiple metastatic lesions in bone and lung. Chemotherapy and Tamoxifen treatment was done.

Question:

What is the best next plan?

Recommended plan:

- 1- Genetic consult
- 2- BRCA test
- 3- Palliative TAH +BSO
- 4- Bone XRT
- 5- There is no need for breast surgery

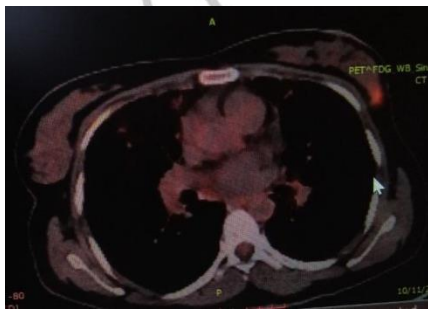


Figure 1: High uptake lesion in breast.



Figure 2 & 3: Multiple bone and lung metastasis.

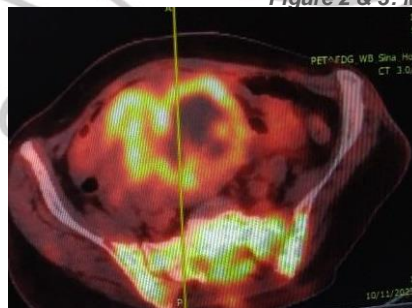


Figure 4: Uterus and Adnexa hyper metabolic mass.