

Date: 27.07.2024; 1403/05/06

Patient's Name: E.R

Responsible Physician: Dr.Alipour

Patient presentation: A 39 year-old woman without family history of breast cancer referred to clinic with left mastalgia. She underwent CNB for a mass of 21*47 mm LOQ on the left side of B3, and high grade apocrine DCIS with microinvasion was reported and review the pathologic slides confirmed diagnosis. Mammography was normal. In MRI some lesions were reported in infrolateral, lateral and deep lateral with B4b. Mammography and MRI were reviewed and non-mass enhancement is found at the 2-6 o'clock position of the left breast along with the mass at 9 o'clock of the same breast and a request for re-sampling of the lateral lesion due to the possibility of invasive components was also taken. CNB of the mass at 9 o'clock showed fibroadenoma and, intermediate grade DCIS with lobular cancerization in lateral mass. The patient underwent BCS of the left breast with two guide wires. The retro nipple sample was sent for frozen, which was involved in DCIS, after which the NAC was removed. SLNB was done which was free. The medial breast mass was also removed. As a result of the final pathology of lumpectomy, high grade DCIS with lobular cancerization, Tumor size: 80mm, and the lower margin was involved, and the upper margin of the NAC was also involved in DCIS. The mass at 9 o'clock was fibroadenoma. According to the patient's desire, she was a candidate for left mastectomy.

Question:

According to the patient's request, is it possible to have a prophylactic mastectomy on the right side?

Recommended plan:

- Contralateral prophylactic mastectomy is not recommended.

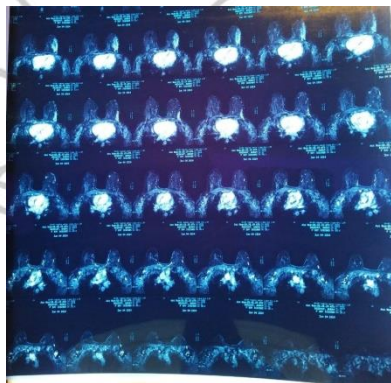


Figure 1: MRI shows suspicious lesion in infrolateral, lateral and deep lateral.