

Date: 18.05.2024; 1403/02/29

Patient's Name: F.R

Responsible Physician: Dr.Alipour

Patient presentation: A 63-year-old woman who underwent BCS and SLNB of right breast cancer (IDC, Grade: 2, T2.1cm, T2N0, HER-2: double positive, CISH<10, Ki67: 35%) in 2019 and followed by chemotherapy, radiotherapy and then under Letrozole treatment. Due to bone pain, bone scan was requested, which showed suspected metastatic lesions in multiple vertebral bones and the left iliac crest. An MRI was requested, which is normal. PET CT-scan was done and shows diffuse increase in the metabolic activity of both thyroid lobes and hyper metabolic lymph nodes in zone 3 in the neck.

Thyroid ultrasound shows multiple bilateral thyroid nodules (TR3) without adjacent adenopathy in both sides of the neck. Cervical lymphadenopathy is not palpable during examination.

The patient has a history of hypothyroidism and is treated with levothyroxine. The patient is treated with Palbociclib and Xeloda.

Question:

What is the best next plan?

Recommended plan:

- Follow up

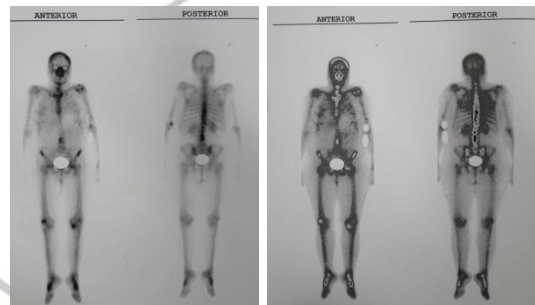


Figure 1 & 2: Bone scan shows suspicious metastatic bone lesion.