

Date: 25.05.2024; 1403/03/05

Patient's Name: P.S

Responsible Physician: Dr.Esphandbod

Patient presentation: A 36-year-old woman with a history of Hodgkin's lymphoma at the age of 15, who was treated with Adriamycin and chest radiation therapy, has undergone neoadjuvant chemotherapy (TC, 6 cycles) and mastectomy in 1402 due to breast cancer (IDC Grade: 2, ER: negative, PR: negative, HER-2: double positive, CISH: negative, Ki67: 30%, Genetic test: BRCA negative). Surgical pathology: IDC, Grade: 3, LVI: positive, Tumor size: 35mm, Lymph Nodes: 4/8 is involved. Metastasis work up was unremarkable. After that, she underwent 25 sessions of radiotherapy. The patient has a recurrence at the mastectomy site and Lung and Subcarinal metastases are reported during follow up. During the treatment, she is treated with IVIG due to Multiple Sclerosis. New PET-CT scan results show high uptake lesion in Lung and Hilar lymph nodes.

Question:

What is the best treatment plan?

Recommended plan:

- 1- Skin biopsy
- 2- US guided biopsy of left breast
- 3- Systemic therapy

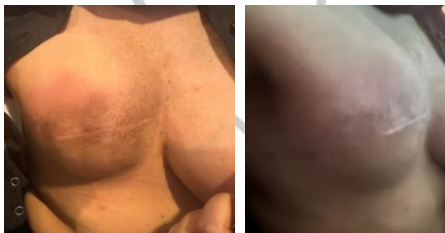


Figure 1&2: Breast skin lesion.

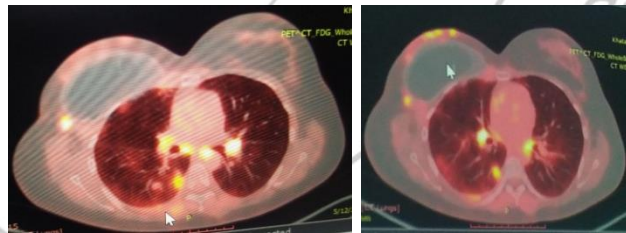


Figure 3 & 4: High uptake lesion in the skin.

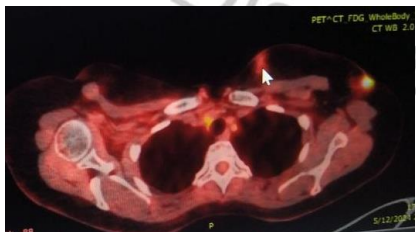


Figure 5: Suspicious lesion in the Breast.

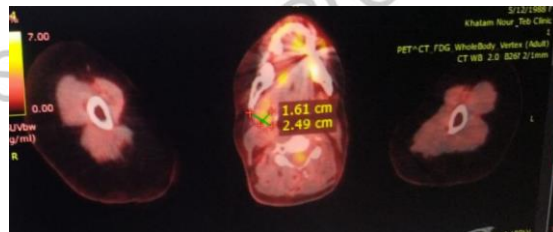


Figure 6: Suspicious cervical lymph node in the neck.