

Date: 01.06.2024; 1403/03/12

Patient's Name: A.A

Responsible Physician: Dr.Esphandbod

Patient presentation: A 54-year-old woman who underwent mastectomy and axillary dissection in 1395 due to DCIS. The final pathologic results showed IDC with extensive DCIS component (Tumor size: 20 mm, Node: 3/10 involved, Grade: 2, LVI: negative, ER: positive, PR: positive, HER-2: negative). The patient underwent chemotherapy and radiotherapy and Tamoxifen treatment. Breast reconstruction with TRAM flap was done in 1397, in 1401, due to the lack of balance, she was examined and due to brain glioma Grade: 2, she underwent brain surgery and radiotherapy and Temozolomide. In Bahman 1401, she suffered from a brain relapse and was treated. However, the lesions have progressed and remained stable in the last three months. PALB2 was reported positive in the genetic test.

Question:

What is the best treatment plan?

Recommended plan:

- 1- Close follow up
- 2- Contralateral mastectomy and oophorectomy is not indicated due to progressive brain glioma.

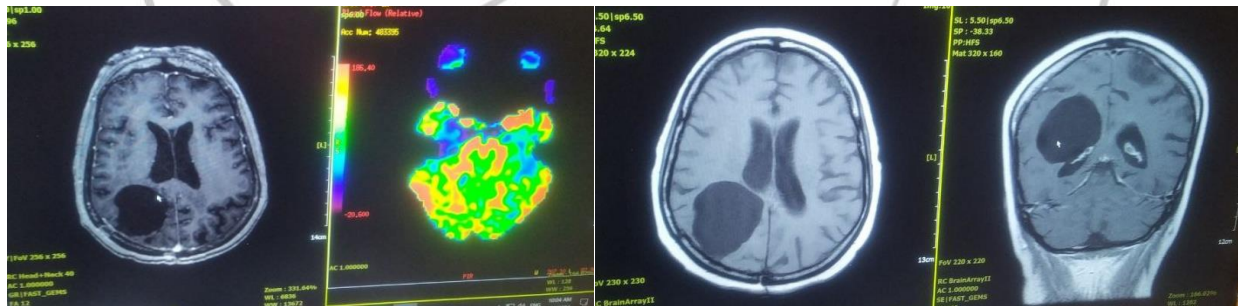


Figure 1: Brain MRI shows masses postsurgical site.