

Date: 08.06.2024; 1403/03/19

Patient's Name: Z.H

Responsible Physician: Dr.Farazmand

Patient presentation: A 47-year-old woman referred to the clinic due to left breast mass in Tir 1402. There were no pathologic findings in mammogram (ACR D), and in the ultrasound, a hypo echo mass of 8mm, 10 O'clock and a cyst of 10mm 10-11 O'clock were reported. In September 1402, following the growth of the mass, she underwent an ultrasound again, which revealed a cystic lesion 19mm and a mass of 11mm is reported. The patient underwent excisional biopsy in December 1402, and the pathology was suggestive of mucinous carcinoma (Tumor size: 18mm, ER: positive, PR: 10%, HER-2: negative, Ki67: 50%). In Bahman 1402, she underwent partial mastectomy, and pathologic results showed IDC with mucinous component, Insitue component >25%, LVI: negative and the lateral margin was involved. According to the MRI and the presence of multiple masses in UIQ with a size of 70mm, she underwent re-BCS (7.4*4*4) and SLNB, which was the pathology of DCIS (LN 0/1). Due to the impossibility of performing oncotype, the patient undergoes chemotherapy for 4 sessions (TC).

Question:

What is the next treatment plan?

Recommended plan:

- Surgery (mastectomy)
- Target Sonography of right breast

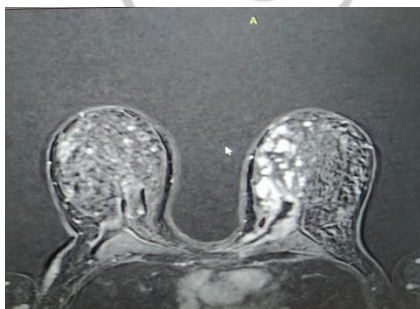


Figure1: MRI shows NME lesion.

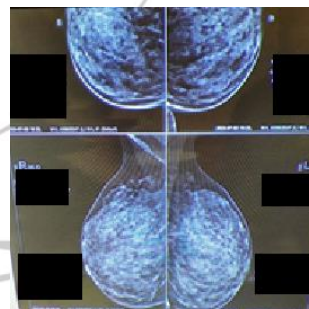


Figure 2: Mammogram shows dense Breast.