

Date: 13.04.2024; 1403/01/25

Patient's Name: R.B

Responsible Physician: Dr.Esphandbod

Patient presentation: A 70 year-old woman with history of inflammatory cancer of the right breast in 2017 (neoadjuvant chemotherapy followed by MRM, Radiotherapy and Letrozole intake (IDC, ER: positive, PR: positive, HER-2: negative) referred to clinic due to recurrence in the chest wall, erythema and skin lesion in the left breast and cervical lymphadenopathy and voice change.

In the examinations, paralysis of the vocal cord is seen, and sampling of the lymph nodes has suggested recurrence.

The patient undergoes a PET scan, which shows multiple metastases in the lymph nodes of the mediastinum, neck, and lungs. (Confirmed with pathology, ER: positive, PR: positive, HER-2: negative)

The patient undergoes chemotherapy again. With the CMF (cyclophosphamide, methotrexate, and fluorouracil) treatment regimen, she suffers from renal complications and the drugs were discontinued.

She is treated with Gemzar, Taxotere and Carboplatin, which does not respond to the treatment, and in the new PET scan, pleural effusion and multiple bone metastases and the progression of the disease are seen.

Question:

What is the next plan?

Recommended plan:

- 1- Tamoxifen
- 2- Palliative care
- 3- Navelbin, Xeloda.



Figure 1 & 2: Skin lesion.

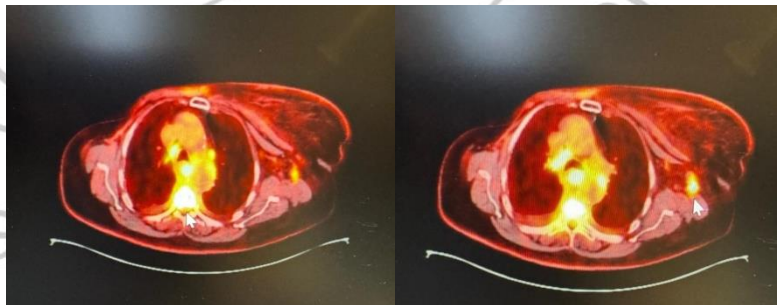


Figure 3 & 4: PET CT scan hyper metabolic lesion in mediastinal lymph node and bilateral pleural effusion.