

Date: 02.11.2024; 1403/08/12

Patient's Name: E.P

Responsible Physician: Dr.Sarkarde

Patient presentation: A 42-year-old presented with right breast bloody discharge.

Sonography: Retroareolar mass, intra ductal, Papilloma 7mm.

Mammography: Right retroareolar and medial part microcalcification in favor of Paget (B0).

CNB: Paget disease, Invasive or Insitu tumor not seen, Cytokeratin: positive.

Central lumpectomy was done (1403/6)

Pathologic result: Paget disease in nipple, Ducts involved by intermediate DCIS, Scattered Insitu carcinoma between normal breast tissues, Margins: free, ER: negative, PR: negative.

Re-excision sub areolar: DCIS.

Sonography: Hypo echoic irregular non mass lesion, in right retroareolar, Tumor size 11mm (BIRADS: 4a).

MRI: Non Mass Enhancement, 10mm and 27*25mm in central part and 3 o'clock (Multi focal malignancy).

CNB: Fibro collagenous stroma, granulomatous reaction, fat necrosis.

Question:

What is the next treatment plan?

Recommended plan:

- 1- Review of MRI
- 2- Target sonography
- 3- Surgery: Total mastectomy is better than BCT

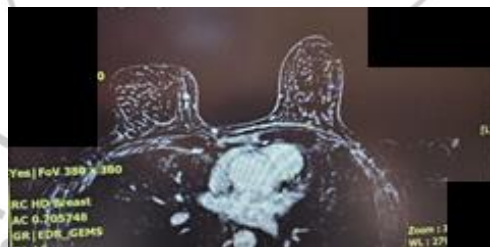


Figure 1 & 2: Breast MRI shows lesion with malignant appearance in right breast.