Date: 28.09.2024; 1403/07/07

Patient's Name: M.H

Responsible Physician: Dr.Omranipour

Post Disease

Patient presentation: A 35-year-old woman with a history of breast cancer in her mother at the age of 53 and aunt at the age of 44 and jaw tumor in her aunt at the age of 49 presented with a breast mass on the right side and left axillary lymphadenopathy. In the ultrasound, the hypoecho mass was 14 mm Lymph node the right breast, 26 mm of lymph is reported in the left axillary. Suspicious microcalcification was seen in the mammography. CNB of mass and lymph node showed IDC, Grade: 2 with lymph node metastasis (IHC mass ER>90, PR: negative, HER-2: negative, Ki67: 30%, IHC of Lymph node: ER>90, PR: negative, HER-2: negative, Ki67: 50%). A 33 mm mass and a satellite lesion 10 mm in the right breast and a suspicious left axillary lymph node were seen in breast MRI. PET CT scan showed hypermetabolic nodule in medial aspect of LIQ of RT breast, small hypermetabolic nodule in axillary tail of left breast and left axillary LAP.

Question:

What is the next treatment plan best next plan, Neoadjuvant chemotherapy or surgery?

Research

Recommended plan:

Upfront surgery