

Date: 24.08.2024; 1403/06/03

Patient's Name: F.V

Responsible Physician: Dr.Rezaee

Patient presentation: A 45-year-old woman underwent BCS and then chemotherapy and treatment with Letrozole following breast cancer in 1401(ER: 60%, HER-2: negative, Ki67: 70%, medial deep and skin margins involvement in surgical pathologic results). During follow-up, lymph node was found in supraclavicular and axillary. (New bone scan shows lesions in 4th and 5th ribs and lesion in zygoma (r/o metastasis Vs traumatic lesions) and chest CT scan findings include large thyroid and suspicious axillary and cervical Lymph nodes. biopsy from axillar Lymph node showed metastatic ductal carcinoma of the breast.

During the examination, numerous cervical lymph nodes are palpated, and the thyroid examination revealed only an enlarged thyroid.

Question:

Does she need local surgery?

Recommended plan:

- Neck lymph node biopsy and neck surgery is not recommended if it is metastatic. If the disease is limited to the supraclavicular lymph node, surgery can be performed.



Figure 1 & 2: CT scan shows suspicious cervical Lymph nodes.