

**Date: 06.12.2025; 1404/09/15**

**Patient's Name: N.N**

**Responsible Physician: Dr. Omranipour**

**Patient presentation:**

40 Y/O female with mass in UIQ of right breast,

**1403/10:** U/S: 2.5 cm simple cyst which was related to finasteride she took as a medication for hair loss

**1404/01:** she felt the mass is enlarged, 2/1404: 58\*30mm Cyst mass (B4) +8\*7mm LN in level 1, CNB: severely Atypical, epithelial cells suggestive of breast carcinoma of Triple negative type, Ki67:60-65%

**MRI:** solid cystic mass with necrotic area in deep posterior upper part 35\*35\*36mm (B5) +cystic mass with mild wall thickening 30\*16mm (B4b) +periductal non-mass enhancement 50\*20mm extending to the retroareolar space,  
CNB: IDC, G3, triple negative, Ki67:70%, FNA axilla: negative erythema and pain on biopsy site started AB, after first NACT session large volume of fluid drained from skin



She underwent nipple sparing mastectomy and implant, pathology no residual tumor, sentinel LN:0/1, nonsentinel:0/2

**Question:**

Does she need radiotherapy?

**Recommended plan:**

The MDT recommended performing PMRT.

