

Date: 22.11.2025; 1404/09/01

Patient's Name: SH.M

Responsible Physician: Dr. Sarkardeh

Patient presentation:

57 Y/O female, RT breast U/S: two masses (31*37mm and 15*14mm with skin thickening and axillary LAP), MG: LIQ, UOQ and central masses (B5), Inflammatory breast cancer, CNB: IDC (ER: 60-70%, PR: 40-50%, HER-2: +3, Ki67:30-40%), FNA axilla: positive Metastasis W/U: liver mets
MDT (1404/04/05) recommended systemic therapy and liver metastasis was not operable.
NACT: 1404/08/07

Liver MRI: All previously reported lesions are downsized but still visible. Lesion between seg 4 and 8 can be ablated, other lesions can be resected. Suspicious bony mets in T8 and L1 recommended performing bone scan

Question:

Is she candidate for palliative mastectomy?

Recommended plan:

The MDT recommended not performing surgery unless local progression of tumors happens.

Breast Disease Research Center