

**Date:** 13.12.2025; 1404/09/22

**Patient's Name:** Z.M

**Responsible Physician:** Dr. Alipour

**Patient presentation:**

37 Y/O female with right breast bloody nipple discharge with no palpable mass

Multiple U/S, MG and MRI indicative of non-mass enhancement of upper central to outer part of Rt breast (B4)

VAB: DCIS

**Pathology review:** low grade intraductal carcinoma, micro papillary type, ER: strongly positive but negative for CK5/6 and CK14

**1404/07:**

**MRI:** right non-mass enhancement, upper mid to far zone, 11 to 1 o'clock, 80\*45\*50mm, compatible with extension of DCIS and wide excision is recommended

**Previous MDT:** Mastectomy and implant was recommended

She underwent MST and ALND (due to positive frozen results) and chose not to do the reconstruction

**Permanent pathology:** low grade DCIS, G1, multicentric and multifocal with largest 38mm, all margins are free but DCIS close to superficial upper-inner quadrant margin

ALND: 0/7

Frozen: 1/4 nodes reveals a 4mm focus of metastasis which is not repeated on permanent section.

Pathology specimen is sent for review.

Now she is 6week pregnant

**Question:**

Considering the chance of having invasive component in pathology review, is she candidate for chemotherapy?

**Recommended plan:**

It is recommended to review pathology and continue pregnancy.