

**Date: 18.10.2025; 1404/07/26**

**Patient's Name: R.B**

**Responsible Physician: Professor. Sarkardeh, Professor. MajidiNejad, Dr. Aghajani**

**Patient presentation:**

51 Y/O female with RT inflammatory breast cancer  
With clinically positive axillary  
IDC, Luminal B (hormone receptor: +, HER-2:-, Ki67:30%)

**1403/12:**

Lt Scapula is highly suspicious for metastasis  
Neoadjuvant chemotherapy: ACT

**1404/05:**

MRM+ Indian inked LN excision and left breast  
Mass wire excision

**RT:**

IDC, 3.7cm, G 2/3, free margins, pT2N2a, treatment

**Effect:**

Probable response

**LT:**

Intraductal papilloma with florid usual ductal  
Hyperplasia  
RT axillary inked nodes: 2/3  
RT axillary content: 2/3, treatment effect: probable response  
Clinically positive LT axillary node

**1404/06 FNA:**

Positive for malignancy

**PET scan:**

At least 3 metastatic LN in the left axillary region  
Metabolically active LN in bilateral cervical zone 4

**Question:**

Is there an indication for left breast surgery? Or should we continue with systemic therapy?

**Recommended plan:**

FNA biopsy of cervical LN + CNB of left axilla and then making decision based on findings of pathology result. If cervical node is involved consider it metastatic and no need for surgery.

