

**Date: 08.11.2025; 1404/08/17**

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

**Responsible Physician: Dr. Omranipour**

**Patient presentation:**

64 Y/O male with positive FH in second degree relative, primary treatment for gynecomastia with TMX for 4 months, referring to dermatologist with skin lesion on Lt breast, incisional biopsy: poorly differentiated carcinoma compatible with adenocarcinoma

**Pathology review:** metastatic breast carcinoma involving skin, ER: 90%, PR: 60%, HER-2: neg, Ki67: 50%

U/S: 54\*21mm soft tissue mass with calcification and superficial lymphatic distribution, few LAP in Lt axillary  
No distant and bony metastasis



**Question:**

Should axillary dissection be performed after NACT?

**Recommended plan:**

ALND is recommended due to extra nodal involvement. Genetic test is recommended.