

**Date: 07.02.2026; 1404/11/18**

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

**Responsible Physician: Dr. Sarkarde**

**Patient presentation:**

41 Y/O female with FH of breast cancer in grandmother, she stopped lactation 2 months ago

**1404/10/15: MG: Rt: punctate calcification in central part**

Lt: asymmetrical area with punctate calcification in deep lateral part, medium density mass in axillary tail (B0)

U/S: Rt: well-defined mass 9.5\*5mm retroareolar space (B3) + superficially located abscess 29\*13mm in right axilla

Lt: well-defined mass 7\*4mm, 2 o'clock far zone (B3)

**1404/10/22: U/S: Lt, oval hypoecho mass 7\*3mm, 2 o'clock far zone+ small cyst in Lt subareolar 9/5mm (B3)**

Mild ductal ectasia containing hyper echo particles in both breasts

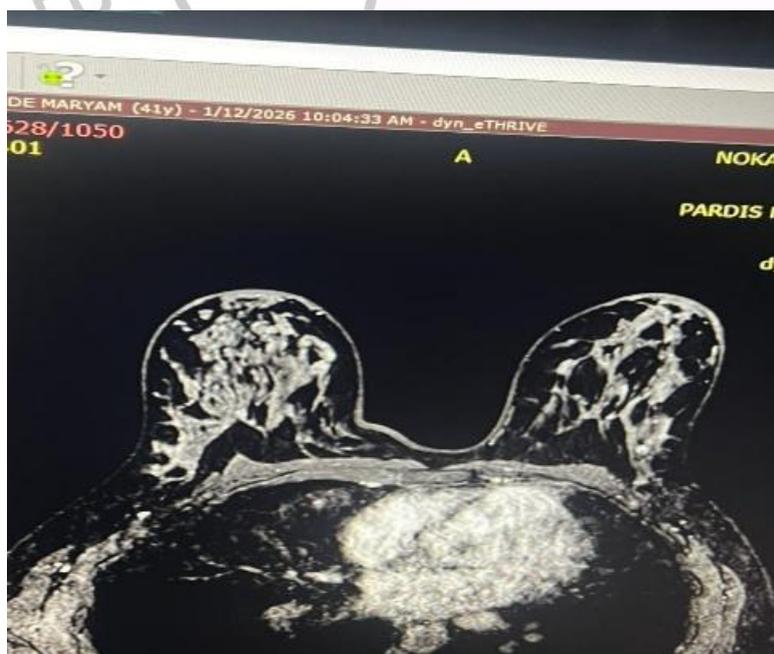
**1404/10/23: MRI: Rt and Lt: no mass, NME, fluid collection**

**1404/10/24: FCMV of Rt: asymmetrical segmental fine punctate microcalcification (B4a), VAB is recommended**

Tomosynthesis of Lt: punctate microcalcification in UOQ appear probably benign+ solid mass (8\*4mm) in OUQ (B4a)

VAB: Rt and Lt: flat epithelial atypia and cribriform ADH

**Pathology review: confirmed the diagnosis**



**Question:**

Does she need surgery for further resection of the mass?

Does she need tamoxifen?

**Recommended plan:**

MRI was reviewed and LN in UOQ was reactive with no malignancy.

Pathology review by Dr. Jahan bin is so far negative for ADH but definite answer is pending. It is recommended to perform U/S and MG in 6-month interval.

