Date: 1405/08/02, 2026/10/24

Patient's Name: KH.S.

Responsible Physician: Dr. Sarkardeh

Patient Presentation:

A 39 Y/O female post-partum lactating when diagnosed

Presenting with Marked skin thickening, edematous, with a peau d'orange appearance. Diffuse induration of the right breast tissue is also noted.

Past Medical History: negative

Family History: negative

G5P1L4

Right breast imaging:

On ultrasound, the fibro glandular tissue is thickened and hypo echoic in some areas, with lactational changes. Particularly in the far UIQ the fibro glandular tissue is severely thickened and hypo echoic, with relatively marked distortion and hypo echoic ducts with focal ectasia (B5).

Axilla: 6 suspicious LN

Mammography is highly suspicious for pregnancy associated inflammatory right breast cancer with multiple infiltrated axillary lymph nodes .

CNB from Right breast mass and axillary LAP:

Infiltrating ductal carcinoma

Lymphoid tissue involved

IHC:

ER-

PR-

HER2 3+

KI67 20-25%

P53–

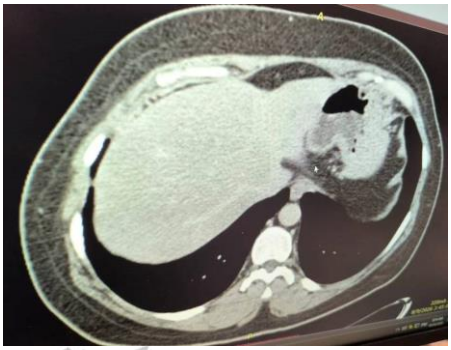
PET-CT: multiple liver mets

Treatment: pectuna+enhertu

APCT 18.05.1405: NL

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Question:

After 5 cycles of chemotherapy

(Last chemo 09.07.1405):

Referred for surgical evaluation, given the favorable response and clear reduction in metastatic lesions. Is the patient a candidate for surgery at this point?

Recommended Plan:

- ✓ Given the evidence of active liver lesions on abdominal CT scan, continuation of systemic therapy is recommended, and surgery is not indicated at this stage.

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