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

Patient's Name: N.R.

Responsible Physician: Dr. Sarkardeh

Patient Presentation:

A 39 Y/O woman presented with a right breast lesion.

Imaging Findings:

Breast ultrasonography revealed a 47 × 23 mm mass at the 10–11 o'clock position in the right breast, classified as BI 4B. Three additional masses measuring less than 1 cm were identified at the 8, 10, and 12 o'clock positions in the right breast, along with two masses in the left breast, all of which had probably benign features and were classified as BI 3.

An axillary lymph node with an indeterminate appearance was also identified in the right axilla.

Mammography demonstrated a finding corresponding to the sonographic lesion, classified as BI 4B.

CNB of the lesion at the 10–11 o'clock position was suggestive of a cellular/juvenile fibroadenoma, although a benign phyllodes tumor could not be excluded.

FNA of the right axillary lymph node was suggestive of a reactive lymph node.

Following lumpectomy, histopathological examination revealed a borderline phyllodes tumor measuring 6.5 cm in its greatest dimension. The specimen was unoriented, and the cauterized margin was involved by the tumor.

The patient subsequently underwent re-excision of the margins. However, the superior and lateral margins remained involved by the tumor.

Question:

Given the patient's breast size and the persistent involvement of the superior and lateral surgical margins after re-excision, would mastectomy be the most appropriate surgical option, or should further attempts at breast-conserving surgery still be considered?

Recommended Plan:

- ✓ Given the positive surgical margins and the size of the breast, re-excision is recommended.