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

Patient's Name: N.

Responsible Physician: Dr. Sarkardeh

Patient Presentation:

A 51 Y/O premenopausal woman presented with left lower limb pain, followed by the detection of a palpable right breast mass, prompting further diagnostic evaluation.

Imaging revealed a 20 × 17 × 12 mm mass at the 8 o'clock position in the right breast, classified as BI 5. The patient underwent BCS with SLNB.

Pathology Report:

-Histology: Invasive ductal carcinoma

-Tumor stage: T1cN1a

-Tumor size: 20 mm

-Histologic grade: 2

-Lymphovascular invasion: Negative

-DCIS: Present

-EIC: Negative

-Surgical margins: Clear

-ER: 100%

-PR: 1–2%

-Ki-67: 10%

-HER2: Negative

-2 of 2 sentinel lymph nodes positive

-Extra nodal extension: Present

A postoperative bone scan revealed multiple areas of abnormal uptake involving the right scapula, the left aspects of the L3 and L5 vertebrae, the left sacroiliac joint, and the proximal third of the left femur.

Question:

1. Are there any indications for surgery or radiotherapy to address the suspected bone lesions?

2. Is adjuvant chemotherapy indicated in addition to endocrine therapy, or would endocrine therapy alone be appropriate?

مرکز تحقیقات بیماری های پستان
Breast Diseases Research Center

Recommended Plan:

An orthopedic consultation is recommended to assess the need for femoral surgery.

Although a review of the radiographs reveals no evidence of an impending fracture, the coexistence of lytic and sclerotic bone lesions at multiple sites raises the possibility of Paget's disease, in addition to metastatic disease, as a differential diagnosis. Therefore, a PET/CT scan is recommended for further evaluation.

The case should then be re-discussed at the multidisciplinary tumor board to determine the appropriate treatment strategy, whether palliative or curative.

مرکز تحقیقات بیماریهای پستان
Breast Diseases Research Center