Date: 1405/07/18, 2026/10/10

Patient's Name: M.K.

Responsible Physician: Dr. Davari

Patient Presentation:

A 40 Y/O female presented with breast pain.

U/S: RT, at least 4 masses with maximum diameter of 10mm, 9-10 O' clock, MZ to FZ+ mixed solid cystic mass, 9mm, 9 O'clock, FZ (B4)

MRI: RT, suspicious area at posteromedial aspect of Rt breast (B4) + suspicious LAP in Rt axilla

CNB: apocrine hyperplasia

She underwent surgical excision

Pathology: papillary ductal carcinoma in situ

Targeted U/S and MRI: multiple hypo echoic lesion medial to scar, 7-11 O'clock, NZ to MZ, largest one 9mm in 7-8 O'clock MZ+ no pathologic LAP

Question:

What is the best treatment plan?

Recommended Plan:

- ✓ Further evaluation of the medial breast tumor was recommended, followed by surgery.

Breast Diseases Research Center