

Date: 2026/4/18; 1405/1/29

Patient's Name: A.T

Responsible Physician: Dr. Omranipour

Patient Presentation:

38 Y/O female with history of Lt BC (ER: 70%, PR70%, HER2: Neg, Ki67:70%) 3 years ago who underwent BCS+ALND (IDC, G2, LVI+, ALND:1/6) and adjuvant CRT.

During F/U a skin lesion appeared near surgical incision biopsy showed IDC, ER: 80%, PR: 80%, HER2:+3, Ki67:40%,

Pathology review of skin biopsy: IDC, ER: 80%, PR: 60%, HER2:+3, Ki67:15-18%

Pathology review of primary mass: ER: 40%, PR: 80%, HER-2:+3, Ki67:30-35%

PET scan: soft tissue lesion in the medial aspect of left breast involving the skin (SUVmax: 22.15) + small lesion inferior to the mentioned lesion (SUVmax: 3) + Right axillary LN (SUVmax: 10.9) +2 small LN in RT axillary (SUVmax: 1.46)

FNA from RT lymph node: positive

Chemotherapy was given

Last MDT (11/11/1404) recommended performing left mastectomy and investigation of left axilla during surgery.

Lymphoscintigraphy of right axilla then decide for dissection.

Question:

What is the surgical approach to right axilla?

Considering it as a metastasis from left breast, sentinel lymph node biopsy or dissection?

Recommended Plan:

MDT recommended performing sentinel lymph node biopsy of the right axilla and if it comes positive performing tailored axillary dissection.