

Date: 1405/2/5, 2026/4/25

Patient's Name: S.KH

Responsible Physician: Dr.Sarkarde

Patient Presentation:

54 Y/O female with a history of Cushing syndrome, adrenalectomy 6 years ago, presented with two lesions in the left breast.

Ultrasound showed two masses measuring 13 mm and 7 mm at 2 oc and 4oc positions, respectively. Mammography classified both lesions as BI- RADS 4C. Contrast-enhanced mammography (CEM) demonstrated additional non- mass enhancement beyond the index lesions.

Staging workup was unremarkable.

Core needle biopsy (CNB):

- 2oc lesion: Invasive carcinoma, ER 90%, PR 5%, HER2 negative (0), Ki-67: 60%
 - 4oc lesion: Invasive carcinoma NOS, ER negative, PR nega2ve, HER2 positive (3+), Ki-67: 20%
- the patient underwent skin- sparing mastectomy (SSM).

Final pathology:

- Invasive ductal carcinoma

(IDC), bifocal, grade 3

- Associated DCIS present
- Nipple involved with DCIS
- All margins negative; however, superficial margin involved by invasive carcinoma and non- mass enhancement corresponds to in situ component
- Axillary lymph nodes: 0/5 involved

She underwent adj chemotherapy

Question:

Does patient need RT?

Recommended Plan:

Re excision is more recommended than RT

مركز تحقیقات بیماریهای پستان

