

Clinical Pathologic Conference

2013-11-09

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Tutors:	血液腫瘤科 湯崇志醫師、放射診斷科 黃培青醫師 一般外科 羅永豐醫師、病理科 薛綏醫師
Moderator:	孫建峰醫師

<Case 1>

Patient : 魏 XX

Age: 50

Sex: female

BH : 155 cm

BW : 54Kg

BMI: 22.5Kg/m²

Chief complaint: Right breast growing mass for 1 year

Present illness: This 50-year-old woman, G1P1A0, had underlying disease of schizophrenia over 10 years and HCV carrier. This time, she was referred to our general surgery OPD from LMD due to right breast growing mass for 1 year. BIRADS 4c of breast was reported on mammography in June 2013. According to the patient, the right breast mass increased in size without pain. There was no nipple discharge, retraction, or skin change. She also denied recent body weight loss or fever.

Previously the patient visited our general surgery OPD in 2011 due to right breast tenderness for several months. Grade I fibrocystic change and BI-RADS 4C was reported after ultrasound survey. Pathology of ultrasound-guided core needle biopsy showed marked chronic inflammation and fibrosis without malignancy.

During this visit, she underwent breast ultrasound and ultrasound-guided core needle biopsy on 20 Jun 2013.

Past history:

- Schizophrenia with medication over 10 years
- HCV carrier
- Multiple fractures due to suicidal falling down in May, 2013

Personal History:

Smoking: + ; Alcohol: denied; Betel nut: denied

Allergy: no known allergy

Family history: No first-degree relatives with breast cancer or ovarian cancer

Physical examination:

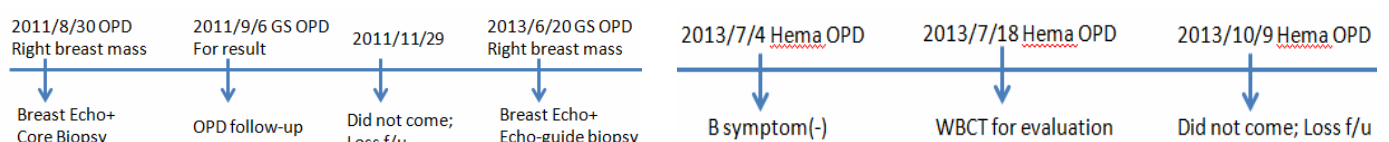
- Inspection of breasts: symmetry, no nipple retraction, no skin change
- Palpation: There is one hard and irregular nodule in the upper inner quadrant of the right breast without neck or axillary node palpable. The size of the nodule: 1.5 x 1.5 x 1.3 cm at 1 o'clock and 4 cm from right nipple
- The others are unremarkable.

Lab data:

<Hemogram>

WBC	RBC	Hb	Hct	MCV	MCH	MCHC	RDW	Plt	Segment	Eosinophil	Monocyte	Lymphocyte
1000/ uL	million/uL	g/dL	%	umm	pg/Cell	g/dL	%	1000/ uL	%	%	%	%
8	4.5	15	44.7	99.2	33.3	33.6	13.2	171	57	2	5	36

Clinical course:



<Case 2>

Patient : 連 XX

Age: 49

Sex: female

BH : 155.1cm

BW : 69.2Kg

BMI : 28.7 Kg/m²

Chief complaint: One enlarging mass in the medial quadrant of the left breast for 10 months

Present illness: This 49-year-old female had been well. She has had no breast examination, until 10 months ago when she found a skin indurated papule with itching in the left breast. This indurated mass progressively increased in size without pain. There is no nipple discharge, fever, or body weight loss. She denied taking hormone replacement therapy. She went to our OPD for help. BI-RADS 0 was reported after ultrasound survey.

Past history: Denied diabetes, hypertension or cardiovascular disease

Family history: No first-degree relatives with breast cancer or ovarian cancer. Her aunt had breast cancer history.

Physical examination:

- Inspection of breasts: symmetry, no nipple retraction, skin change(+): skin erythema, 7-9 skin papules with skin thickening and moderate edema.
- Palpation: There is one fixed and indurated nodule with unclear margin in left breast without neck or axillary node palpable. The size of the nodule: 3 x 3 cm, 8 o'clock, 5 cm from nipple. Right breast and bilateral nipples are normal.
- The others are unremarkable.

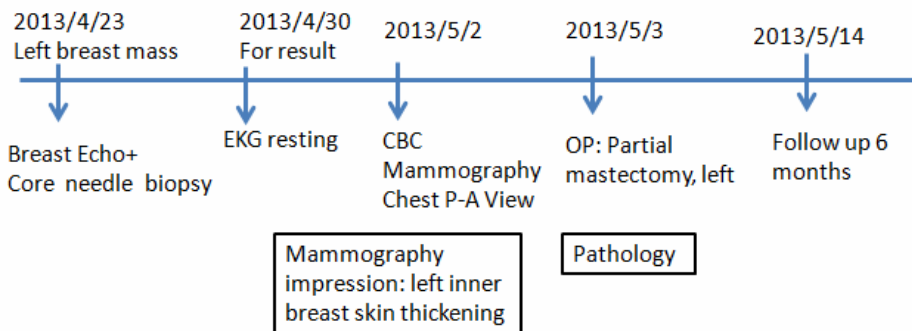
Lab data:

<Hemogram>

WBC 1000/ uL	RBC million/uL	Hb g/dL	Hct %	MCV umm	MCH pg/Cell,	MCHC g/dL	RDW %	Plt 1000/ uL
5.7	3.98	6.6	22.3	56	16.6	29.6	20.3	324

Imaging and pathology findings: to be presented

Clinical course:



Images: to be presented

Pathology: to be presented

Points of discussion:

1. Differential diagnosis of breast mass
2. What are the differential diagnoses, and what is treatment of the reported disease?