DR. SALEHA ANWAR, ASSOCIATE PROFESSOR RADIOLOGY

Give radiological features in this mammogram?
1. Give BIRADS.
2. What would be the next investigation?

DR. SOBIA TABASSUM, ASSISTANT PROFESSOR ONCOLOGY

74 year old male, smoker with no other comorbidities, diagnosed case of high grade papillary urothelial carcinoma of urinary bladder, with muscle invasion. His initial CT chest was showing mediastinal lymphadenopathy. He was given four cycles of chemotherapy, after which his CT scans were repeated which showed good response in urinary bladder but mediastinal nodes remained unchanged. Plan was to refer him for surgery but he developed intermittent fever and thrombocytopenia. Workup including

Fig.1. Peripheral blood film of same patient

Fig.2. Bone Marrow trephine on low power
malarial parasite and pan cultures were negative. He was given empirical antibiotics but did not respond and his thrombocytopenia worsened.

Following is his peripheral film and bone biopsy:

![Bone Marrow trephine on high power](image)

**Questions**

1. What is your diagnosis?
2. How will you confirm your diagnosis?
3. How will you manage this patient?
Answers to Quiz 1

1. A dense spiculated mass is seen in outer upper quadrant near axillary tail. It is associated with surrounding trabecular distortion. No definite cluster of microcalcification seen within it.
2. BIRADS IV
3. Tru-cut biopsy

Answers to Quiz 2

1. Disseminated T.B. As histology showing granulomatous necrosis.
2. Bone marrow C/S for AFB and MTB PCR marrow.
3. As he has no h/o TB contact and first time diagnosed as TB will give 2 months of four drugs with INH Rifampicin, Ethambutol and PZA, then four months of INH, Rifampicin. As he is having disseminated, TB Continuation phase can be for 6 to 8 months.