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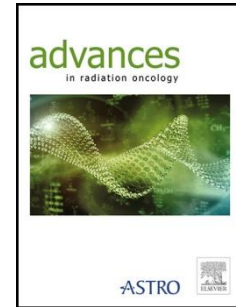
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Koebner Phenomenon: Consideration when choosing fractionation for breast irradiation.

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Case:

A 62 year old female with remote past medical history of psoriasis initially presented with a palpable right breast mass. She underwent right breast ultrasound that revealed a hypoechoic mass at 10:30, 6 cm from the nipple measuring 1.7x2.1x2.1 cm. Biopsy of the mass revealed invasive ductal carcinoma (IDC). Subsequent breast MRI confirmed the right breast cancer, but also revealed a suspicious left breast region at 1:00. Biopsy of the left breast mass revealed radial scar.

The patient was evaluated by both breast and plastic surgery and subsequently underwent right partial mastectomy and sentinel lymph node biopsy as well as excisional biopsy for the radial scar followed by bilateral oncoplastic breast reduction. Final pathology showed right breast multifocal IDC, grade 3, with no involved sentinel nodes as well as left breast ductal carcinoma in situ. The patient's postoperative course was complicated by bilateral seromas requiring drainage as well as bilateral breast cellulitis treated with antibiotics. She was evaluated by radiation oncology and the decision was made to delay starting radiation to allow for adequate wound healing. In the interim, she was started on Anastrozole 1 mg. The

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