IMETS

International Medical English Testing System

2018-1-PL01-KA203-050990

Writing Paper

Exam Center _____

Date of test _____

Test-taker ID _____

http://medicalenglishtests.eu/

JAGIELLONIAN UNIVERSITY MEDICAL COLLEGE

PÉCSI TUDOMÁNYEGYETEM UNIVERSITY OF PÉCS

FUTURE FOCUS Ltd

TRAINING2000

INNETICA

Co-funded by the Erasmus+ Programme of the European Union

IMETS International Medical English Testing System

LEVEL C1 WRITING – TASK 2 MEDICINE

Points: XX/13

Task 2

Write a medical case report on a patient presented to the Medical Centre. Use information provided below. Interpret the presented case and justify your interpretation. Complete this writing task in 300-320 words.

- **Patient data:** 43 yo, F
- **MH:** hypertension, hyperlipidemia, obesity, glaucoma, and stage IIIA invasive ductal carcinoma-left breast (diagnosed June 2003)
- **FH:** no breast cancer reported in the family
- **Initial treatment:** radical mastectomy and axillary lymph node dissection/follow-up: 4 cycles of adjuvant chemotherapy, endocrine therapy for 4 years: self-discontinued March 2008
- **October 2005:** left breast reconstruction/no evidence of disease
- **May 2012:** mechanical fall/pathological left hip fracture
- **Diagnosis 1**: metastatic disease in the left hip and knee/left hip replacement/XRT to the left hip and tibial plateau/patient started on triptorelin and pamidronate
- **January 2013:** PET CT: progression of disease/multiple bony metastases: right scapula, left iliac bone, left distal femur/pamidronate changed to denosumab
- **April 2014:** CT CAP: 2.2 cm lesion in the interpolar region of the right kidney/RCC suspected with enlarged lymph nodes-11mm along the right renal vein and upper IVC
- **Diagnosis 2**: after biopsy of right renal lesion: metastatic carcinoma involving renal parenchyma
- **Final treatment:** surgical resection-rejected option due to adjacent lymphadenopathy and the presence of extensive bony metastases/chemotherapy-rejected option due to past MH/accepted option-endocrine therapy
- **Medications:** letrozole 2.5 mg PO q daily/triptorelin and denosumab continued for extensive metastatic bony disease
- **July 2016**: patient stable/CT CAP scan: right renal lesion slightly decreased from 2.6 cm to 2 cm/lytic lesion in the left ilium from 3.5 cm to 3 cm/regimen continues

Model answer – Case Report

A 43 year-old woman with past medical history of hypertension, hyperlipidemia, obesity, glaucoma, and stage IIIA invasive ductal carcinoma of the left breast, initially diagnosed in June 2003, was presented to the Medical Centre. She denied family history of breast cancer at the time of diagnosis. The patient underwent left radical mastectomy and axillary lymph node dissection in July 2003. This was followed by 4 cycles of adjuvant chemotherapy and endocrine therapy for 4 years, which she self-discontinued in March 2008. There was no evidence of disease until May 2012 when she sustained a pathological left hip fracture. Imaging revealed metastatic disease in the left hip and knee for which she underwent left hip replacement followed by XRT to the left hip and tibial plateau. Triptorelin and pamidronate were administered.

In January 2013, after PET CT confirmed progression of disease in the right scapula, left iliac bone, and left distal femur, pamidronate was changed into denosumab. She remained clinically stable over the next year but then CT CAP showed a 2.2 cm lesion in the interpolar region of the right kidney. Renal cell carcinoma was suspected with enlarging lymph nodes measuring up to 11 mm along the right renal vein and upper IVC.

To confirm the diagnosis, the right renal lesion was biopsied, which revealed metastatic carcinoma involving renal parenchyma. Surgical resection was not an option, given significant lymphadenopathy in addition to extensive bony metastases. Since patient had already received adjuvant chemotherapy, endocrine therapy was accepted as the only possible option. Letrozole 2.5 mg PO q daily was started, while triptorelin and denosumab were continued for her metastatic bony disease.

Patient has remained stable on this regimen. CT CAP scan in July 2016 showed renal lesion decreased in size from 2.6 cm to 2.0 cm, and significant decrease in the size of the lytic lesion in the left ilium (now 3.0 cm from 3.5 cm previously).

(316 words)

Sources: Patel A, Blanchard R. A unique case of hormone receptor-positive breast cancer metastasis to kidney responsive to endocrine therapy. Open J Clin Med Case Rep. Vol 3: Issue 18: 1310. Untitled-1 (jclinmedcasereports.com)