

Date: 09.12.2023; 1402/09/18

Patient's Name: K.K

Responsible Physician: Dr.Esphandbod

Patient presentation: A 62 year-old woman who has 2 suspicious nodes in chest CT of right Axilla.

Node biopsy: Metastatic IDC.

IHC: CK7: positive, PANCK: positive, GATA: triple positive, ER: negative, PR: negative, HER-2: triple positive, Ki67: 18%.

CT scan: Suspicious lytic lesion in Acetabulum.

PET scan:

High uptake in: 4 nodes in right Axilla level 1 & 2,
Mediastinal node,
Internal mammary node,
Right kidney posterior cortex,
Thyroid node right lobe,
Spleen,
Subchondral cyst in acetabulum.

Question:

What is the treatment plan?

Recommended plan:

- 1- MRI of Breast
- 2- FNA of Thyroid:

If thyroid IHC shows Breast origin no further evaluation; and then Chemotherapy,

If it is not Breast origin, then biopsy of kidney; and if possible also biopsy of spleen.

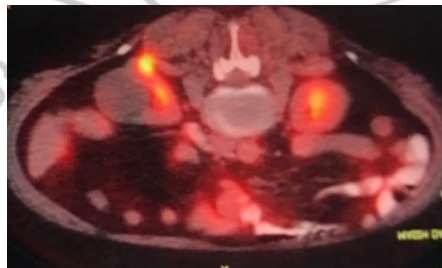


Figure 1: PET scan, kidney high uptake.

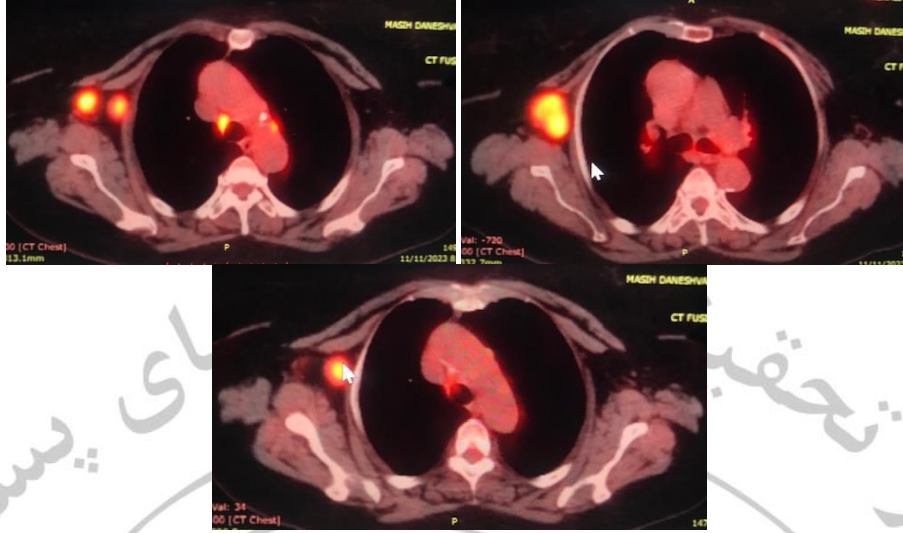


Figure 2, 3 & 4: PET scan, Axilla, high uptake.

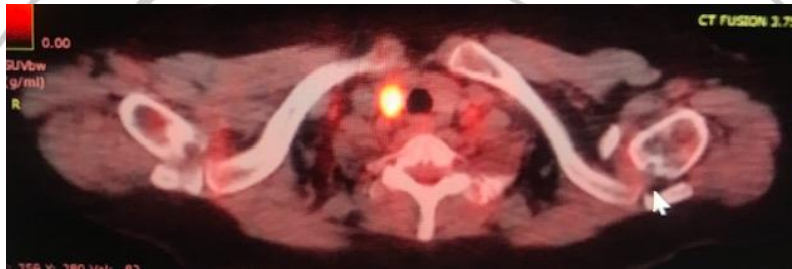


Figure 5: PET scan, Thyroid node high uptake.