

**Date:** 18.05.2024; 1403/02/29

**Patient's Name:** S.G

**Responsible Physician:** Dr.Karimi

**Patient presentation:** A 63-year-old woman was examined with Axillary lymph adenopathy, which was a breast cancer metastasis to the Axilla. No lesion was found in the breast imaging examination (Axillary metastasis unknown primary, ER: positive, PR: positive, Ki67: 65%)

For the patient, a PET- CT scan was performed for mediastinal and abdominal lymphadenopathy, and increased uptake was seen in the appendix, adrenal, pelvic lymph nodes, and adnexal mass. A biopsy was performed from the adnexal mass, which suggested papillary ovarian carcinoma.

After chemotherapy, PET scan was done again, which responded to the treatment. Reviewing the slide showed Axillary metastasis from ovarian origin.

**Question:**

What is the best treatment plan?

**Recommended plan:**

- 1- TAH BSO for ovarian cancer
- 2- Axillary Region US
- 3- If axillary lymph node was involved, excision of lymph node is recommended

Breast Disease Research Center