

**Date:** 13.04.2024; 1403/01/25

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

**Responsible Physician:** Dr.Karimi

**Patient presentation:** A 63 year-old woman who was examined with axillary lymph adenopathy, which was a breast cancer metastasis to the axilla. No lesion was found in the breast imaging examination.

**Biopsy of Axilla:** Axillary metastasis unknown primary, ER: positive, PR: positive, Ki67: 60-65%.

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.

**Question:**

What is the next treatment plan?

**Recommended plan:**

- 1- Pathology slides and imaging documents should be reviewed to determine the origin of Axillary metastasis
- 2- Unfortunately, breast MRI was not done before starting chemotherapy there are no abnormal findings in Mammography.

Breast Disease Research Center