

**Date:** 17.08.2024; 1403/05/27

**Patient's Name:** Z.E

**Responsible Physician:** Dr.Sarkarde

**Patient presentation:** A 60-year-old woman was examined in September 2023 for left upper limb lymphedema and left supraclavicular mass and hoarseness. Mammogram showed multiple prominent nodes and increased skin thickness in the axillary and upper outer part of the left breast and US showed multiple pathologic lymph nodes in left axillary region, Ultrasound of the neck showed a 60 mm mass in the supraclavicular area, the biopsy was suggestive of metastatic poorly differentiated adenocarcinoma (GATA3: positive, Mammaglobin: positive, CD10:positive). Color Doppler sonography of the neck vessels showed thrombosis of the subclavian and jugular veins. In the examination of the vocal cords, paralysis was seen on the left side. PET-CT scan was done and showed hypermetabolic lesions in left breast, Axillary, mediastinal and supraclavicular lymph nodes a complete response to the treatment can be seen in the new PET CT scan after chemotherapy.

**Question:**

What is the next treatment plan?

**Recommended plan:**

- Further assessment of histology and IHC(ER, PR, HER-2).

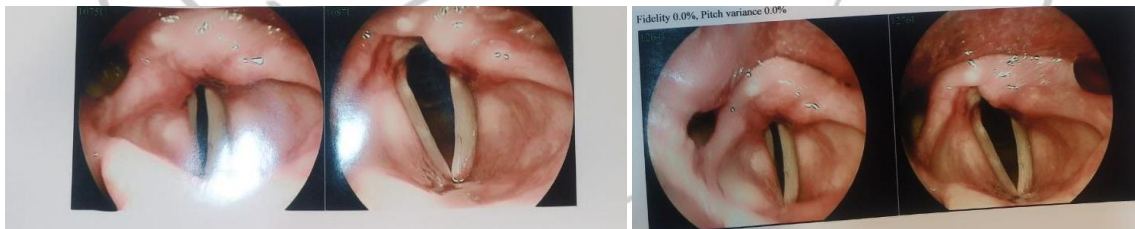


Figure 1 & 2: Laryngograph shows vocal cord paralysis.

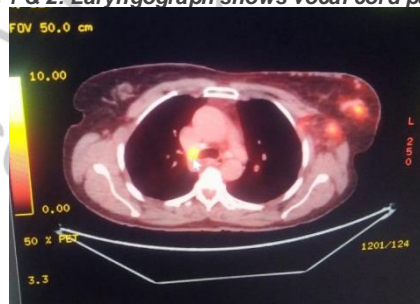


Figure 3: PET CT scan shows hypermetabolic lesions in left breast axillary and mediastinal lymph nodes.

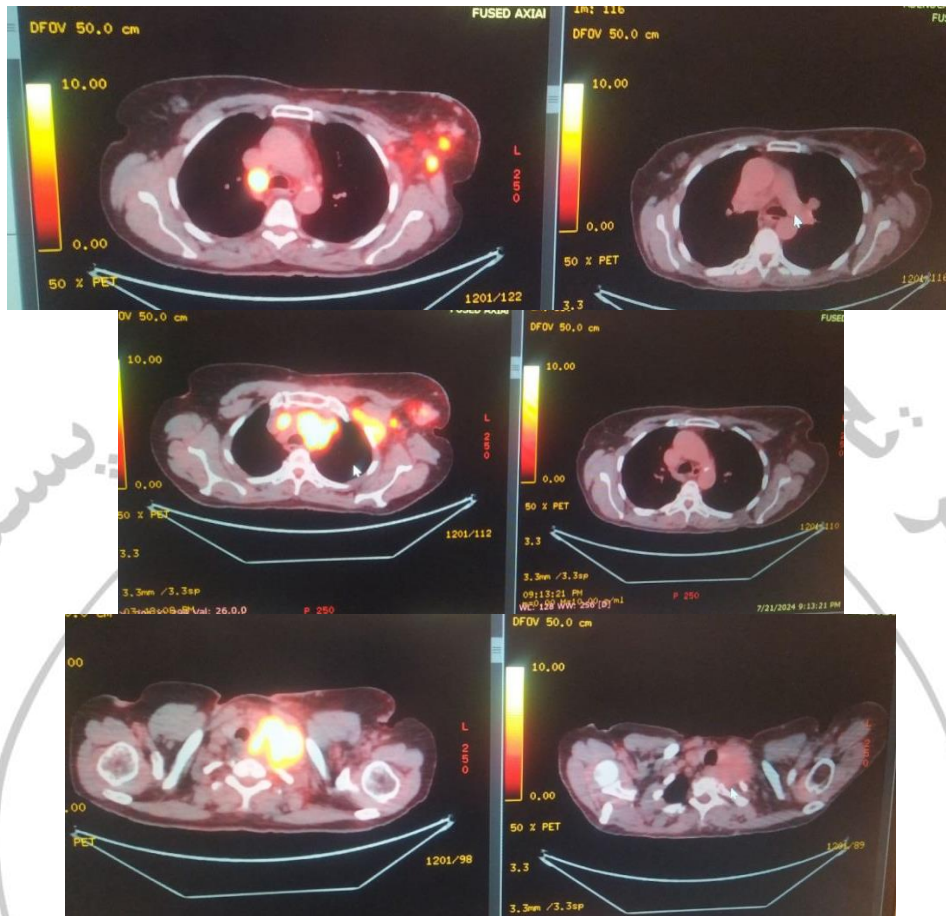


Figure 4, 5 & 6: PET CT scan shows metastatic lesions was response to chemotherapy.