

**Date: 29.12. 2024; 1403/10/08**

**Patient's Name: NM**

**Responsible Physician: Dr. Ranjbar**

**Patient Presentation:**

A 66 Y/O F presented with Rt. Axillary lymphadenopathy that was fixed in physical exam, CNB was done. It was not diagnostic.

**Then the lymph node was excised:**

Un differentiated carcinoma

Metastatic alveolar rhabdomyosarcoma is suggested

Pan CK: +

Vimentin: +

HMB45: +

Desmin: +

ER: -

CD117: -

CD138: -

CK 7: -

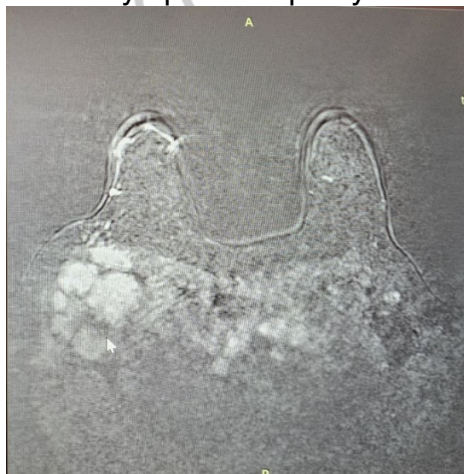
GATA3: -

**Breast MRI:**

Normal

**PET Scan:**

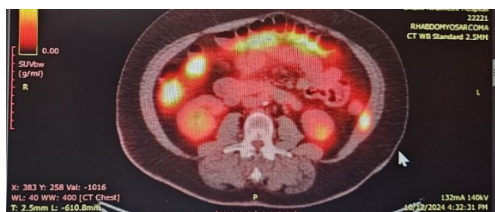
Diffuse lymphadenopathy & abdominal wall lesion in left flank



Breast MRI shows axillary lymphadenopathy



Axillary lymphadenopathy & lung nodule in PET SCAN



Abdominal mass in PET SCAN

## Question

Next plan?

## Recommended plan:

Lymphadenopathy with unknown origin ( axillary cup ) + abdominal mass excision or biopsy

Breast Disease Research Center