

Date: 2026/5/23, 1405/3/2

Patient's Name: K.K

Responsible Physician: Dr. Sarkarde

Patient Presentation:

59 Y/O female

- **History:** Prominent left axillary lymph node since 1402, without a clear breast mass initially
- **CNB of axillary lymph node (1405/2/15):** Metastatic carcinoma
 - **ER:** 95%
 - **PR:** 10%
 - **HER2:** Negative
 - **Ki-67:** 20%
- **Mammography:** Stable focal asymmetry in the left upper outer quadrant, unchanged since 2020
- **Chest CT findings:**
 - Left axillary lymphadenopathy
 - Tissue distortion in the left UOQ breast
 - Retropectoral lymphadenopathy
 - Mild left pleural thickening
 - Multifocal lytic lesions in the ribs and spine, suggestive of bone metastases
 - Wbbs : multiple bone/bone marrow metastases and multiple myeloma should be considered. highly lytic lesions in L5 and right S1 region are suspected, as well.
 - **Vertebral lesion biopsy:** Confirmed metastatic carcinoma with immunohistochemistry consistent with breast origin

Pet scan : Diffuse hypermetabolic tumoral bone marrow infiltration accompanied by innumerable lytic lesions throughout axial and appendicular skeleton.

Hypermetabolic left axillary lymphadenopathies. Hematologic malignancies like multiple myeloma/large B cell lymphoma are first differential diagnosis. Tissue sampling is advised.

Question:

What is the plan?

Recommended Plan:

Ck4/6 inhibitor + AI recommended