

**Date:** 24.12.2022; 1401/10/03

**Patient's Name:** M.D

**Responsible Physician:** Dr.Sfandbod

**Patient presentation:** A 40 year-old woman with ovarian cancer (stage 3A) from 2 years ago, that underwent total abdominal hysterectomy and bilateral salpingo oophorectomy (TAH-BSO) and chemotherapy and BRCA1, 2 was negative.

In routine follow-up a lymph node in the left axilla was detected. Core needle biopsy of lymph node is metastatic carcinoma suspicious of originating from breast cancer which was proven.

**IHC:** ER: 60%

**MRI of breast:** Negative

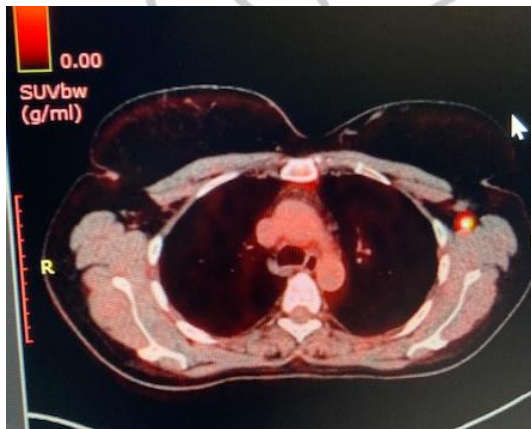
**PET scan:** Extensive peritoneal involvement, spleen and liver involvement suggested to seeding from ovarian cancer.

### **Question:**

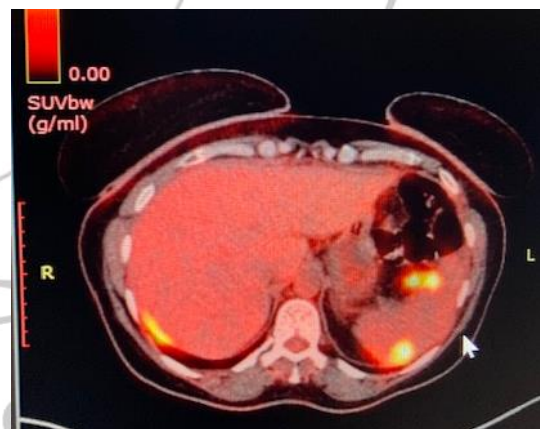
What is the source of this metastatic lesion? Is it ovary or is it breast?

### **Recommended plan:**

After review of PET scan seeding with source of previous ovarian cancer was diagnosed and chemotherapy is suggested.



*Figure1: Metastatic left axillary lymph node with ovarian origin*



*Figure2: Multiple peritoneal seeding on liver and spleen with origin of ovarian cancer*