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Metastatic papillary serous axillary lymph node from ovarian origin: A case report

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Introduction: Among gynecologic cancers, epithelial ovarian cancer (EOC) is the major cause of mortalities in the United States, accounting for 3.6% of all types of gynecologic cancers. The major reason for this poor treatment is that most EOC patients are frequently involved in an advanced stage of the disease.

Case Presentation: Hereby, we report a 70-year-old female with ovarian cancer in which an isolated metastatic axillary lymph node was detected following cyto-reductive surgery and adjuvant chemotherapy.

Results: She had a sonography demonstrating hypoechoic solid mass in pelvis attached to fundus (adnexal mass). Serum CA-125 level was 102µm/ml. The patient had history of laparotomy and TAH+BSO (please write in detail) with the pathology of poorly differentiated adenocarcinoma of pelvic mass and both ovaries. A 3*3 mass lesion was palpable in right axilla and abdominal CT scan was normal. The thorax CT revealed lobulated mass lesion in right axillary area due to lymphadenopathy. Histopathological and IHC examination of the axillary lymph node revealed Metastatic papillary serous axillary lymph node originated from ovary and it was confirmed in second option. She has received Taxel+carboplatinum chemotherapy and the axillary lymph nodes revealed shrinkage in size.

Conclusion: In current case, we represent the importance of differentiating accurately ovarian metastasis to the axillary area from primary breast cancer because prognosis and treatment differ significantly.

Biography

Mahdiss Mohamadianamiri completed her Graduation in Gynecology in the year 2009. She completed her Fellowship of Oncology in 2016 from Shahid Beheshti Medical University. Currently she is serving as Assistant Professor in Iran Medical University.

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