

PET-CT CASE OF THE MONTH

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Fig. 1

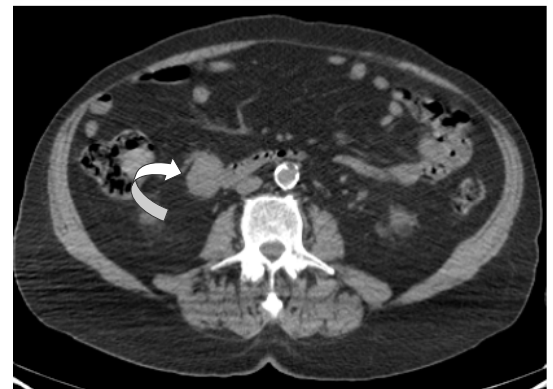
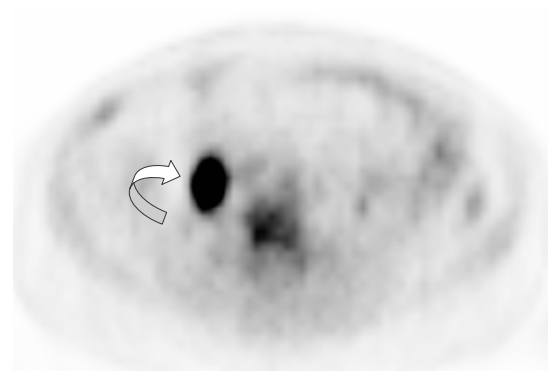


Fig. 2

This 76 year old man presented with a change in bowel habits and occasional minimal blood in the stool. Colonoscopy was performed, revealing a rectal mass which on biopsy was shown to be a poorly differentiated adenocarcinoma. A staging PET-CT was performed, which showed the large rectal mass (arrows, Fig. 1) as well as an enlarged lymph node adjacent to the duodenum (curved arrow, Fig. 2). Because a solitary abdominal lymph node metastasis from rectal carcinoma is unusual, a CT-guided biopsy of the lymph node was performed. The biopsy showed **diffuse large B cell non-Hodgkins lymphoma**. He received initial chemotherapy for the lymphoma, followed by chemotherapy for the rectal carcinoma and radiotherapy for both lesions.

How did the PET-CT help? :

The PET-CT scan identified the unsuspected concurrent lymphoma, allowing for appropriate treatment for both malignancies. Recent articles have indicated that unsuspected second primary tumors are found in about 5% of PET-CT scans. In the subgroup of patients with a head and neck malignancy, second primary tumors are seen in more than 9% of patients, with most found elsewhere in the aerodigestive tract¹⁻³.

(1) J Clin Oncol, 2005 23:7654-9

(2) Jpn J Clin Oncol, 2009 39:297-302

(3) Eur J Nucl Med Mol Imaging. 2009 36:919-27

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This case and previous ones can
be seen at www.petcases.com