

PET CASE OF THE MONTH

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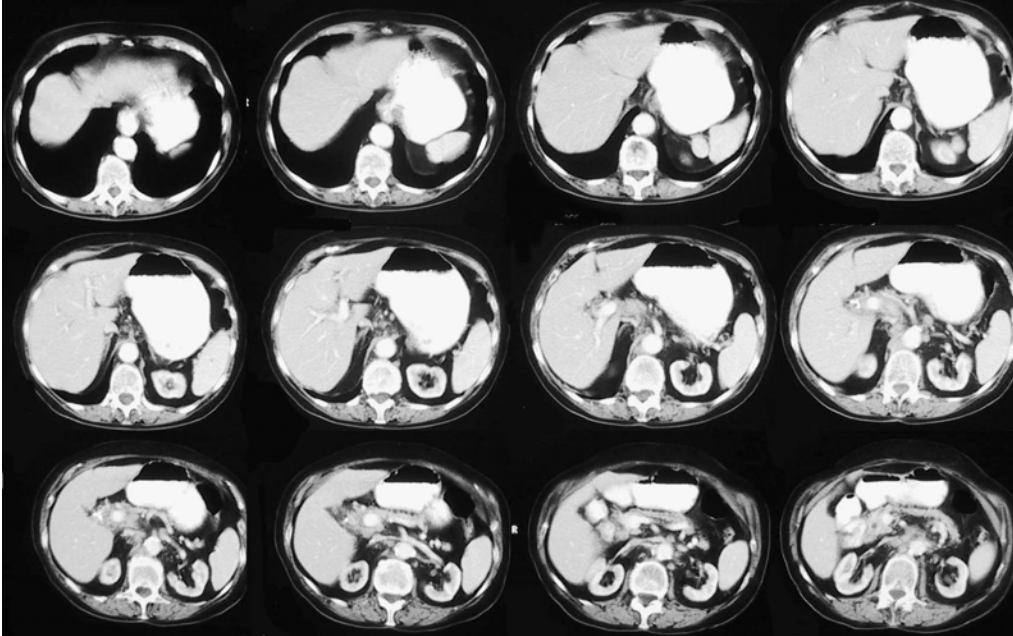


Fig. 1

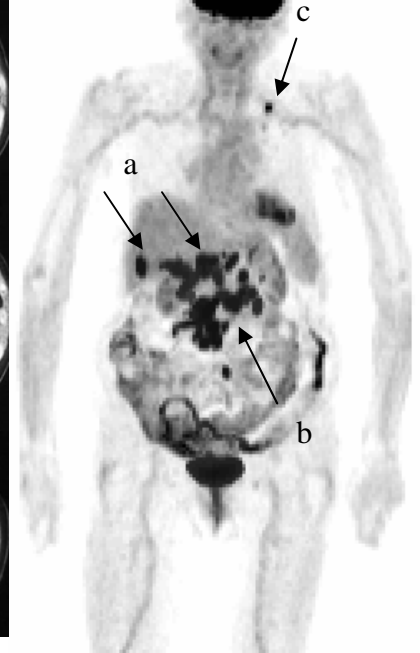


Fig. 2

This 82 year old lady underwent laparoscopic cholecystectomy for calculus cholecystitis. Pathology showed a moderately differentiated adenocarcinoma of the **gallbladder**. Three months later, the CEA level was measured at 130.

An abdominal CT with contrast administration (Fig. 1) reported “post-surgical changes but no evidence of metastatic disease”.

Because of the elevated CEA level and the normal CT, a PET scan (Fig.2) was performed two weeks later which showed:

- Extensive metastatic disease in the liver (arrows a)
- Extensive peri-aortic, peri-portal and mesenteric adenopathy (arrow b)
- A left supra-clavicular neoplastic node (Virchow's or Troisier's node) (arrow c)

How did the PET help: PET allowed a much more accurate staging of the patient.

In a recent study involving 54 patients, PET scan sensitivity and specificity in detecting cholangiocarcinoma was reported at 92.3% and 92.9% respectively (1). In another study involving 105 patients with colorectal adenocarcinoma, the sensitivity of PET in detecting liver metastasis was higher than for CT (89 vs. 71%). The sensitivity of PET in detecting extra-hepatic metastases exclusive of locoregional recurrence was also higher than CT plus other conventional diagnostic studies (94 vs. 67%) (2).

(1) Hepatology 2001;33(5):1029-35

(2) Dis Colon Rectum 2000;53:759-770