

P.E.T. CASE OF THE MONTH

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Fig. 1 – Apr. 2004

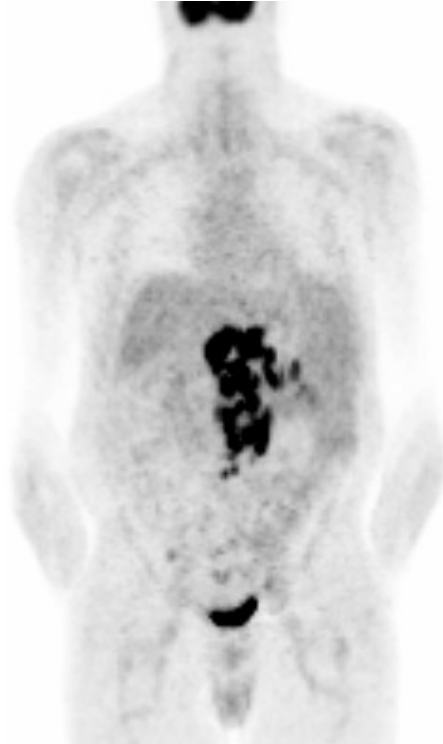


Fig. 2 – Oct. 2004



Fig. 3 – Mar. 2005

This 57 year old man underwent a left hemicolectomy for a **colonic adenocarcinoma** in 2000. Peritoneal metastases were found during surgery. Initial chemotherapy was completed in 2002. The patient did well and had four negative PET scans through January 2004. In February and March 2004 the CEA, which had been normal, rose to 4.5 and then 5.1.

A repeat PET scan was obtained (Fig. 1) which showed a new focus of FDG uptake in the abdomen on the left anterior to the kidney (arrow). No other areas of abnormal FDG uptake were present. Two subsequent CT scans in April and August 2004 showed no abnormalities. By October 2004 the CEA had gone up to 10, and a repeat PET scan (Fig. 2) showed extensive retroperitoneal adenopathy as well as peritoneal foci. Follow-up CT showed masses in the regions of increased FDG uptake. Another course of a different chemotherapy regimen was given and a subsequent PET (Fig. 3) showed complete resolution of the abnormalities.

How did the PET help? :

PET was able to show the sites of recurrent disease earlier than the CT scan, and was able to show the resolution of abnormal foci following treatment.

Recent studies have shown that FDG PET is a useful method both for detecting recurrent colorectal carcinoma and for evaluating patient's response to therapy¹⁻³.

- (1) Am J Surg 2002:433-6
- (2) Colorectal Dis 2003:496-500
- (3) J Am Coll Surg 2004:1-7

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