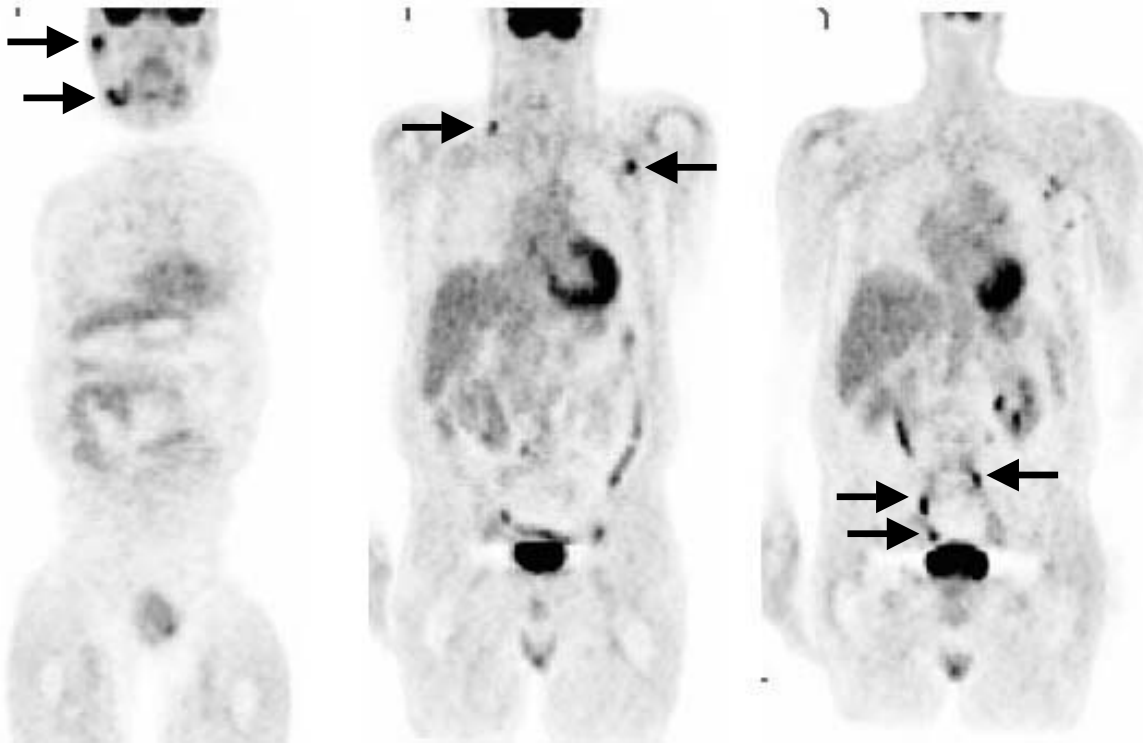


# P.E.T. CASE OF THE MONTH

Gabriel Soudry, M.D. Franklin Square Hospital Center September 2003



This 75 year old patient was 10 months status post chemotherapy for an intermediate grade diffuse large B-cell **lymphoma**. At his last office visit, he had lost weight without diet and was found to have palpable axillary nodes. A chest/abdomen/pelvic CT with contrast was obtained which showed no lymphadenopathy.

A PET scan was obtained which showed multiple foci of increased FDG uptake in the neck laterally on the right, in the right sub-mandibular region, in the axillae, and along the abdominal aorta and the internal iliac vessels.

The patient was initially watched for approximately one year with serial physical examinations until he had further clinical progression with enlargement of his palpable nodes. Another chest/abdomen/pelvic CT with contrast was obtained as a new baseline and was negative. He was then treated with Rituxan immunotherapy with complete response and subsequent normalization of his PET scan.

**How did the PET help:** The PET outperformed CT in diagnosing/confirming early recurrence of lymphoma and the information was used for therapy planning. The follow-up imaging during treatment was performed with PET only.

In a recent review paper looking at the current status of staging lymphoma with PET scans, it was concluded that every published study to date had demonstrated a greater sensitivity of PET, compared with other imaging modalities (1).

(1) The Oncologist 2003;8:438-447

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This case and previous ones can be seen at  
[www.petcases.com](http://www.petcases.com)