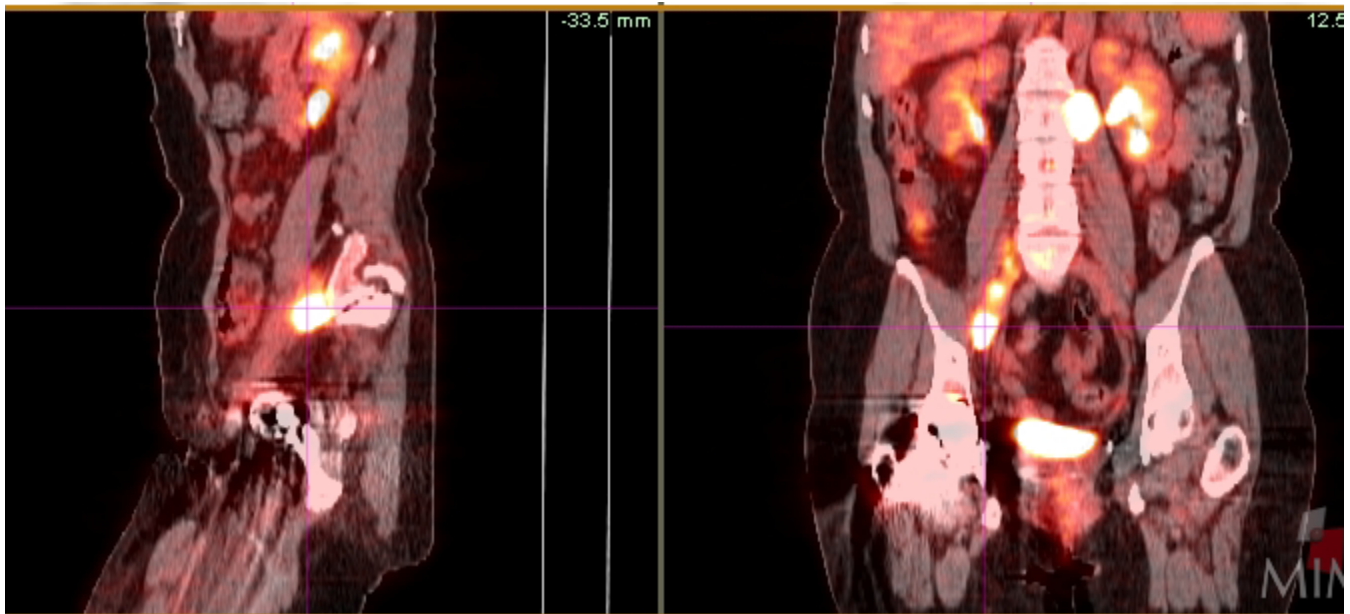


PETIMAGING

INTEGRATED PET/CT SCANNING CASE STUDY N^o 98

Restaging Uterine Cancer

A 59 year old female with a history of chronic pelvic pain, menorrhagia with anemia, and leiomyomata undergoes a hysterectomy and oophorectomy at which time a 3mm area of adenocarcinoma in situ is identified in the uterus. No treatment is offered as the patient is not felt to be at risk for recurrence. Three months later she begins to complain of abdominal pain and swelling in the lower extremities. Abdominal and pelvic ultrasounds performed at that time are normal. CTs of the abdomen and pelvis discover a left retroperitoneal soft tissue mass. The 3 x 1.8 x 5 cm mass is also identified on MRI, with a differential diagnosis of adenopathy, abscess, or retroperitoneal fibrosis. A biopsy of the left retroperitoneal mass reveals an invasive, moderately to poorly differentiated adenocarcinoma.



PET/CT reveals prominent hypermetabolic activity in the previously identified 5.4 x 2.8 cm mass with an SUV of 11.4. As well, a second focus of activity is found between the caudal-most inferior vena cava and the right psoas muscle with SUVs peaking at 6.3. Another prominent volume of FDG uptake is identified in the iliac chain with SUVs peaking at 9.6. Based on the extent of disease identified on the PET/CT, the patient begins systemic chemotherapy.