

QUIZ

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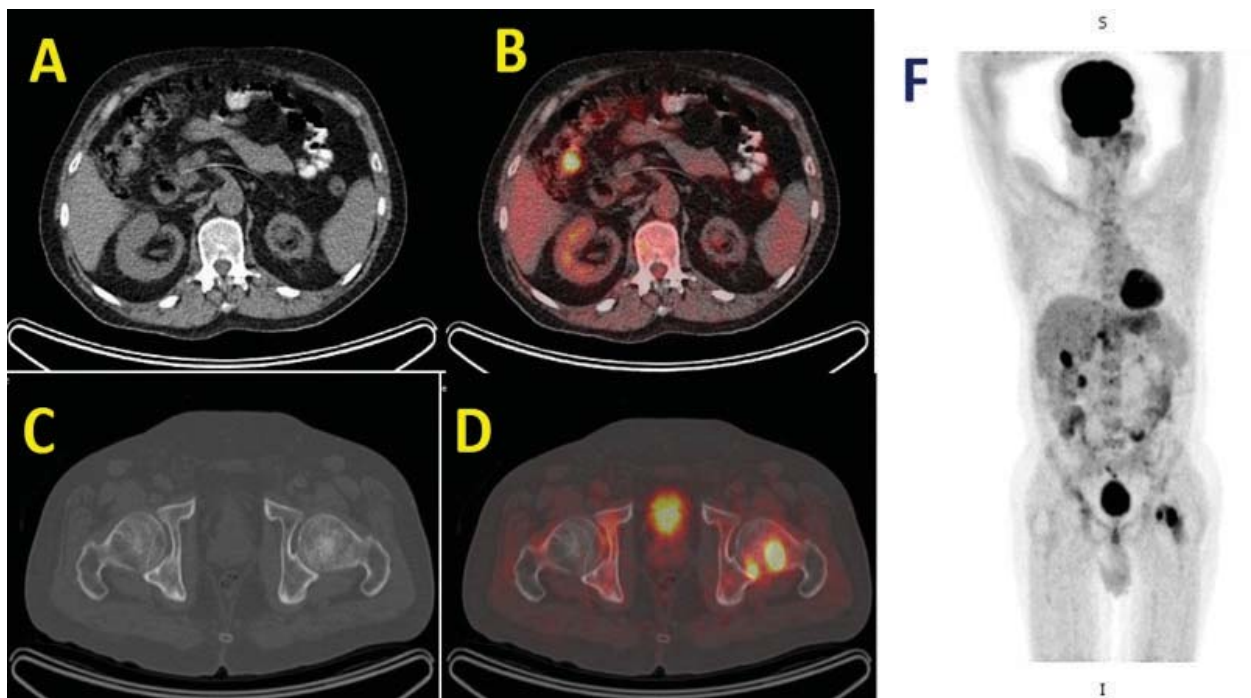
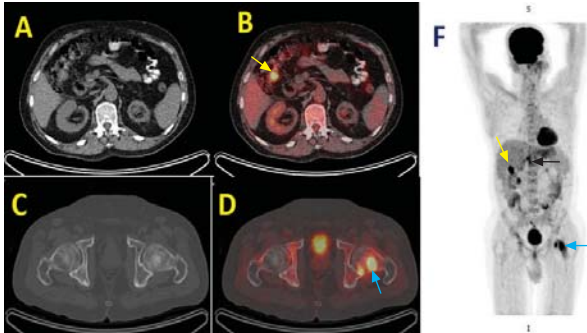


Figure: (A) Axial slice of NECT in soft tissue window; (B) ¹⁸FDG PET/CT Fused axial slice in soft tissue window; (C) Axial slice of NECT in bone window; (D) ¹⁸FDG PET/CT Fused axial slice in bone window; (F) Maximum Intensity Projection (MIP) image

QUIZ

Answer



1. Hypermetabolic deposit over gastrohepatic region (black arrow -likely nodes).
2. Bladder is partially distended (difficult to comment about primary disease).
3. Left kidney is small with thin cortex and poor functioning.
4. Hypermetabolic marrow deposits involving left femoral head and non-homogenous ¹⁸FDG uptake over right acetabulum (blue arrow - metastases).
5. Hypermetabolic soft tissue lesion in ascending colon near hepatic flexure (yellow arrow - likely adenoma or polyp).

Subsequent colonoscopy revealed a poly which was excised and turned out “tubular villous adenoma”.

Key Point: Increased glucose metabolism is observed in colonic adenomata, which may be detected on ¹⁸FDG PET/CT. The widespread use of ¹⁸FDG PET/CT will increase the number of adenomatous polyps detected. Hence, it is important to recognize that such polyps can be found incidentally with PET/CT and need to be investigated further by colonoscopy.