

IATROGENIC PULMONARY EMBOLISM ON ¹⁸F DG PET/CT

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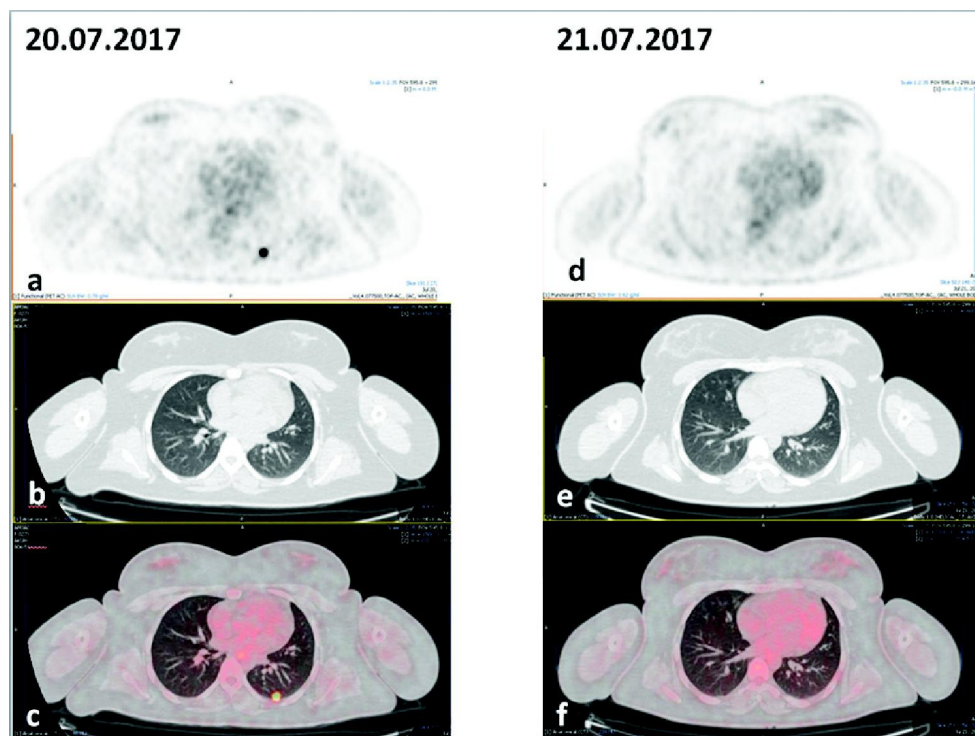
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PJR April - June 2018; 28(2): 179

ABSTRACT

A 27-year-old girl, known case of lymphoma underwent ¹⁸F DG PET/CT for surveillance. Scan shows solitary intense ¹⁸F DG uptake in lower lobe of left lung without abnormality on CT. Repeat study done next day did not demonstrate that focal lung uptake and was diagnosed as iatrogenic pulmonary embolism (IPE). Reporting physicians must be cognizant of this uncommon but important condition as failure to diagnose could result in catastrophic consequences. Pathogenesis include uptake by a pre-existing inflammatory vascular thrombus or an iatrogenic microembolism formed during injection of the radiotracer. ¹⁸F DG administration at steady pace through IV cannula is advised to avoid IPE.

Key words: ¹⁸F DG PET/CT; Focal Lung Uptake; Pulmonary Embolism; Iatrogenic



Axial PET/CT Images at T6 level (a: PET; b: CT lung window; c: fused) show focal ¹⁸F DG uptake without concomitant morphological abnormality in underlying lung on CT images. Repeat scanning next day (d: PET; e: CT lung window; f: fused) revealed no focal ¹⁸F DG uptake. Findings strongly favor diagnosis of iatrogenic thromboembolism (ITE).

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Submitted 8 January 2018, Accepted 8 January 2018