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F-18 FDG PET/CT Images of A Patient with Myelodisplastic Syndrome and Systemic Infection Mimicking Lymphoma

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ABSTRACT

Although F-18 FDG PET/BT is an accurate imaging modality in the diagnosis of Lymphoma there are conflicting pathologies as well. By this case report we want to demonstrate a false positive cause Lymphoma results shown by F-18 FDG PET/CT of a patient with final diagnosis of Myelodisplastic syndrome and Systemic Infection.

1. Case report

Fourty two years old male patient who attended hospital for abdominal pain and ultrasonography results revealed caecal fistula and severe abdominal enlarged lymph nodes and splenomegaly. The F18 FDG PET/CT showed significant FDG uptake at the abdominal sites (bowel Wall, lymph nodes and spleen) that were determined by sonography (Figure 1) Biopsy of the bowel and splenectomy results revealed infection and bone marrow biopsy diagnosis was Myelodisplastic syndrome. The abdominal pathologic findings were disappeared at the third month follow up diagnostic CT (Figure 2).

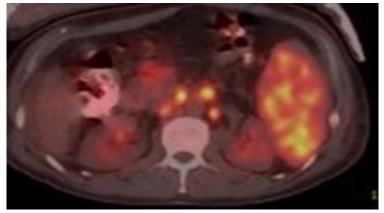


Figure 1



Figure 2

2. Discussion

There are limited number of cases with F-18 FDG PET/CT findings of the patients the diagnosis of Myelodisplastic syndrome (1). Previous reports showed bone marrow FDG uptake related to Myelodisplastic syndrome involvement (2). In a previous case series of two patients with additional Behçet Disease revealed ceacum infiltration as in this case (3). This is presentation of a case with false positivity for Lymphoma in F-18 FDG PET/BT with final diagnosis of severe infection and Myelodisplastic syndrome.

REFERENCES

- 1. Inoue K, Okada K, Harigae H, Taki Y, Goto R, Kinomura S, Kato S, Kaneta T, Fukuda H. Diffuse bone marrow uptake on F-18 FDG PET in patients with myelodysplastic syndromes. Clin Nucl Med. 2006;31(11):721-3
- 2. Imataki O, Uchida S, Shiroshita K, Kida J, Uemura M. Marked Hematopoiesis Masquerading Multiple Bone Metastasis in a Lung Cancer Patient With Myelodysplastic Syndrome. Clin Nucl Med. 2015;40(7):574-5.
- 3. Ito K, Kubota K. 18F-FDG PET/CT Findings in Two Cases With Myelodysplastic Syndrome Accompanied by Behçet's Disease. Clin Nucl Med. 2016;41(8):e392-3



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