



Adenocarcinoma

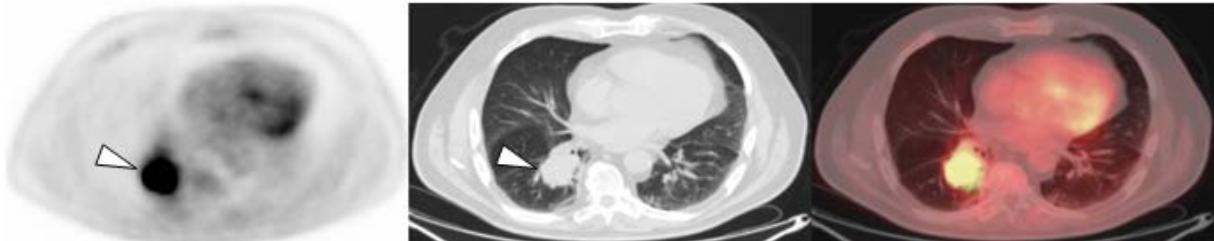


Fig. 1

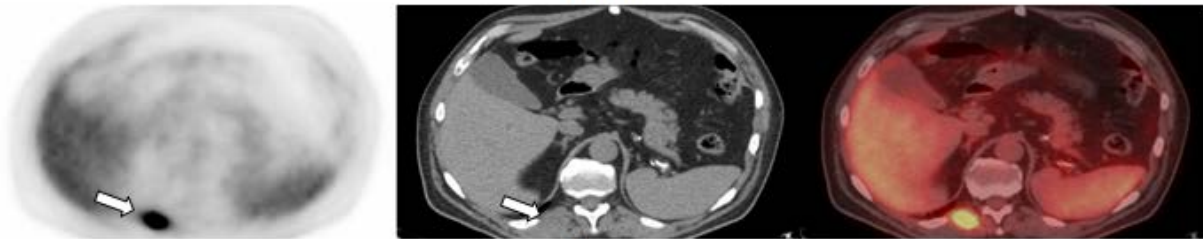


Fig. 2

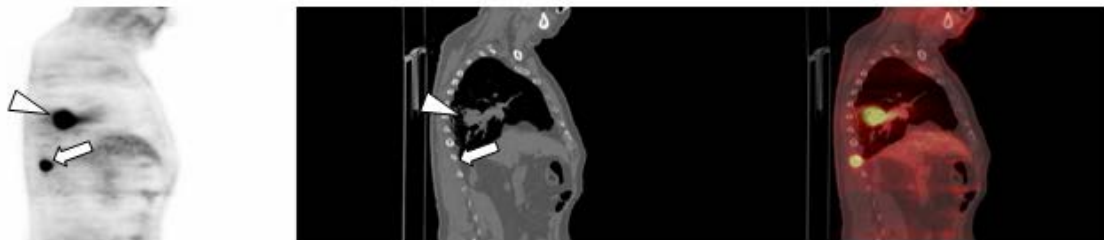


Fig. 3

This 80 year old man presented with a right lower lobe lung mass, with CT characteristics suspicious for lung carcinoma. Because of the high likelihood of malignancy, a PET-CT was performed. The PET-CT revealed a right paravertebral mass (arrows), which was easily accessible to biopsy, in addition to the known lesion in the lung (arrowhead). The biopsy showed an **adenocarcinoma** with staining consistent with pulmonary origin.

How did the PET-CT help?

The PET-CT both showed that the patient had stage IV disease, requiring palliation rather than cure, and was able to find an easily biopsied metastasis. In NSCLC PET-CT upstages the disease by detecting unsuspected metastases in about one fourth of patients and downstages the disease in about one in ten patients, resulting in a major change in therapy in about one third of all cases. Skeletal muscle metastases from NSCLC are rare, but have been reported in the literature^{1,2}.

(1) J Clin Oncol 2001; 19:111-8

(2) Ann Thorac Surg 2004; 78:709-11