



Endometrial Cancer

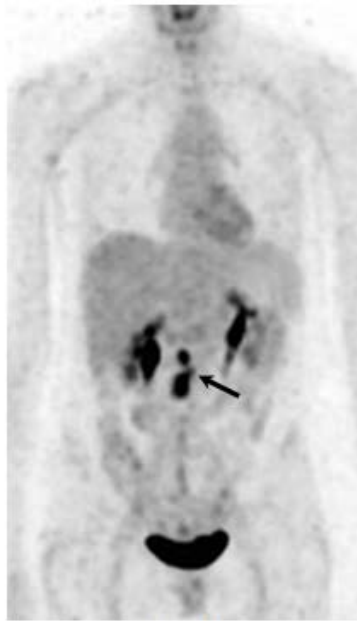


Fig. 1

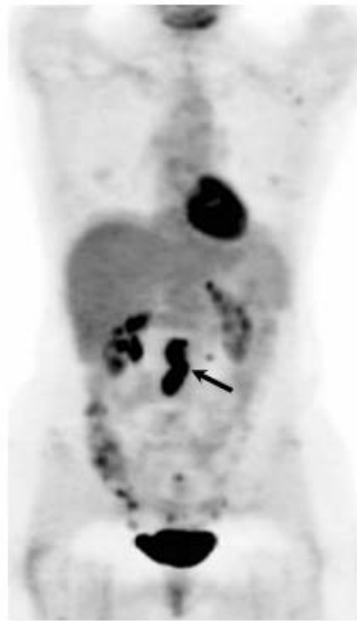


Fig. 2

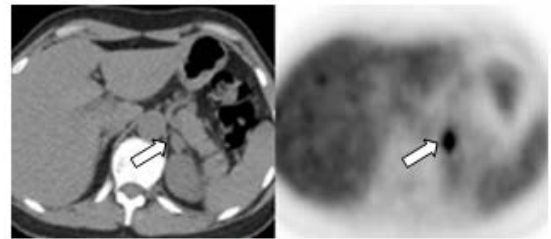


Fig. 3

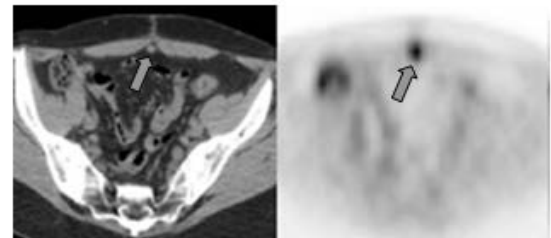


Fig. 4

This 55-year-old woman had a TAH-BSO for poorly differentiated uterine adenocarcinoma. At the time of surgery there was full thickness involvement of the myometrium, metastases to the right paraovarian soft tissues and right obturator lymph nodes, and tumor cells in peritoneal washings.

An initial staging PET-CT scan was performed two weeks after surgery and showed uptake in several enlarged mid-abdominal aortocaval lymph nodes (Fig. 1, arrow). After three cycles of chemotherapy a repeat PET-CT study was performed. The second study showed increased size and FDG avidity in the aortocaval lymph nodes (Fig. 2, arrow), as well as FDG uptake in new masses in the left adrenal gland (Fig. 3, white arrows) and the anterior abdominal wall (Fig. 4, gray arrows).

How did the PET-CT help?

PET-CT demonstrated progression of disease in spite of the chemotherapy regimen. That chemotherapy was stopped and the patient will receive a different chemotherapy following resection of the demonstrated metastases.

Although the number of reported cases of endometrial carcinoma is still small, recent studies strongly suggest the utility of PET for staging and restaging women with this malignancy^{1,2}.

(1) Int J Gynecol Cancer. 2005 Sep-Oct;15:701-9

(2) Gynecol Oncol. 2004 Dec;95(3):546-51