



Lymphoma

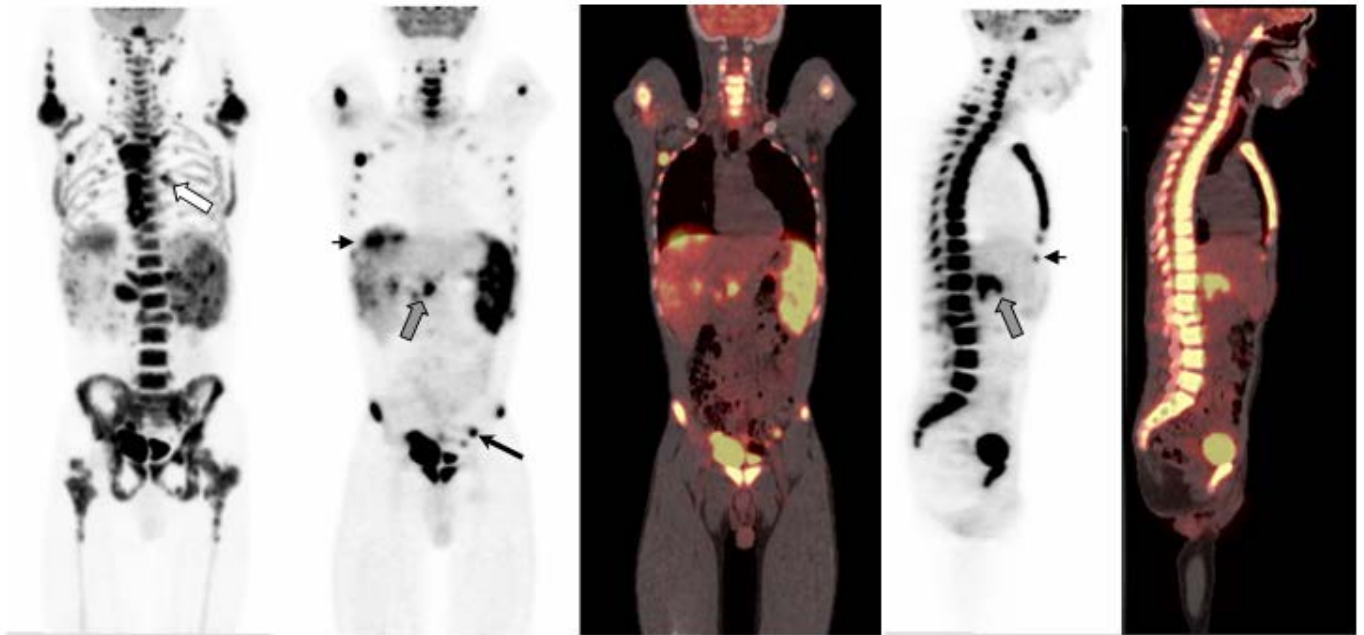


Fig. 1

Fig. 2

Fig. 3

This 30 year old man presented with abdominal pain and weight loss and was found to have splenomegaly and inguinal adenopathy. The inguinal node was biopsied and showed enlarged atypical B-cells on a background of numerous T-cells. The pathologic differential diagnosis included both Hodgkin's lymphoma and non-Hodgkin's lymphoma. On the basis of the clinical findings of splenomegaly and inguinal adenopathy, the diagnosis was felt to be nodular lymphocyte predominant Hodgkin's lymphoma.

A staging PET-CT scan showed extensive increased FDG uptake throughout the bone marrow, and well as marked uptake in an enlarged spleen, the liver (arrowheads) and numerous areas of adenopathy, including the hilar (white arrow), celiac (gray arrow), and left inguinal (black arrow) regions (Figs. 1-3).

How did the PET-CT help?

PET-CT demonstrated the extensive nature of the lymphoma, including involvement of the bone marrow, which changed the diagnosis from Hodgkin's lymphoma to non-Hodgkin's lymphoma. A

recent review has outlined the utility of FDG PET and PET-CT in the diagnosis of lymphoma and its role in assessing response to therapy¹.

(1) J Nucl Med 2006;47:1326-34