



## Mai Infection



Fig. 1

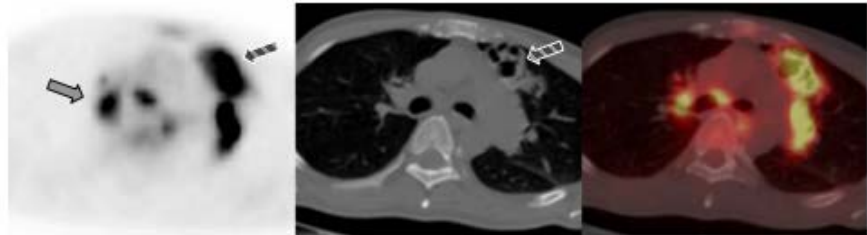


Fig. 2

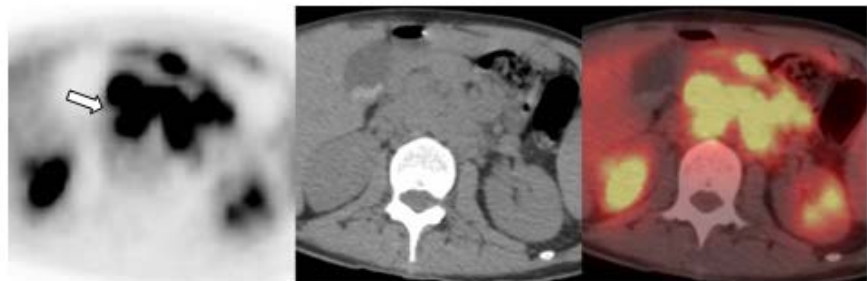


Fig. 3

This 47 year old man presented with weight loss, abdominal pain, and hepatomegaly. A CT scan of the chest, abdomen, and pelvis showed multiple infiltrates and cavitary masses in the lungs and retrocrural, retroperitoneal, and mesenteric adenopathy. Subsequent physical exam showed thrush, which along with the other findings raised the question of HIV despite the absence of known risk factors. No peripheral lymph nodes easy to biopsy were detected. Because of the possibility of lymphoma superimposed on infectious disease, a PET-CT scan was ordered. The PET-CT identified intense tracer uptake in adenopathy in cervical (Fig. 1, curved arrow), mediastinal and hilar (Figs. 1 & 2, gray arrows), retrocrural, and extensive retroperitoneal and mesenteric (Figs. 1 & 3, white arrows) sites, as well as in the cavitary lung lesions (Figs. 1 & 2, striped arrow). Cervical lymph node biopsy showed probable *Mycobacterium avium intracellulare*, and left upper lobe bronchial washings showed *Pneumocystis*. The diagnosis of HIV was also confirmed.

### How did the PET-CT help?

The PET-CT scan identified previously unrecognized cervical adenopathy, which was the only site from which *Mycobacterium* was recovered, as well as better delineating other abnormal sites. PET-CT has been shown to be useful in identifying sites of infection in HIV patients, and infectious rather than or in addition to malignant etiologies must always be considered in FDG avid lesions<sup>1-3</sup>.

- (1) *Geriatr Gerontol Int.* 2010;10:251-254
- (2) *J Clin Oncol.* 2005;23:7857-7863
- (3) *Intern Med.* 2003;42:726-729