

Case #5 - Summary Sheet



Case Description:

HISTORY:

50 year old woman with a history of recurrent melanoma referred for restaging PET•CT.

IMAGING FINDINGS:

There is a single focal area of moderately increased uptake of FDG in the left axilla resting against the chest wall. This area corresponds to a very small nodal structure on the CT portion of the exam. The large left breast mass seen on the CT portion of the exam does not demonstrate increased uptake of FDG.

DIFFERENTIAL DIAGNOSIS:

Metastatic melanoma to breast.
Post-op seroma.

TREATMENT:

Excisional biopsy of left peripectoral nodule and chemotherapy.

DISCUSSION:

This patient was sent for re-staging PET•CT after having an excisional biopsy with positive margins in the left breast. On the CT portion of the exam she had a large left breast mass only which was equivocal by anatomical imaging alone, but thought to be post op in nature given the rapid rate in which it developed.

This is a nice case showing how even small melanoma metastases are often times picked up on FDG PET and PET•CT and exquisitely localized using combined PET•CT. This small chest wall node was not seen prospectively on the CT portion of this exam. Subsequent excision found it to be a small melanoma metastasis.

In addition, the PET•CT exam was helpful in excluding the larger breast mass, which had very little FDG uptake and is compatible with a post op seroma. On subsequent exams, the seroma became much smaller.

In general melanoma is one of the most FDG avid tumors, which enables not only detection of small lesions, but also exclusion of large lesions that do not demonstrate significant FDG uptake.

Data courtesy of Dr. Todd Blodgett, University of Pittsburgh Medical Center

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