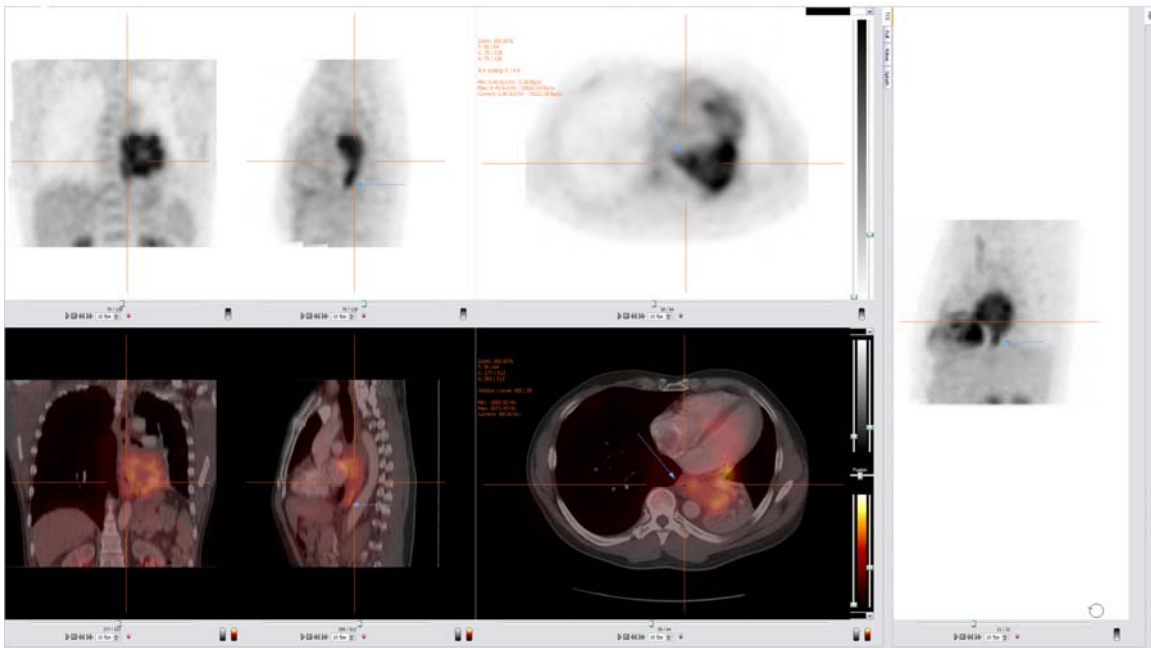


Case 1: May 2011 F-18 FDG PET case

History:

46 year-old Hispanic male presenting with odynophagia and dyspnea. Chest x-ray performed showed large left lower lung lobe abnormality which was confirmed on chest CT. Initial FNA biopsy of mass was suspicious for small cell lung cancer. F-18 FDG PET was performed, and fused with an outside hospital CT chest. Incidentally, outside hospital bone scan was negative for osseous metastases.

Pictures:



The picture for this case is attached and labeled as "Case 1"

Impression:

Abnormal F-18 FDG PET study demonstrating hypermetabolic area within the left posterior mediastinal/infrahilar mass which extends into the adjacent distal esophagus and is consistent with malignancy (T4 disease).

There is no evidence for distant metastatic disease.

Follow-up:

EGD (esophagoduodenoscopy) was performed subsequently, which revealed: "large, focal, semi-circumferential ulcerative fungating mass from 30 to 36 cm in the distal esophagus; stomach and duodenum were normal." Biopsy revealed small cell carcinoma, presumably from a lung primary. Patient was considered a limited-stage small cell lung cancer and is planned to be treated with combined chemoradiation therapy.