



Unexpected concomitant cervical and endometrial cancer revealed by ¹⁸F-FDG PET-CT

Case Description

A 65-years-old post-menopausal female patient, presented with menorrhagia and pelvic pain. Vaginal examination finds a suspicious cervical mass. Biopsy confirmed the diagnosis of cervix adenocarcinoma and CT showed external left iliac lymphadenopathy. ¹⁸F-FDG PET-CT was performed to assess the expansion evaluation, and uncovered notwithstanding the hypermetabolism of the cervix ($SUV_{max}=24.4$), a significant hypermetabolism in the uterine cavity ($SUV_{max}=30.1$) which can't be identified with a straightforward intra uterine dying. We do speculate a myometrial attack, however correlative MRI shows discontinuity between the two neurotic cycles. Our investigation prompts perform hysteroscopy, and biopsy of uterine divider uncovered an accompanying

endometrial malignant growth. We do likewise report in our ¹⁸F-FDG PET-CT nodal expansion in the outside left iliac, predominant mesenteric and meso-rectum regions (FIGURE 1).

In women's cancers, all imaging studies (CT, MRI & ¹⁸F-FDG PET-CT) evaluate the presence of lymph nodal involvement, and detect local and distant metastatic disease at initial diagnosis [1,2]. ¹⁸F-FDG PET-CT is recommended to evaluate lomboarortic lymphadenopathy involvement in the context of loco regional extension with 86% of sensitivity and 94% of specificity. In the uterine and endometrial cancers, this exploration is indicated respectively in stages IB2 and II FIGO [3]. ¹⁸F-FDG PET-CT detects myometrial extension from the cervical stroma which can alter management [4].

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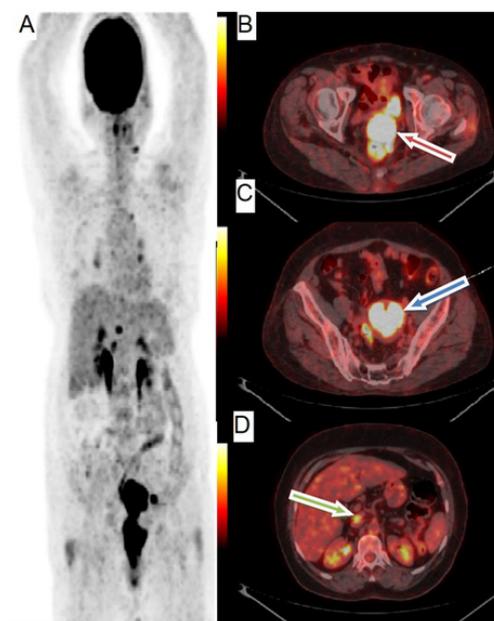


FIGURE 1. (A) Maximum Intensity Projection (MIP), showing in addition to the pathological cervix hypermetabolism and the lomboarortic lymphadenopathy involvement, an important uptake in the uterine cavity related to the concomitant endometrial cancer. (B) Fusion image in axial section showing intense hyper metabolism in cervix ($SUV_{max}=24.4$) (Red arrow). (C) Fusion image in axial section showing intense uptake in the uterine cavity ($SUV_{max}=30.1$) (Blue arrow). (D) Fusion image in axial section showing intense uptake in lomboarortic lymphadenopathy ($SUV_{max}=7.9$) (Green arrow).

References

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