A 69 y old man with a past medical history of transglotic carcinoma was admitted to our institution with severe health status deterioration. The laboratory evaluation revealed a suppressed parathyroid hormone (PTH) level and hypercalcemia. He underwent a PET/CT 18F-FDG scan to investigate a potential malignancy, which showed a linear tracer uptake along the upper half of the inferior vena cava (crosshair), suspicious for tumor thrombus. A Computed tomography angiography was performed and confirmed tumor thrombus in the inferior vena cava and revealed a right-sided kidney mass, compatible with renal cell carcinoma.

Intravascular tumor thrombus, defined as tumor extension into a vessel, is a rare complication of solid tumors [1,2]. Propagation of renal cell carcinoma into the inferior vena cava (IVC) has been reported in 4%-10% of patients [3,4]. This case illustrates the usefulness of PET/CT 18F-FDG in identifying tumor thrombus and its contribution for an accurate staging (FIGURE 1).

**Figure 1.** PET/CT 18F-FDG images in axial (a), coronal (b) and sagital (c) planes. 18F-FDG uptake along the tumor thrombus in the upper half of the inferior vena cava (crosshair).
REFERENCES


