Clinical summary

- Male 35 year-old with adenocarcinoma of the ileo-caecal junction treated with a right hemicolecctomy.
- Presents with an elevated CEA for restaging PET/CT.
PET/CT findings

PET/CT scan is consistent with isolated FDG-avid local recurrence at the anastomosis site.
Clinical summary

- Male 47 year-old with surgically resected colon carcinoma.
- Presents with hepatic lesion suggestive of metastasis on triple phase CT.
- PET/CT done for restaging of disease extent prior to curative intent segmentectomy.
PET/CT findings

PET/CT shows a solitary liver metastasis in left lobe, with no extrahepatic disease.
Clinical summary

• Male 63 year-old with rectal carcinoma treated with abdominoperineal resection.

• Presents with elevated CEA level.

• For restaging PET/CT.
PET/CT shows intense FDG uptake in the stoma consistent with recurrent disease. No FDG avid metastasis noted elsewhere.

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Clinical summary

- Male 53 year-old with rectal carcinoma treated with abdominoperineal resection.
- Presents with presacral mass on CT and borderline normal CEA level.
- For restaging PET/CT.
PET/CT findings

PET/CT shows intense FDG uptake in the presacral mass consistent with recurrent disease.
Clinical summary

- Male 60 year-old with rectal cancer treated with abdominoperitoneal resection.

- CT scan showed a presacral mass.

- Normal CEA level.

- For restaging PET/CT.
No FDG uptake in the presacral mass, consistent with fibrotic tissue rather than local recurrence.
Clinical summary

- Male 51 year-old with rectal carcinoma treated with abdominoperitoneal resection.
- Presents with increasing CEA level and possible recurrent disease in the rectal stump.
- For restaging PET/CT.
PET/CT scan is consistent with FDG avid recurrent disease in the rectal stump (A) with metastatic left inguinal nodes (B).
Clinical summary

• Male 50 year-old with previous history of colorectal carcinoma surgical resected.

• Presents with slight increase in CEA levels.

• PET/CT scan performed for evaluation of recurrent disease.
PET/CT findings

PET/CT scan demonstrates persistent focal uptake at the anastomosis site in the rectum, which is confirmed at pathology.
Teaching points

• FDG PET/CT is appropriate for restaging of local recurrence.

• FDG PET/CT is important for exclusion of extrahepatic metastasis prior to resection.