Clinical summary

- Female 61 year-old previously undergone partial gastrectomy for adenocarcinoma of the stomach.
- Presents with elevated tumour marker (CEA) and negative conventional imaging 1 year later.
- Restaging PET scan showed recurrent disease in the periportal node and the liver.
- Post-treatment PET scan was performed to assess for treatment response.
PET/CT findings

Baseline PET/CT

Post-chemotherapy PET/CT

PET/CT scan shows a complete metabolic response in both hepatic and nodal lesions
Clinical summary

• Male 70 year-old with gastric carcinoma resected 12 months ago followed by neo-adjuvant chemotherapy.

• Presented with recurrent disease in the retropancreatic node treated with local radiotherapy.

• Presents for restaging following treatment.
PET/CT scan is consistent with progressive metabolic disease with new FDG avid disease in the right paratracheal lymph node (arrow), peritoneal metastases around the liver, and a partial metabolic response to the retropancreatic node treated with local radiotherapy.

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Teaching points

• FDG PET may identify response to neoadjuvant therapy.

• The major advantage of FDG PET over anatomic imaging modalities at restaging gastric cancer is its capacity to detect distant metastases.

• FDG PET delineates the glucose metabolism of tissue, which is commonly elevated in tumour and low in scar tissue, thus capable to assess response to treatment especially in case of equivocal CT findings.