Clinical findings

• Female 53 year-old with surgically resected GIST in the stomach.

• Post-op PET/CT showed no residual disease.

• Presents with abdominal pain one year later, ultrasound revealed liver lesions suggestive of metastases.

• PET/CT done for restaging.
No abnormal FDG uptake in the post-operative PET/CT, but the restaging PET/CT performed at re-presentation demonstrated multiple liver and nodal metastases.
Clinical summary

- Female 72 year-old with history resection of small bowel GIST tumour 6 months ago.

- For restaging PET/CT.
No abnormal FDG uptake is noted in the abdomen or pelvis. Mild FDG activity in the right nipple is within normal physiologic limits.
Teaching point

- FDG PET is recommended for assessment of possible recurrent disease as the vast majority of gastrointestinal stromal tumours are FDG avid.