Clinical summary

- Female 58 year-old presents with PV bleeding.
- Investigations revealed a locally invasive large mass in the cervix with involvement of pelvic lymph nodes.
- For staging PET/CT.
PET/CT findings

Uptake in large primary tumour above the urinary bladder (A - arrow).

Nodal metastases involving the pelvic and retroperitoneal nodes at the level above the bifurcation of aorta (A & B).

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Clinical summary

- Female 56 year-old with post-menopausal bleeding diagnosed as adenocarcinoma cervix
- For staging PET/CT
PET/CT findings

A & B: FDG uptake in bulky cervix (arrow) posterior to the urinary bladder.

C & D: Thickened endometrium and atrophic retroverted uterus seen on sagittal CT images (red arrows).

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Clinical summary

• Female 77 year-old with endometrial adenocarcinoma for staging PET/CT
PET/CT findings

FDG uptake in the uterus (A - black arrow), with left internal iliac lymph nodes (red arrow).

No distant metastatic disease (C). Physiologic FDG activity in the left kidney and descending colon (C – arrow).
Clinical summary

- Female 48 year-old with menorrhagia
- Dilatation & curettage confirmed endometrial adenocarcinoma
- For staging
Intense FDG uptake in the thickened endometrium (A & B - arrow)
Prominent vertebral uptake is due to marrow hyperplasia as the patient is severely anaemic (C & D).
Clinical summary

- Female 66 year-old with carcinoma of the cervix
- For staging PET/CT
Locally advanced ca cervix extending into endometrium with left internal iliac node metastasis (A & B - arrow). The urinary bladder is displaced to the right by the cervical mass (D - arrow)
Teaching point

• FDG PET/CT is a valuable adjunct to conventional imaging in staging of stage Ib-IV cervical carcinoma.

• MRI is the preferred modality for evaluation of local extension.

• PET is superior to conventional imaging for evaluation of lymph node and distant metastases.


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