Clinical summary

- Male 53 year-old with malignant melanoma in a right foot ulcer
- Post excision staging PET/CT showed no metastatic lesions
- PET/CT performed for follow up after 1 year later
PET/CT findings

No uptake in the primary right sole region (A & B)

Focal uptake in the enlarged right inguinal node (A – arrow & C)

Biopsy revealed metastasis from malignant melanoma
Clinical summary

- Male 57 year-old with a melanoma resected from the left knee in 1991
- Present with biopsy proven recurrent disease in the left inguinal lymphadenopathy
- For restaging PET/CT
PET/CT findings

FDG-avid left common iliac lymphadenopathy (A & B) consistent with metastatic melanoma.

Mild asymmetrical FDG activity in the left inguinal region is consistent with post-operative changes (C).
Clinical summary

• Male 70 year-old with melanoma of the back and right axillary clearance 3 months ago.

• Presents with pulmonary nodules for restaging PET/CT.
PET/CT findings

Primary site (Right axilla) - Post-surgical

Pulmonary lesion – left lingula

The PET/CT scan findings are consistent with post-surgical collection in the right axilla with a hypermetabolic pulmonary nodule in the left lingula.
Teaching points

- FDG PET is valuable in distinguishing operable from non-operable patients with recurrent disease.
- PET is less sensitive than MRI and CT in the detection of brain and lung metastases, respectively.
- In the case of a lesion that is not readily amenable to biopsy, high uptake of FDG PET is strongly suggestive of recurrent melanoma.