Uterine fibroids

Non FDG-avid calcified fibroids

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Clinical summary

• Female 43 year-old presents for further characterisation of pelvic mass in the setting of prior hysterectomy for endometriosis
PET/CT findings

PET/CT scan shows moderate FDG activity in the left adnexal lobulated cystic/solid structure which is intimately related to the left iliac bifurcation and posterolateral aspect of the bladder seen on CT. This was subsequently diagnosed as an endometrioma.
Clinical summary

- Female 27 year-old presents with progressive distension of abdomen

- Ultrasound revealed ascitis with internal echoes, right pleural effusion and bilateral cystic ovarian masses with solid components

- PET/CT was performed for assessment of suspected ovarian primary
PET/CT findings

The PET/CT scan shows multiple foci of FDG activity in the nodular components of bilateral adnexal masses (A & B); right sided pleural effusion (B); with moderate ascites. This was suggestive of possible bilateral ovarian carcinoma with peritoneal metastases.

Histopathology of the FDG-avid peritoneal lesion seen in (B) is consistent with endometriosis.
Teaching points

• FDG uptake in uterine fibroids can be heterogeneous and variable from mild to intense, but is more commonly of low degree.

• Intense uptake may require further evaluation.

• Endometriosis is known to accumulate FDG.