Six year-old female
History of liver transplantation

Isabel Roca
HU Vall Hebron
6 year-old girl

**June 2004: 2 m, biliary atresia, Kasai**
- Severe cholangitis
- Ascitis

**May 2005**
- Haemoculture + E. Coli and Enterococcus

**June 2005**
- Liver Tx
June 2005
• Liver Tx

August 2005
• CMV reactivation
• Epstein Barr Virus +

January 2007
• Severe rejection corticoid resistant (biopsy)
March 2008

- Gastric lymphoproliferative disease
- EBV +
- Rituximab

POST-TRANSPLANT LYMPHOPROLIFERATIVE DISORDER
August 2010

- Cholangitis - CholangioMR
- Dilation of intrahepatic ducts
- EBV +
- Gastrointestinal bleeding
- PET-CT: suspicion post-transplant lymphoproliferative disorder - PTLD
November 2009

- PET-CT: suspicion PTLD
  - Diffuse intestinal uptake, SUV < 2, NS
  - Mild activity in rectum: biopsy +
November 2009

- PET-CT: suspicion PTLD
  - Diffuse intestinal uptake,
  - SUV < 2, NS
  - Mild activity in rectum: biopsy +
  - No lymph nodes

PTLD
- Rituximab (2nd cycle)
N=19

PET scans for staging at diagnosis N=17
- 2 primary central nervous system lymphoma
- 1 bone marrow involvement
- 14 extracranial disease by CT scan and PET scan

Median SUV: 8.2 (range 3–30).

PET scan following treatment:
- 11/13 patients had a complete response (CR).
- 2/13 had persistent disease following therapy (one of these patients, relapsed disease was documented by PET scan alone)
- 11 patients with CR: 3 patients relapsed shortly thereafter.

Positron emission tomography scanning in the setting of post-transplant lymphoproliferative disorders

Clin Transplant. 2009 Nov-Dec;23(6):794-9
Clinical usefulness of FDG-PET/CT scan imaging in the management of posttransplant lymphoproliferative disease.

Bianchi E, Pascual M, Nicod M, Delaloye AB, Duchosal MA.

Transplantation. 2008 Mar 15;85(5):707-12
DISCORDANCIES LITTERATURE- OUR CASE

- PET-CT: suspicion PTLD
  
  Very mild activity in rectum: biopsy +
  
  Very close clinical survey
  
  Probably very early diagnosis