

경화성 혈관종에서의 높은 FDG 섭취

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High FDG Uptake in Sclerosing Hemangioma

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A 42 years old woman underwent F-18 FDG PET because of the incidentally detected lung mass on chest X-ray. PET/CT showed hypermetabolic lesion in the lung right upper lobe and the lung cancer was suspected because of the high FDG uptake. However, pathologic diagnosis was sclerosing hemangioma. There are few reports on the evaluation of sclerosing hemangioma using FDG PET. A report showed a slightly increased uptake (standardized uptake ratio of 1.8) (1), and another report showed unsatisfactory result (2). We suggest that sclerosing hemangioma could be seen as hypermetabolic lesion on the FDG PET. (Korean J Nucl Med 39(3):212-213, 2005)

Key Words: PET/CT, Sclerosing hemangioma, high FDG uptake



Fig. 1. A previously healthy 42 years old woman underwent chest CT because of the incidentally detected lung mass on chest X-ray. Chest CT showed 1.8 cm sized well defined mass lesion lateral to the superior vena cava (arrow) and sclerosing hemangioma was suspected.

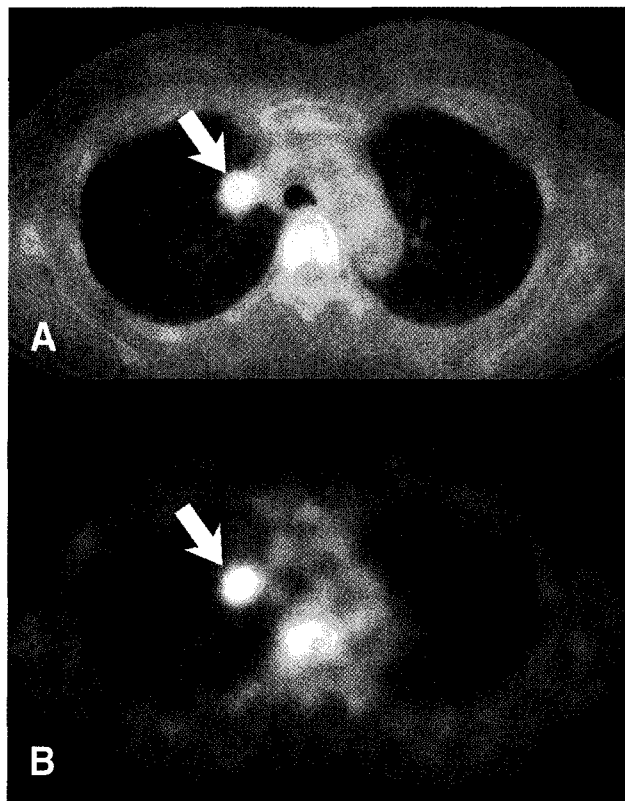


Fig. 2. F-18 FDG PET/CT was performed for the staging work up. PET/CT (A) and PET alone (B) showed hypermetabolic lesion in the lung right upper lobe which matched with chest CT (arrow). Maximal standardized uptake value was 3.4. Lung cancer was suspected because of the high FDG uptake. She underwent right upper lobectomy.

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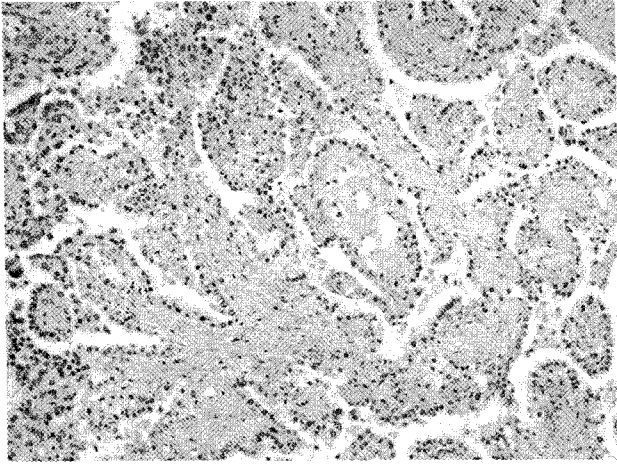


Fig. 3. Alveolar wall like structure had lining epithelial cells with mild atypism (hematoxylin and eosin stain; $\times 100$). The vessel lumen is filled with sclerotic eosinophilic material which is the typical finding of sclerosing hemangioma.

References

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