

Pancreatic involvement in follicular lymphoma detected on FDG-PET/CT

FDG-PET/BT'de Tespit Edilen Foliküler Lenfomada Pankreas Tutulumu

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Abstract

Follicular lymphoma (FL) is clinically classified as a common type of indolent non-Hodgkin's lymphoma. FL is generally indolent and has good prognosis, it can involve a variety of extranodal sites, including the gastrointestinal tract, bone marrow, spleen, liver, skin, and other organs. Secondary involvement of pancreas in FL is rare. We report the case of a patient with follicular lymphoma whose initial fluorodeoxyglucose-positron emission tomography/computed tomography (FDG-PET/CT) revealed subdiaphragmatic involvement with isolated diffuse pancreatic hypermetabolism. Uncovering such rare site highlights the role of FDG-PET/CT in staging of lymphomas.

Keywords: FDG, PET/CT, pancreas involvement, lymphoma

Öz

Foliküler lenfoma (FL), klinik olarak yaygın bir indolent non-Hodgkin lenfoma türü olarak sınıflandırılır. FL genellikle indolenttir ve iyi bir prognoza sahiptir, gastrointestinal sistem, kemik iliği, dalak, karaciğer, cilt ve diğer organlar dahil olmak üzere çeşitli ektranodal bölgeleri tutabilir. FL'de pankreasın sekonder tutulumu nadirdir. Bu olgu sunumunda hastaya yapılan ilk florodeoksiglukoz-pozitron emisyon tomografisi/bilgisayarlı tomografide (FDG-PET/BT) izole diffüz pankreas hipermetabolizması ile subdiyafragmatik tutulum saptanan FL'li bir hasta bildiriyoruz. Bu kadar nadir bir bölgenin ortaya çıkarılması, lenfomaların evrelendirmesinde FDG-PET/BT'nin rolünü vurgulamaktadır.

Anahtar kelimeler: FDG, PET/BT, pankreas tutulumu, lenfoma

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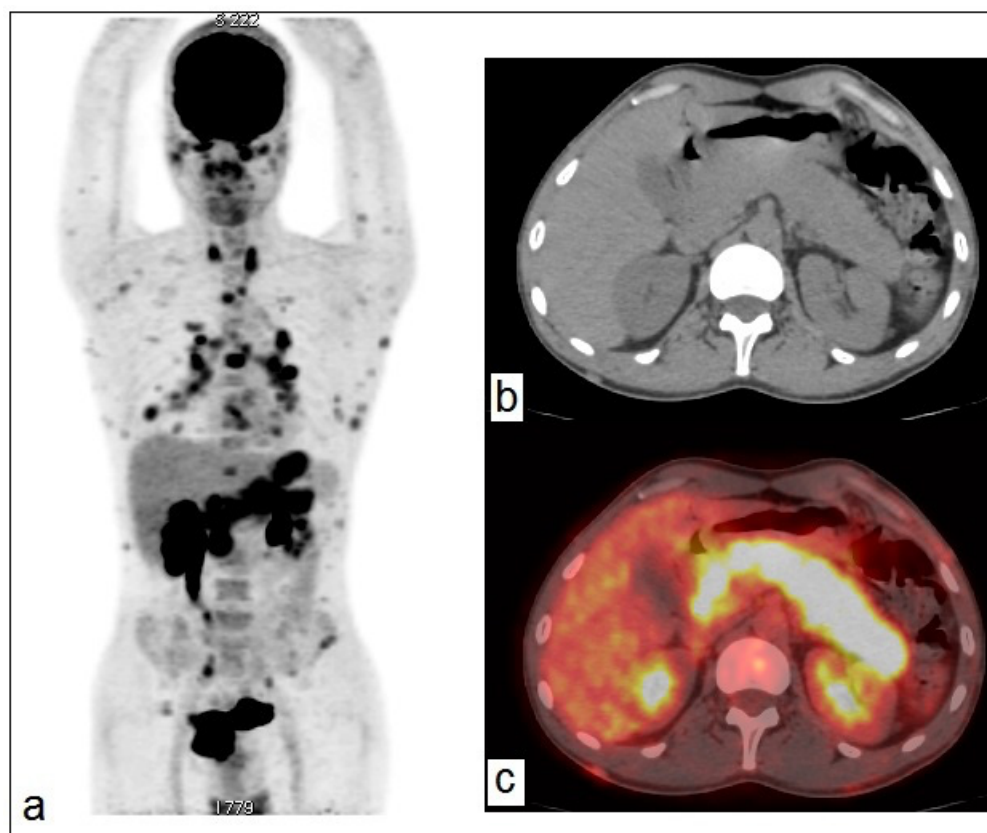


Figure 1. FDG-PET/CT Maximum intensity projection (a), transaxial CT image (b) and transaxial FDG-PET/CT image (c) showed enlarged pancreas and increased FDG uptake in head and body of the pancreas, and disseminated cutaneous, nodal, and solid organ FDG-uptake.

A 38-year-old man, without past medical history, diagnosed with follicular lymphoma by biopsy of a right inguinal lymph node. Positron emission tomography/computed tomography (PET/CT) performed as initial assessment of disease extension and showed fluorodeoxyglucose (FDG)-avid lymphadenopathy in multiple locations above the diaphragm, as well as a focal lung, bone and cutaneous FDG uptake. An uncommon isolated subdiaphragmatic involvement with diffuse and intense FDG uptake was seen in the head, the body and the tail of the pancreas. Pancreatic enzymes were normal, allowing us to rule out acute pancreatitis, which has a similar appearance on PET-CT.

The present report describes a unique case of follicular lymphoma with secondary pancreatic involvement. Pancreas involvement in non-Hodgkin lymphoma (NHL) is rare and only few case reports have been reported, secondary pancreatic involvement has been reported in only 0.2-2% of patients with NHL (1). Currently, FDG-PET/

CT is the approach of choice for evaluation of extranodal involvement by lymphoma (2). The FDG uptake patterns in pancreatic NHL lesions have been rarely reported and are nonspecific and can be seen in many pancreatic entities (3). Dong et al. described four FDG uptake patterns in pancreatic NHL lesions including solitary, diffuse, multiple, and segmental, with solitary being the most common (4). In our case, the intensity of the diffuse involvement of the whole pancreas on FDG-PET/CT and the diffusely enlarged pancreas on the CT scan in context of disseminated lymphomatous disease, made it possible to dispense with the pancreatic biopsy and to consider the pancreatic involvement as being secondary. FDG-PET/CT allowed us to accurate staging, risk stratification and treatment planning. The detection of pancreatic involvement in follicular lymphoma may impact the overall staging of the disease and influence treatment decisions.

Informed Consent: An informed consent was obtained from the patient.

Authorship Contributions

Surgical and Medical Practices: Y.B., A.D., Concept: Y.B., A.D., Design: Y.B., A.D., Data Collection or Processing: Y.B., S.N.O., O.A.S., Analysis or Interpretation: Y.B., S.N.O., O.A.S., Literature Search: Y.B., Writing: Y.B.

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