

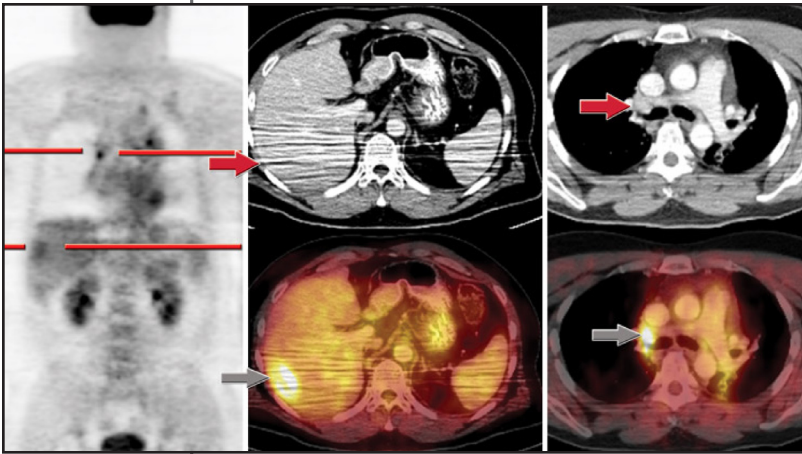
ESOPHAGEAL

HISTORY

48-year-old man who reported a two month history of dysphagia.

PET/CT FINDINGS

In comparison to the prior study, there has been interval progression of disease with new large area of uptake in the right lobe of the liver as well as bilateral hilar foci of uptake. The supraclavicular as well as the gastroesophageal junction have showed interval improvement and are not appreciated on the current study.



TREATMENT / FOLLOW UP

The PET scan revealed increased FDG uptake in the distal esophagus as well as bilateral foci of intense increased uptake in the lower neck/supraclavicular area. The patient subsequently received chemotherapy and radiation therapy.

DISCUSSION

This patient initially presented with dysphagia and by anatomical imaging alone, had localized disease. The initial PET scan showed several small supraclavicular lymph nodes, making him a non-surgical candidate. He received chemotherapy and radiation and after therapy, had a follow-up PET/CT scan (shown above). The PET/CT scan unfortunately showed progression of disease, with new thoracic and hepatic metastases. No surgery was recommended.

This patient was scanned back in 2002 before we employed specific protocols with arms up. Looking at the available images, you can see a large amount of beam hardening artifact through the abdomen, obscuring the liver metastasis on CT.

We now routinely scan patients with arms up to avoid this artifact.