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A FALSE POSITIVE FINDING IN 18F-FDG PET/CT EXAMINATION OF PATIENT WITH COLON CARCINOMA

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Introduction - Purpose : PET-CT is also a very important modality in the evaluation of colorectal cancers. However, it is also a fact that there are pitfalls to be considered during the evaluation of the examination. We report a case of colon carcinoma, which the focal FDG uptake mimicking malignant lesions in the colon due to the use of metformin. A 75-year-old man with a diagnosis of colon carcinoma underwent PET/CT scans for re-staging. PET/CT images showed both diffuse and focal intense FDG uptake in the colon. However, when the drug story is questioned after the PET-CT imaging, it was understood that he forgot to withdrawal of the metformin drug before imaging. Metformin is known to cause an intense diffuse F-18 FDG uptake along the bowel. On the other hand, multiple focal uptake points with suspected malignancy were also observed in our case. We repeated the PET-CT study in one of them, which made it possible to verify the findings and orienting us towards a possible pitfall. Intrestingly the second PET-CT which was performed by witdrawal metformin for 48 hours, showed no evidence of malignancy. This case showed us it is important to understand the GI tract to improve image interpretation. Figure 1. A- The maximum intensity projection (MIP) of PET data shows both diffüz and focal intense uptake of 18-FDG throughout the bowel secondary to metformin therapy in patient with colon carcinoma. Some focal intense FDG uptake areas were mimicking malignant lesion. B- The MIP image of PET of the same patient after withdrawal metformin for 48 hours. No suspicion of malignancy is observed.

Keywords: PET-CT, Colon cancer

Figure 1A