

Enhanced FDG Uptake in Brown Tumors Mimics Multiple Skeletal Metastases in a Patient with Primary Hyperparathyroidism

許重輝

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摘要

Abstract

Sir, We recently experienced a patient with primary hyperparathyroidism. Positron emission tomography (PET) with 2-[F-18] fluoro-2-deoxy-D-glucose (FDG) (FDG-PET) revealed enhanced FDG uptake into brown tumors caused by hyperparathyroidism. A parathyroid adenoma failed to be detected by FDG-PET. The patient was a 55-year-old male, presenting with generalized bone pain, weakness, fatigue, depressive mood, body weight loss, hypercalcemia (3.1 mmol/l, normal range 1.9-2.5 mmol/l), and positively imaged ^{99m}Tc -MDP scan regarded as bony metastases. FDG-PET whole-body cancer screening was performed on suspicion of a tumor of unknown origin. PET images were obtained 60 min after an intravenous injection of 300 MBq (8.1 mCi) FDG using a Siemens ACCEL PET scanner. The FDG-PET findings were interpreted as multiple skeletal metastases from a tumor of unknown primary (Fig. 1). Postcontrast whole-body CT scan revealed multiple osteolytic bone lesions in the body.