

F-18 fluorodeoxyglucose positron emission tomography in pulmonary cryptococcoma

許重輝

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摘要

Abstract

SUMMARY: ABSTRACT Cryptococcosis is not uncommon. Potential interpretation pitfalls should be kept in mind when fluorodeoxyglucose (FDG) positron emission tomography (PET) is used for differentiating pulmonary nodules and for discriminating infection from malignancy, especially in areas where the prevalence of granulomatous infection is high and in immunocompromised patients. In this case, a nodular mass was shown on chest radiography and computed tomographic (CT) scanning. A consolidated infection or a bronchioloalveolar carcinoma was suspected because the CT scan showed air bronchograms within the mass and another perihilar infiltration. The FDG PET scan clearly delineated the lesion and had intermediately high glucose uptake (standard uptake value, 3.8-4.0), which led to the exclusion of the possibility of bronchioloalveolar carcinoma because most of these tumors had normal or mildly increased FDG accumulation. Cryptococcoma was finally diagnosed. Hence, the CT scan and FDG PET played complementary roles in the differential diagnosis of this nodular mass.