CLINICAL VIGNETTE

IATROGENIC PULMONARY EMBOLISM ON $^{18}$FDG PET/CT

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Abstract

A 27-year-old girl, known case of lymphoma underwent $^{18}$FDG PET/CT for surveillance. Scan shows solitary intense $^{18}$FDG uptake in lower lobe of left lung without abnormality on CT. Repeat study done next day did not demonstrate that focal lung uptake and was diagnosed as iatrogenic pulmonary embolism (IPE). Reporting physicians must be cognizant of this uncommon but important condition as failure to diagnose could result in catastrophic consequences. Pathogenesis include uptake by a pre-existing inflammatory vascular thrombus or an iatrogenic microembolism formed during injection of the radiotracer. $^{18}$FDG administration at steady pace through IV cannula is advised to avoid IPE.

Key words: $^{18}$FDG PET/CT; Focal Lung Uptake; Pulmonary Embolism; Iatrogenic

Axial PET/CT Images at T6 level (a: PET; b: CT lung window; c: fused) show focal $^{18}$FDG uptake without concomitant morphological abnormality in underlying lung on CT images. Repeat scanning next day (d: PET; e: CT lung window; f: fused) revealed no focal $^{18}$FDG uptake. Findings strongly favor diagnosis of iatrogenic thromboembolism (ITE).

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