



Image 2:040

Aortobilliaca Endoprosthesis Inflammation Diagnosed with 18F-FDG PET/CT

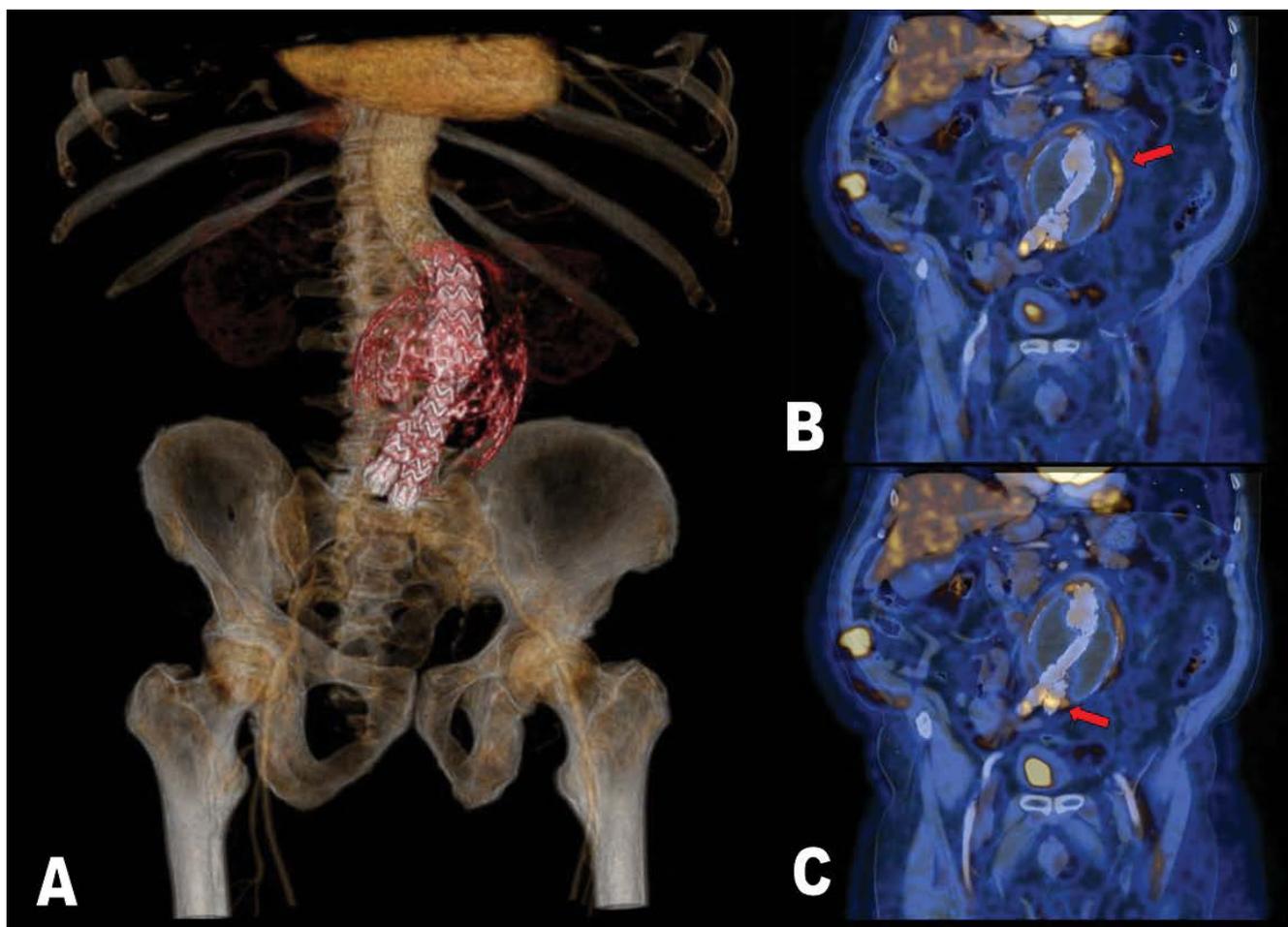


Figure 1A: PET/CT 3D reconstruction shows thrombosed aneurysm sac with aortobilliaca endoprosthesis.

Figure 1B: 18F-FDG PET/CT coronal view. Increased metabolic activity in the left side of the aneurysm sac wall (red arrow).

Figure 1C: A focus with high glucose uptake was seen in the distal part of the stent after the aortic bifurcation compatible with infection (red arrow).

Keywords

Computed tomography angiography, Radionuclide imaging, Aortic disease, Prosthesis, Inflammation

Information

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The value of new imaging techniques: A 79 year-old man arrived at emergency department because of having abdominal pain for several months (almost one year). Abdominal pain was located in mesogastrio, it was late postprandial, associated with paresthesias in the left lower limb and irradiated through both iliac fosses getting to the back.

Because of this pain he had been visiting the digestive department where they performed a gastroesophageal transit which reported a hiatus hernia without any other complications.

Visiting the digestive department for the last time he was performed a US study which revealed an 8 x 12.8 cm abdominal aortic aneurysm with extensive circumferential thrombosis.

He was asked for an aortic angio CT which concluded with the existence of an 8.3 cm abdominal aortic aneurysm so he was admitted to the hospital for monitoring and treatment.

Five days later he was treated surgically and a Zenith LP aortobiliaca endoprosthesis was implanted.

He was followed up during one year but fifty months later the angio CT revealed a juxtarenal abdominal aortic aneurysm excluded, with aortobiliac endoprosthesis, and a thrombosed aneurysm sac (Figure 1A) with a maximum size of 9 x 9.9 cm and true lumen of 25 mm; no signs of endoleaks or prosthesis related changes were observed but there was a paraaortic image to rule out inflammation so, a PET/CT was asked.

There was performed a 18F-FDG PET/CT study (Philips Gemini TOF) that showed not only a big infrarenal abdominal aneurysm with areas of hypermetabolism on its wall (Figure 1B) but also hypermetabolic involvement in the distal part of the stent after the aortic bifurcation compatible with infection (Figure 1C).