

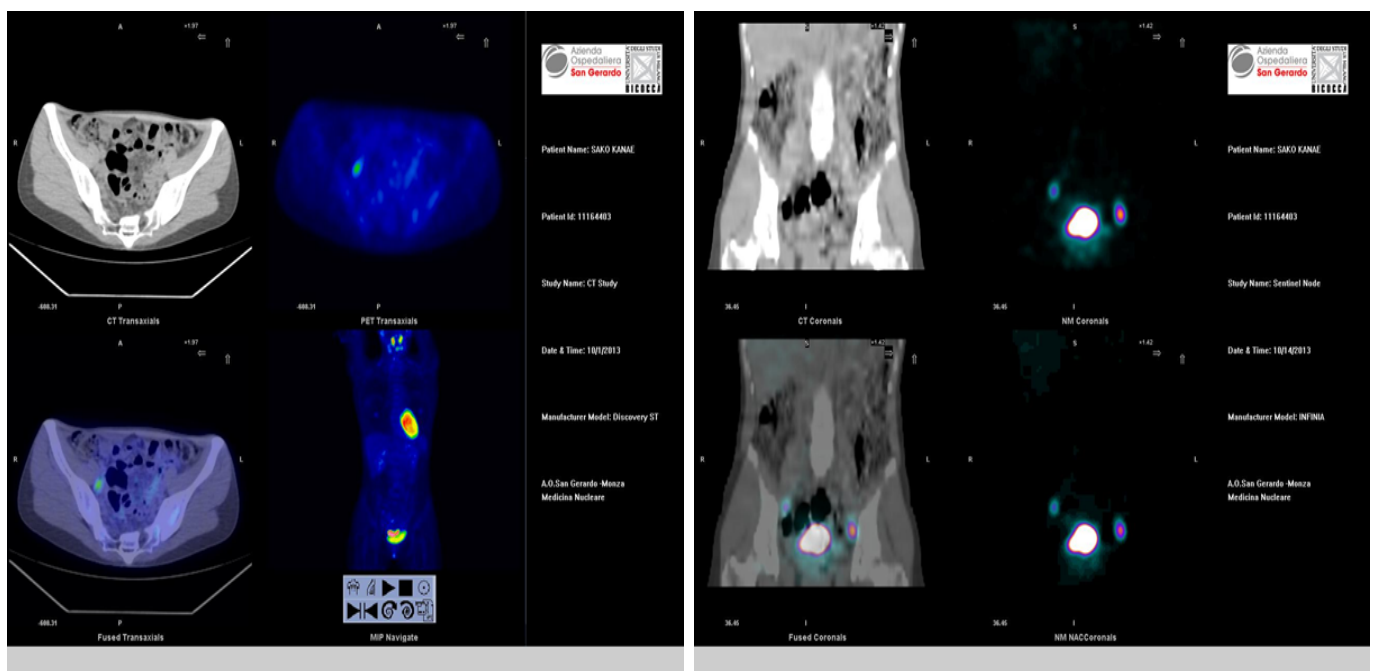
Clinical Image

Title : False Positive 18F-FDG PET/CT in a Case of the Early-Stage1B1 Cervical Cancer Underwent Laparoscopic Staging with Pelvic Lymphadenectomy Including Sentinel Node Mapping for Fertility-Sparing Surgery

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A 34-years old nulliparous woman comes to our attention with a clinical 1B1 grade 3 squamous cervical cancer.

The 18 F-FDG PET/CT scan demonstrated a suspicious nodal involvement in the right external iliac region (Figure 1). The day before surgery, 4 sub mucosal cervical injections of 200- to 300 mCi radiolabeled filtered technetium Tc 99m albumin nano-colloid in 0.2- to 0.3 mL volume using 22-gauge spinal needles was performed, followed 3 hours later by a SPECT/CT study with a hybrid system composed of a dual-head gamma camera with a low-dose x-ray tube installed in a gantry (Infinia Hawkeye 4, GE Medical Systems). An optimal bilateral migration of radiocolloid was recorded (Figure 2).

A laparoscopic nodal staging including pelvic lymphadenectomy and bilateral sentinel node mapping was performed. No intraoperative or postoperative complications occurred and the patient was discharged the day after surgery. Final pathology of all pelvic lymph nodes (20/20) was negative for metastasis, only demonstrated a reactive lymphadenitis of the suspicious node.

After three cycle of three-drug combination of Cisplatin, Ifosfamide and Paclitaxel, the woman achieved an optimal partial response, and underwent a simple trachelectomy with a fertility sparing intent.

In our opinion it seems to have a limited impact on management of the early-stage cervical cancer patients < 4cm.