

Clinical-Medical Image

## Pelvic Kidney Revealed by Bone Scintigraphy: Interest of SPECT/CT Acquisition

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Figure 1: Osteoblastic metastasis.

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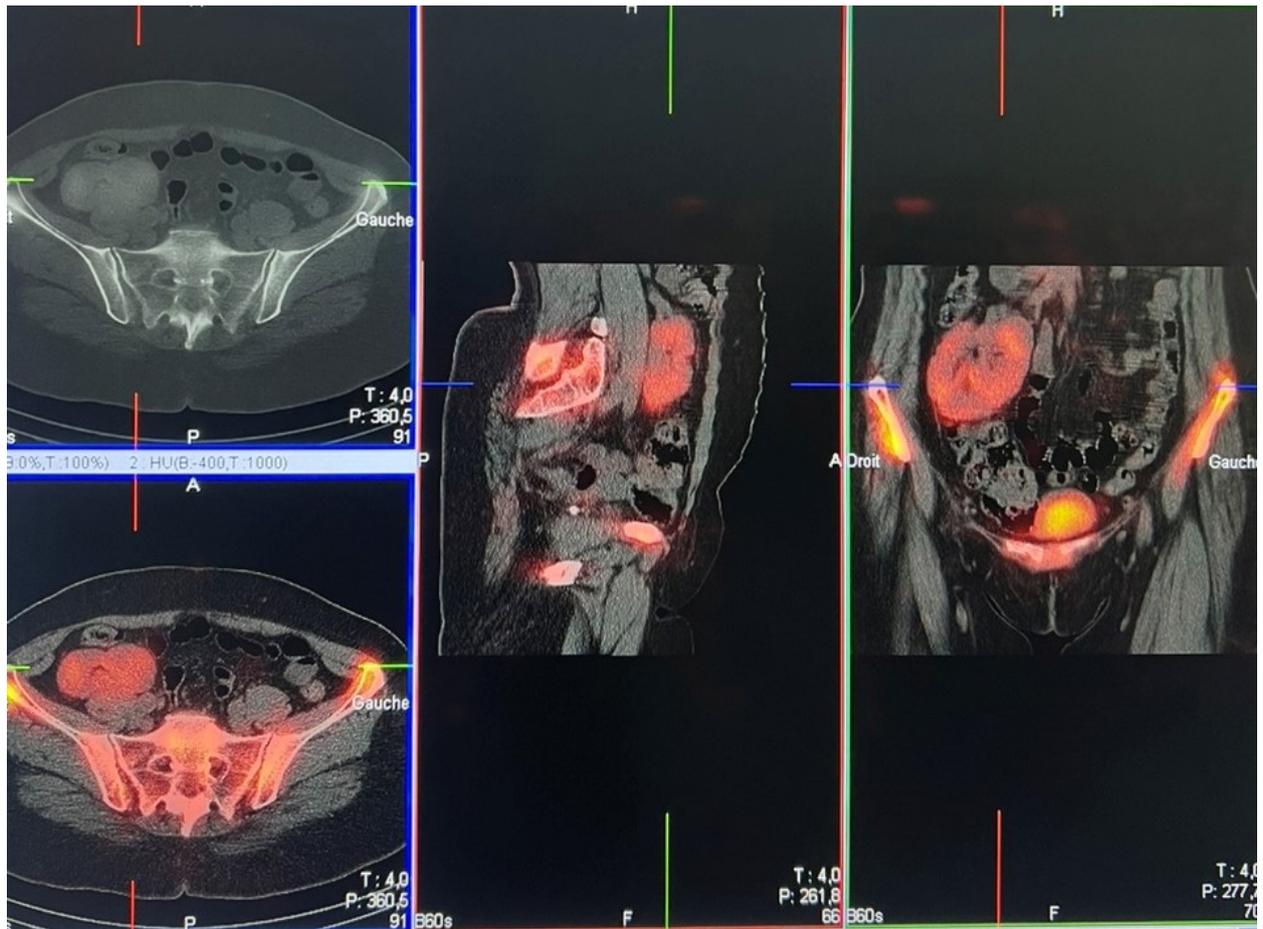


Figure 2: Bony pelvis or sacroiliitis in a patient with an ectopic pelvic kidney.



Figure 3: Bone scintigraphy.

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The incidence of the pelvic kidney is reported as 1:2100-1:3000 in the autopsy series [1] although the exact incidence may be difficult to determine because of the clinically silent nature in many cases. The objective is to highlight the interest of scintigraphy to  $^{99m}\text{Tc}$ -HMDP in the fortuitous discovery of this type of malformation through the case of a 65-year-old female patient, followed for right breast cancer. The patient was referred to the nuclear medicine department for a bone scan evaluation. The whole-body scan revealed a large area of intense uptake tracer in the region of the right sacroiliac (SI) joint which appeared like an osteoblastic metastasis at first glance. Elsewhere, a globally homogeneous and symmetrical distribution of the radiotracer is noted on the rest of the bone segments explored. The SPECT/CT examination showed the renal nature of the iliac uptake and is therefore in favor of an ectopic kidney with a right iliac location.

Bone scintigraphy is widely used to detect abnormal osteoblastic activity in various diseases especially to detect bony metastases [2]. SPECT/CT can be useful instead of a planar scan for differentiation of metastases in the bony pelvis or sacroiliitis in a patient with an ectopic pelvic kidney (Figures 1-3).

**Keywords:** Breast cancer; Bone scintigraphy; SPECT/CT; Pelvic kidney; Bone metastasis

## References

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