International Journal of
Clinical & Medical Images

ISSN : 2376-0249
Vol 7 • Iss 4 • 1000687 April, 2020

Clinica-Medical Image

Single Orbital Bone Metastasis of Infiltrative Breast Carcinoma in Adults: Interest of a 3-Fields of View Bone SPECT-CT Acquisition

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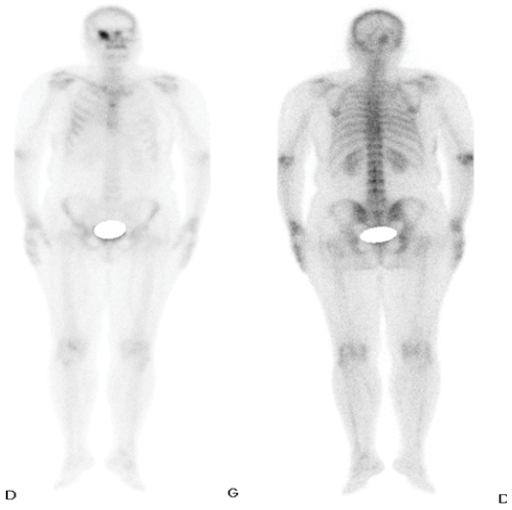

Figure 1: Bone scan performed 2 hours after an IV injection of 740 MBq (20 mCi) of 99mTC-HMDP highlighting a focus of an intense bone hyperfixation on the skull lateralized to the right.

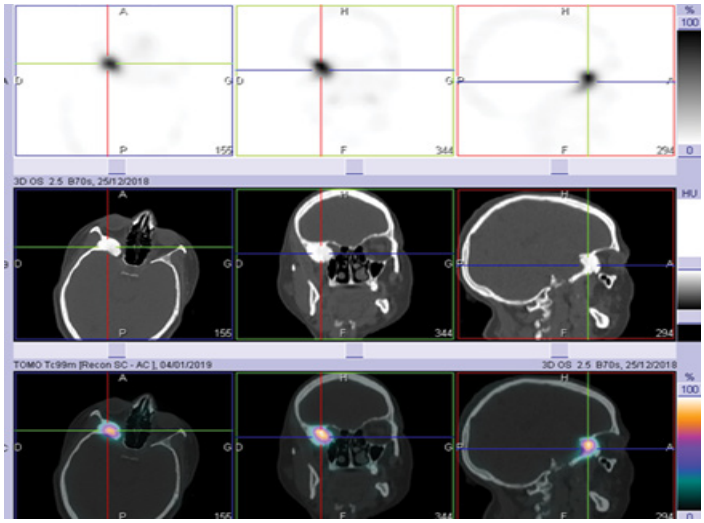

Figure 2: Tomoscintigraphic scan coupled with a low dose computerized tomography (SPECT/CT) highlighting a single osteocondensing lesion of the posterior wall of the right orbit very suspected of malignancy.

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Breast cancer is the largest provider of orbital metastases, which account for 2 to 10% of malignant lesions in the orbit. We report herein the case of a 53-year-old female patient, diabetic for 03 years on oral medication, who initially consulted in the gynecology department for a progressive enlarged right breast nodule, observed on breast self-examination for 01 year. The radiosenological assessment objectified a tissue lesion of the QSE of the left breast class ACR 4C with biopsy returning in favor of an invasive breast carcinoma of no special type (NST). A neoadjuvant chemotherapy has been initiated following a multidisciplinary team meeting. The patient was referred to the nuclear medicine department for a bone scan evaluation after a negative thoraco-abdomino-pelvic CT scan. Whole-body scan revealed a focus of a unique and intense hyperfixation on the skull lateralized on the right **(Figure 1).** It was therefore proposed a complement by an axial 3 fields of view bone SPECT/CT which objectified a single osteocondensing bone lesion involving the posterior wall of the right orbit very suspected of malignancy **(Figure 2).** This case demonstrates the interest of a 3 fields of view bone SPECT/CT in the diagnosis of bone metastasis for an optimal management in oncology.

Keywords: 3 Fields of view Bone SPECT / CT, Single Orbital Metastasis, Breast Cancer.

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***Citation:** Fokoue F, El-Mselmi S, Abaouz N, Ismaili Alaoui N (2020) Single Orbital Bone Metastasis of Infiltrative Breast Carcinoma in Adults: Interest of a 3-Fields of View Bone SPECT-CT Acquisition. Int J Clin Med Imaging 7: 687.*