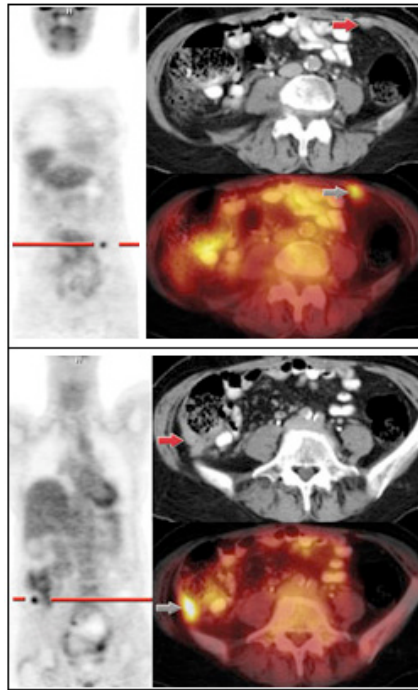


## Focus: Colon



### History/Physical Exam

67 year old female with history of colon cancer who underwent a left hemicolectomy with splenectomy in May 2001 with right pericolic soft tissue mass recently biopsied in June 2002. Evaluate for re-staging.

### PET/CT Findings

There are seven focal areas of abnormal intense increased uptake corresponding to abnormal soft tissue abnormality in the abdomen and pelvis. In addition, a cystic area in the right ovary seen on CT scan shows a mural nodule which shows moderate uptake of FDG on the PET portion. There is no abnormality of FDG uptake identified in the chest or rest of the visualized body.

### Impression

Abnormal study with findings consistent with malignancy, suspicious for peritoneal implants in the abdomen and pelvis. In addition, moderate uptake of FDG is identified in a nodular density along the wall of the cystic lesion in the right ovary seen on CT scan. This is slightly suspicious for an additional metastasis from the colon cancer, although primary malignancy cannot be excluded.

### Discussion

This is another case of small recurrent disease easily identified and correctly localized utilizing PET/CT in a patient with colorectal cancer. Although PET/CT can't detect microscopic disease, it is very good for finding small mesenteric implants easily missed on CT alone. The patient was treated with chemotherapy without having a biopsy to confirm recurrence because of rising CEA levels and convincing PET/CT findings.