

Letter to the Editor

Two more cases of evaluation of POEMS syndrome using 18-FDG PET/CT

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ABSTRACT

Following the article of Alberti et al., we would like to provide our own experience with two more cases in evaluation of POEMS syndrome using morphological and functional imaging modalities, including plain X-rays, computed tomography (CT), magnetic resonance imaging (MRI), bone scintigraphy and positrons emission tomography with computed tomography (PET/CT). Among them, 18-FDG PET/CT proved its usefulness allowing extensive screening of the bony lesions involved.

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We read with great interest the article of Alberti et al. intitled 18-FDG PET/CT in the evaluation of POEMS syndrome published in the European Journal of Radiology, June 2009. We would like to thank them for the quality of this work.

Our center has some experience in follow-up of POEMS syndrome, and we would like to describe two more cases of imaging in this pathology using FDG PET/CT, among other techniques.

1. Case 1

A 57-year-old man presented with paresthesias in lower limbs and erectal dysfunction. Clinical examination found absent deep-tendon reflexes in heels, multiple angioma of the trunk, and hepatosplenomegaly.

Serum immunofixation revealed an Ig G Lambda monoclonal protein.

Electromyography showed a demyelinating sensorimotor neuropathy.

Whole-body plain X-ray screening found an heterogeneous lesion of the upper part of the right cotyle, which appeared lytic with peripheral sclerosis on CT-scan, and T1-hypointense, T2-both hypo and hyperintense on pelvic MRI. Intense hypermetabolic characteristics were demonstrated on bone scintigraphy. 18-FDG PET/CT showed massive uptake of the lesion (Fig. 1), which appeared to be single.

CT-guided biopsy of the right cotyle was performed and found monoclonal plasmocytoma proliferation, leading to a diagnosis of POEMS syndrome secondary to solitary plasmocytoma.

The patient received focal radiotherapy, clinical and biological findings were normal within 3-year follow-up.

2. Case 2

A 46-year-old man presented with paresthesias in both feet and erectile dysfunction.

Other clinical findings were absent deep-tendon reflexes in heels and skin lesions including palmar erythrosis, hypertrichosis and multiple angiomas.

Serum immunofixation showed an Ig A Lambda monoclonal protein.

Electromyography confirmed a demyelinating neuropathy.

Plain X-rays showed no abnormalities, but diffuse osteosclerotic lesions were found on the first thoracic vertebra (T1), and focal sclerotic lesions on the fourth lumbar vertebra (L4) and iliac bones on CT and MRI screening.

Those lesions were slightly hypermetabolic on PET-CT examination (Fig. 2).

CT-guided biopsy of T1 was negative, maybe due to the osteosclerotic and ill-defined nature of the lesion, but clinical, biological and imaging abnormalities led to raise a diagnosis of POEMS syndrome secondary to diffuse osteosclerotic myeloma. The patient was treated with chemotherapy and autologus plasma cells transplantation and 3-year follow-up was normal.

3. Discussion

As highlighted in the article of Alberti et al. [1], many imaging modalities are used as bone lesions screening when a POEMS syndrome is suspected, including morphological and functional techniques.

As for myeloma, skeletal plain X-rays are often realised for staging and follow-up [2]. CT-scan can be used to determine more precisely the structure of a lesion depicted on standard radiographs, but whole-body low-dose CT has also been proposed in myeloma [2].

MRI is the most sensitive method for studying bone involvement of the spine. A new technique of whole-body MRI screening now allows bone marrow examination with a great précision in a reasonable time, using mostly sagittal and coronal Short Tau Inversion Recovery (STIR) and T1-weighted sequences [3].

Whole-body 18-FDG PET-CT is now a well-known technique that enables study of bone lesions activity. We do agree with Alberti et al. that its usefulness should be further investigated. In our center, each patient with POEMS syndrome now benefits from this exam together with the other previously quoted.

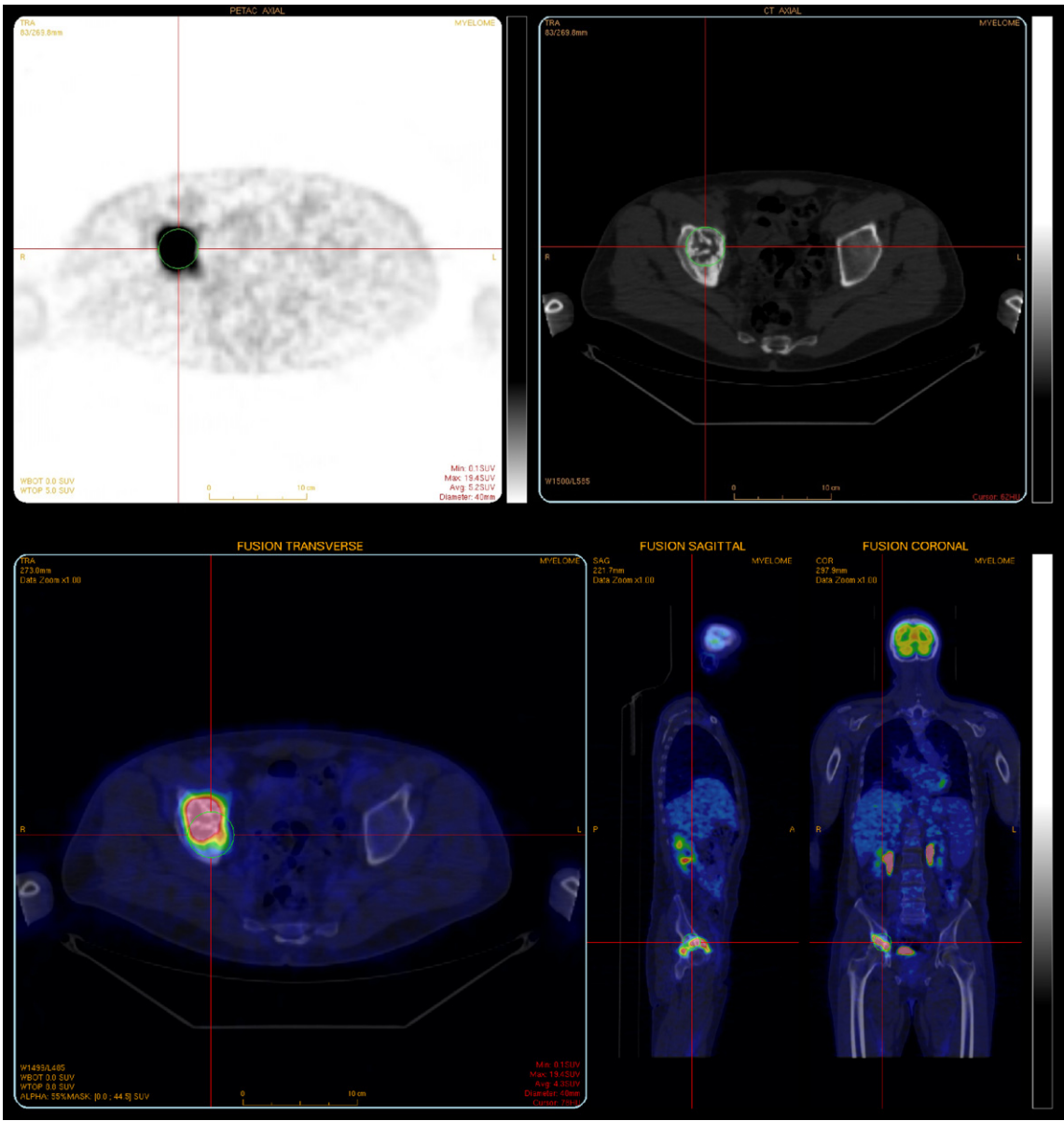


Fig. 1. Case 1 18-FDG PET/CT showing intense uptake of a mixed lytic and sclerotic lesion located on the right acetabulum.

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