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EDİTÖRE MEKTUP
LETTER TO THE EDITOR

Positive FDG PET/CT findings in a patient with pneumoconiosis

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We previously read with interest the article by Yurdakul et al. on false positive 18F-FDG PET/CT findings mimicking malignant disease in patients with pneumoconiosis (1). We would like to share our experience.

A 78-year-old male presented with hemoptysis, dyspnea on effort, and generalized weakness. He had been a road workers for twenty-years. Chest X-Ray revealed hilar masses in both lungs. His pulmonary function test showed combined ventilatory impairment. Fluorine-18 fluoro-deoxy-glucose (18-F-FDG) positron emission tomography (PET) scan demonstrated significantly high metabolic pulmonary lesions with the delayed phase standardized uptake value of 11.5 (Figure 1). Sputum cytology showed no malignant cells. The patient refused further evaluation, therefore, transbronchial biopsy was not performed and followed-up for five years. But the lesions were not changed.

Shukuya et al reported that cutoff level of SUVmax between patients with malignant lesion and pneumoconiosis was 5.0 (2). However, false positive 18F-FDG PET/CT findings mimicking malignant disease in some patients with pneumoconiosis (1,3). Pneumocosis should be kept in mind for the differential diagnosis of cases that are positive in FDG-PET.

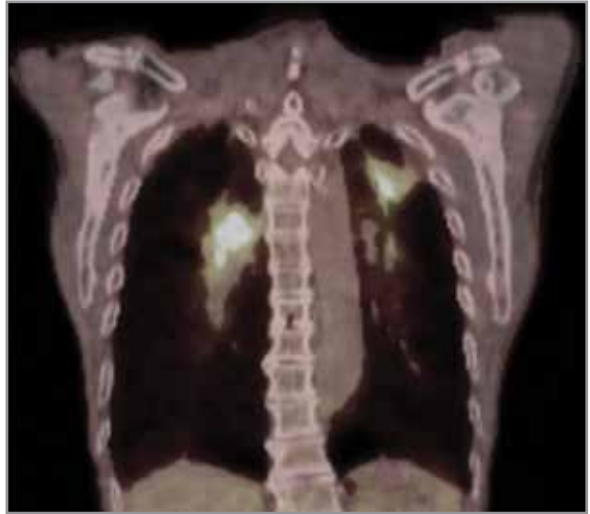


Figure 1. Fluorine-18 fluoro-deoxy-glucose positron emission tomography scan demonstrated significantly high metabolic pulmonary lesions with the delayed phase standardized uptake value of 11.5.

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