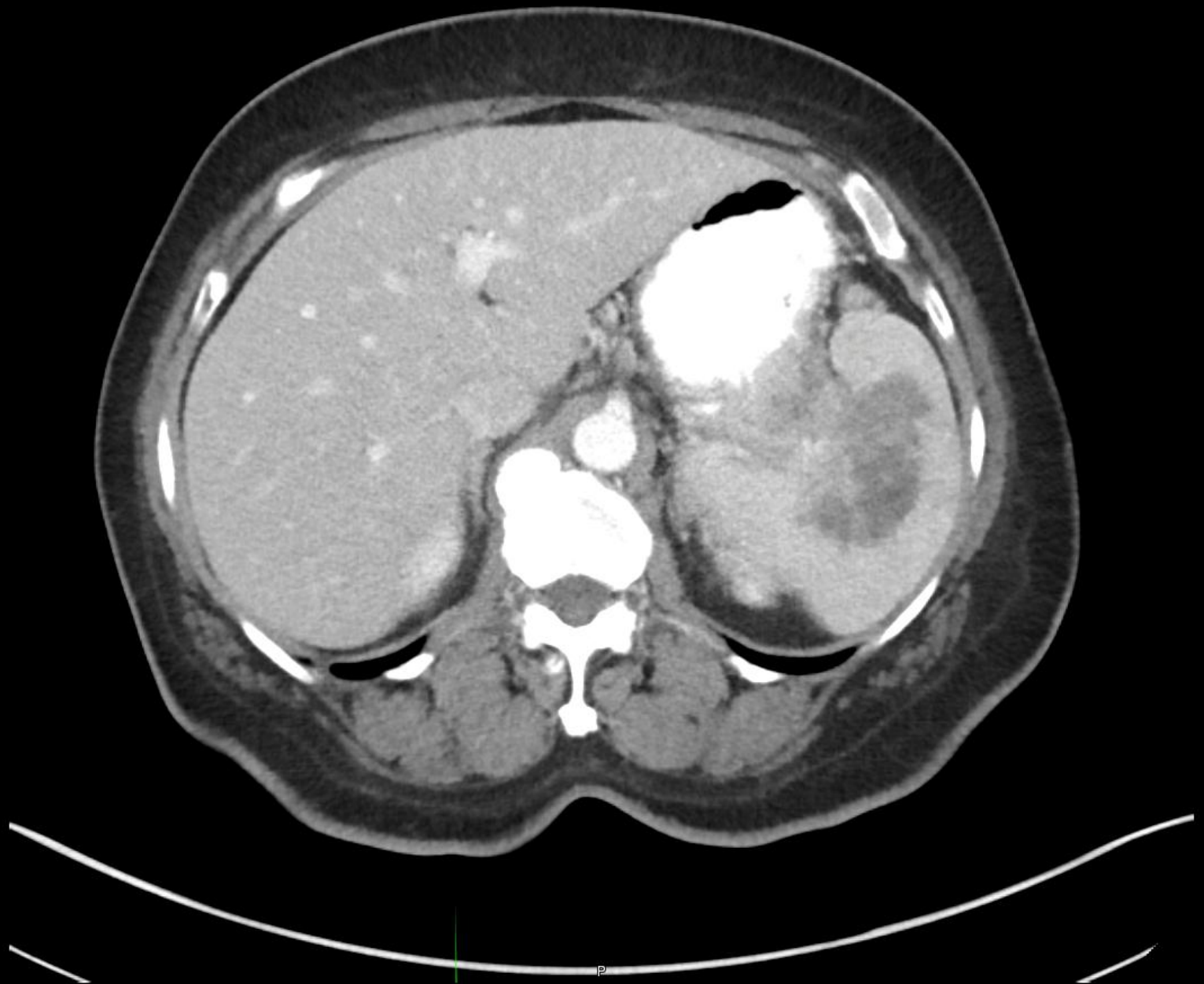
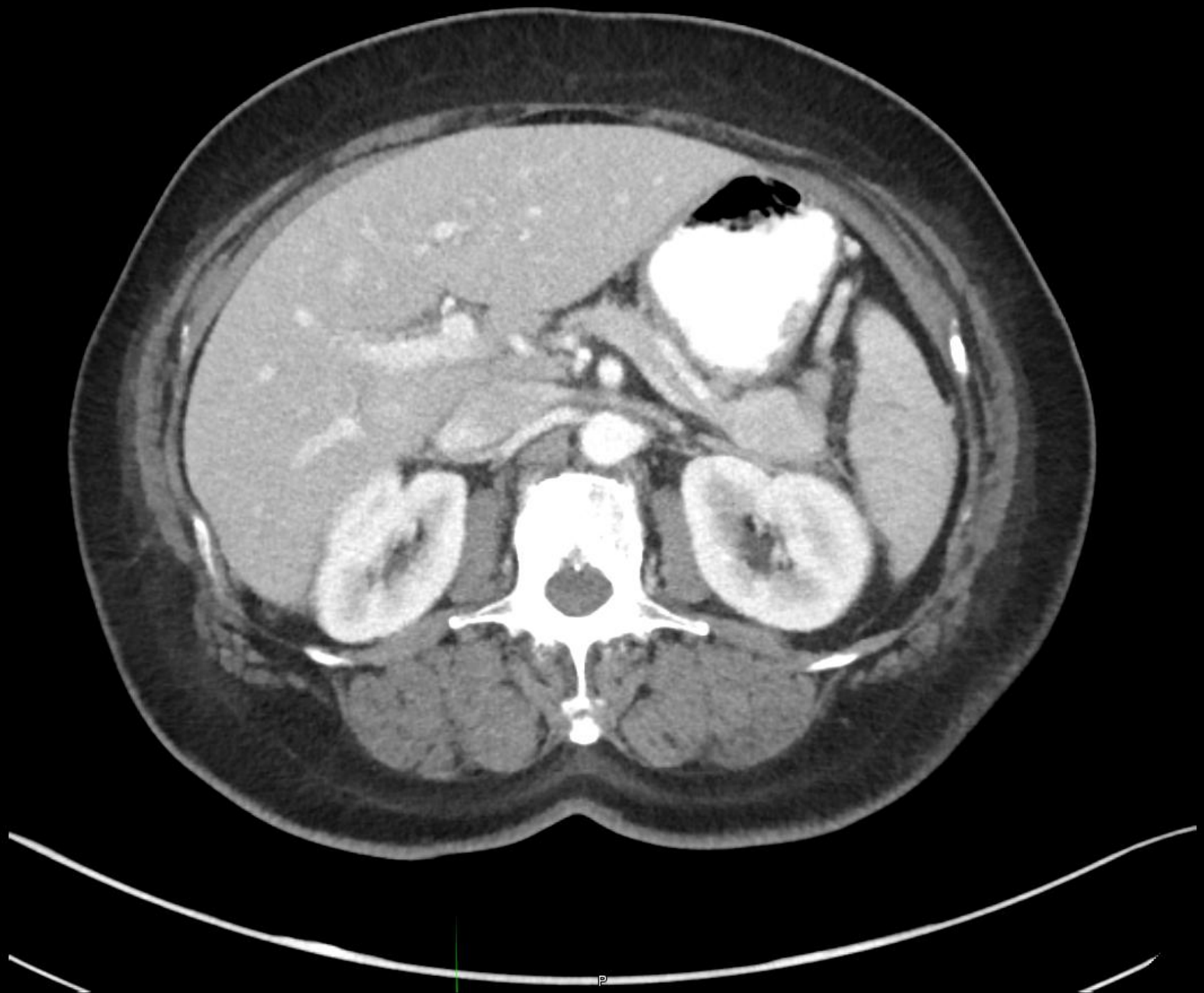
STUMP THE ATTENDINGS!!

76 YO AAF WITH ABDOMINAL DISCOMFORT AND HEADACHE

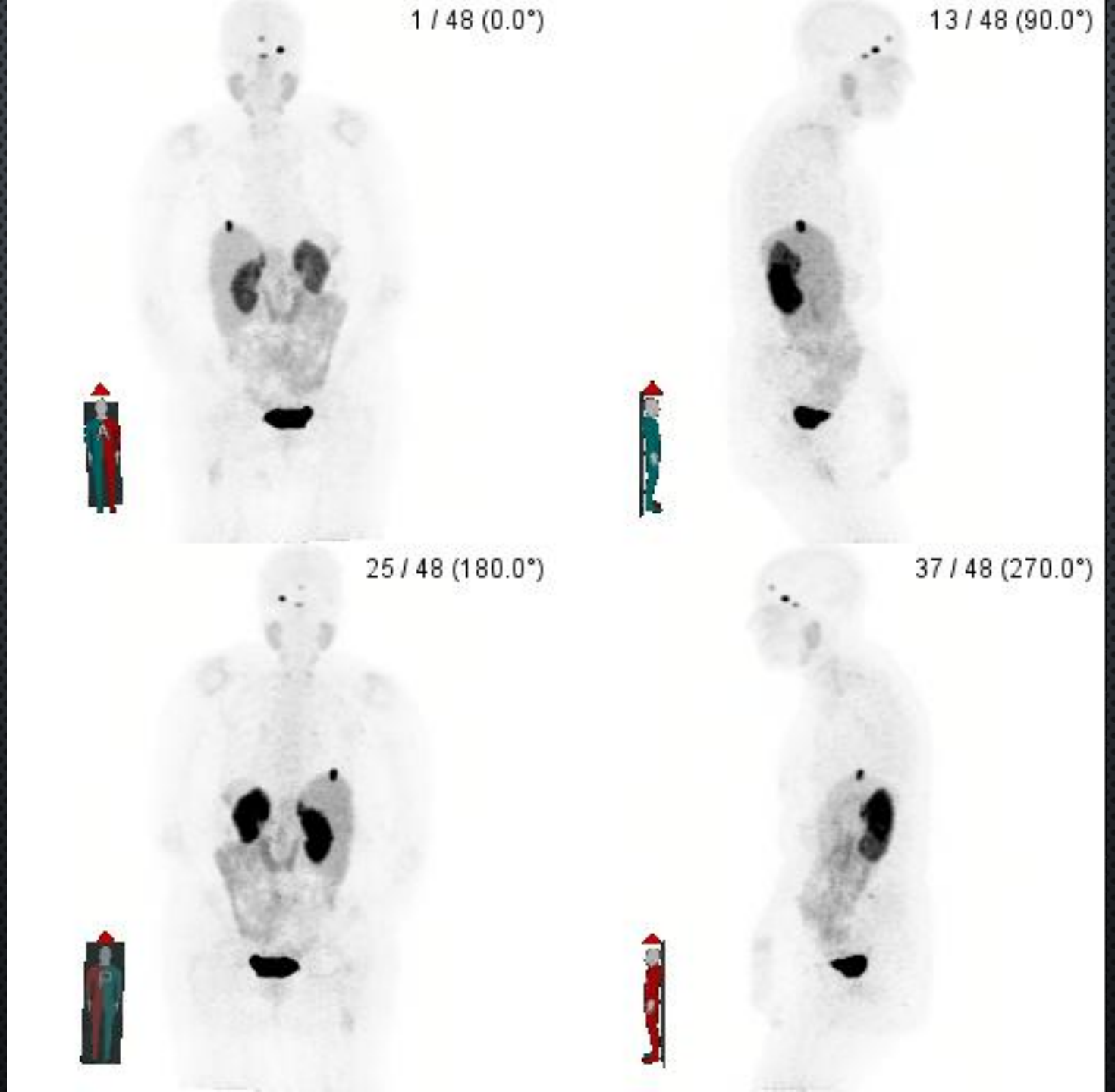


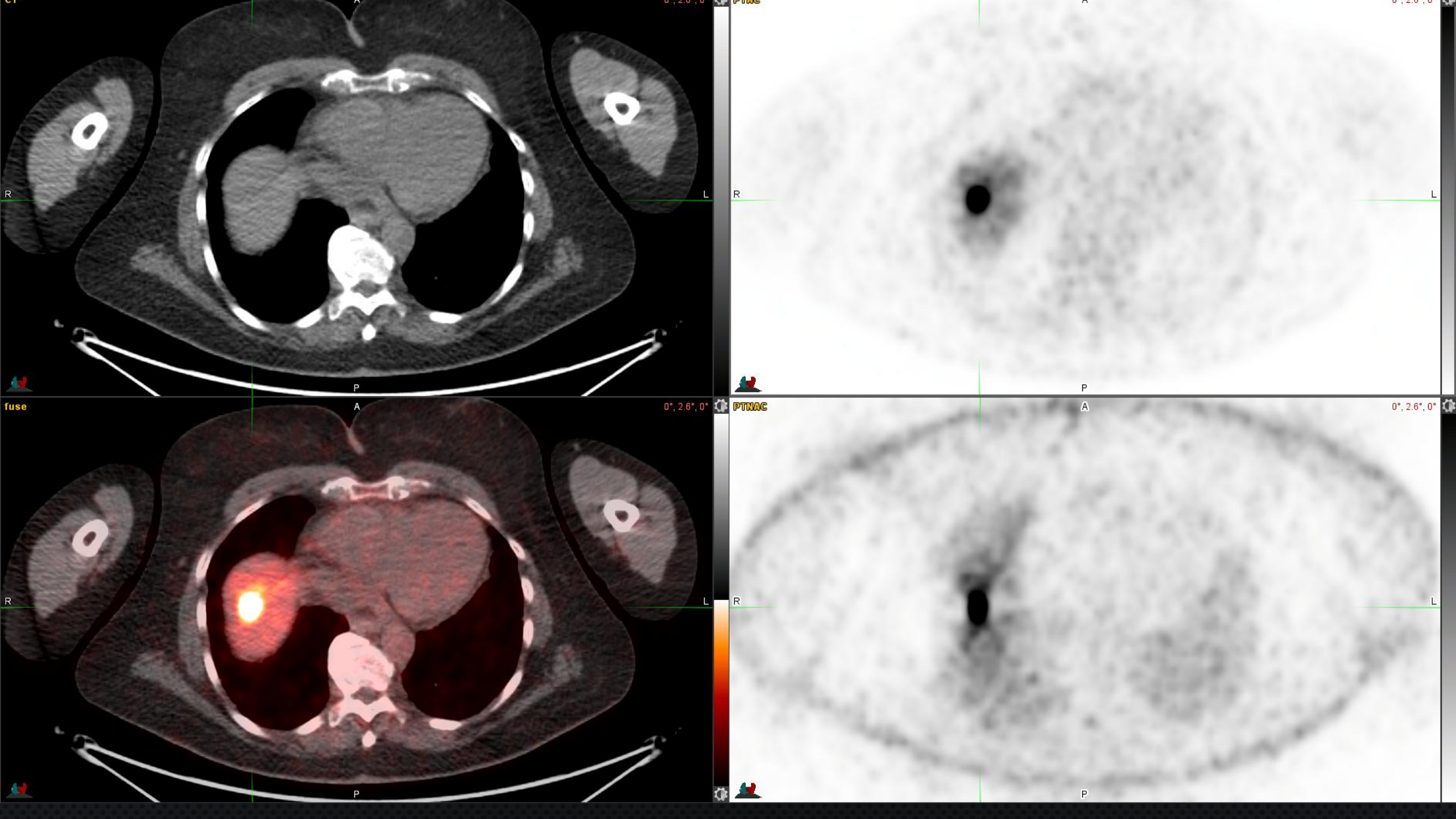


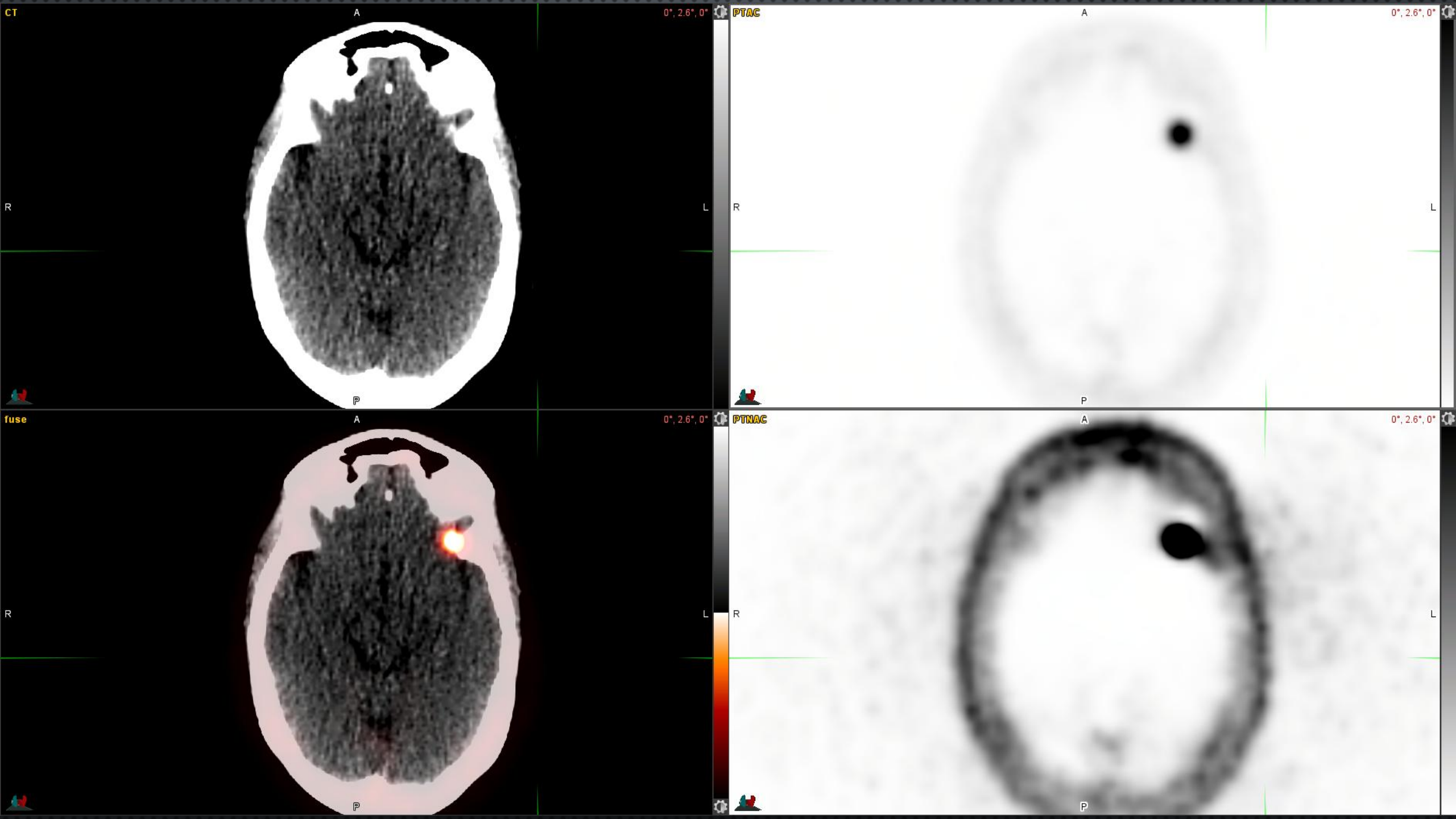
- Path: Well-differentiated NET 7.7 cm in the pancreas tail. WHO Grade 3 of 3. Tumor invades through peripancreatic adipose tissue and extends through gasric wall and involves splenic parenchyma. Tumor found in 27 lymph nodes.

  Distal colon resected with no histopath abnormlaity.

  Chromogranin A (ng/mL): 69 → 82 → 93 (over one year)


1 / 48 (0.0°)
13 / 48 (90.0°)
25 / 48 (180.0°)
37 / 48 (270.0°)


CT
A
0°, 2.6°, 0°
R
L
P
PTNAC
A
0°, 2.6°, 0°
R
L
P
fuse
A
0°, 2.6°, 0°
R
L
P
PTNAC
A
0°, 2.6°, 0°
R
L
P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PTAC
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PTNAC
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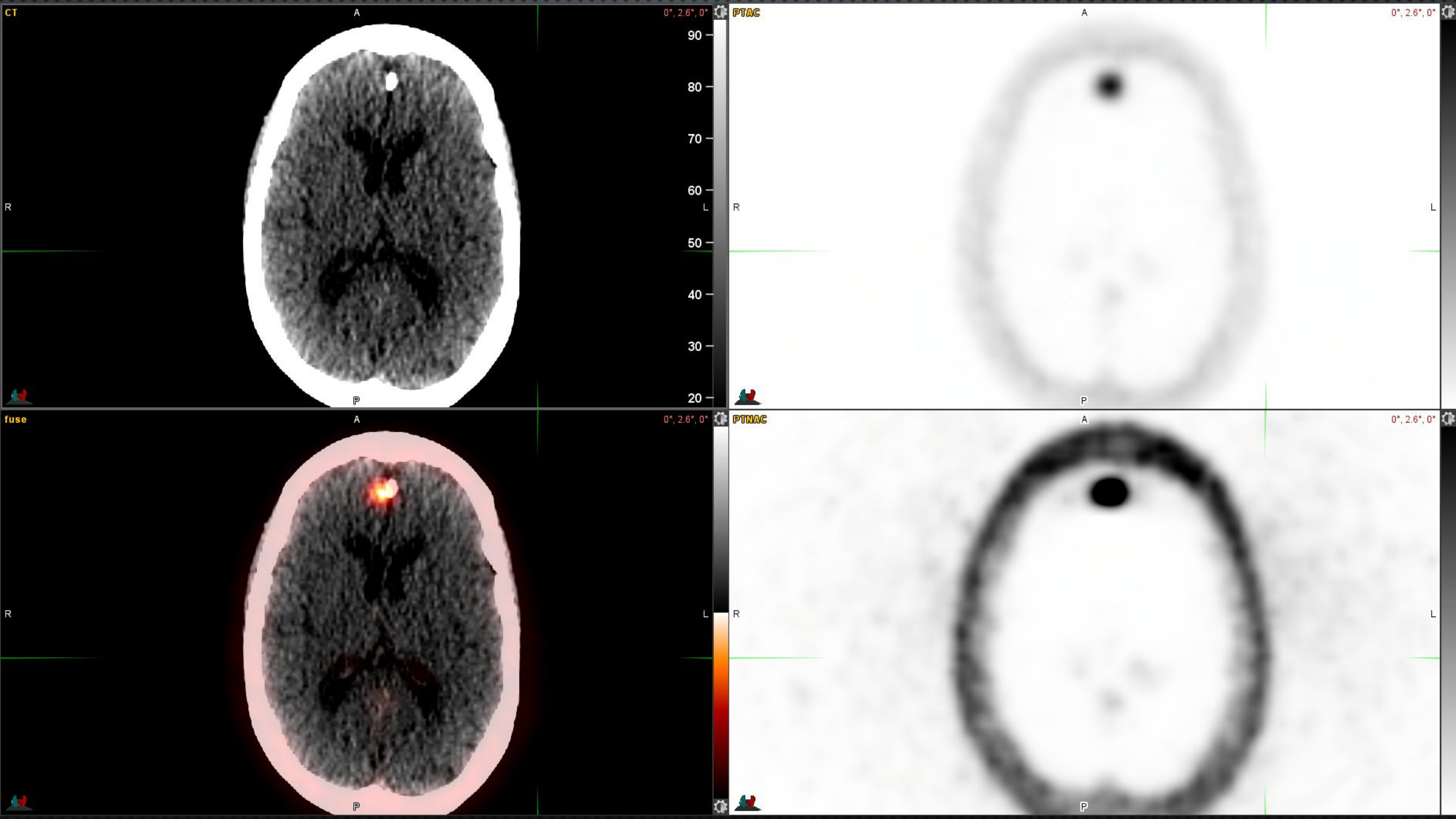
CT
A
0°, 2.6°, 0°
90
80
70
60
50
40
30
20
R
L
P
PTAC
A
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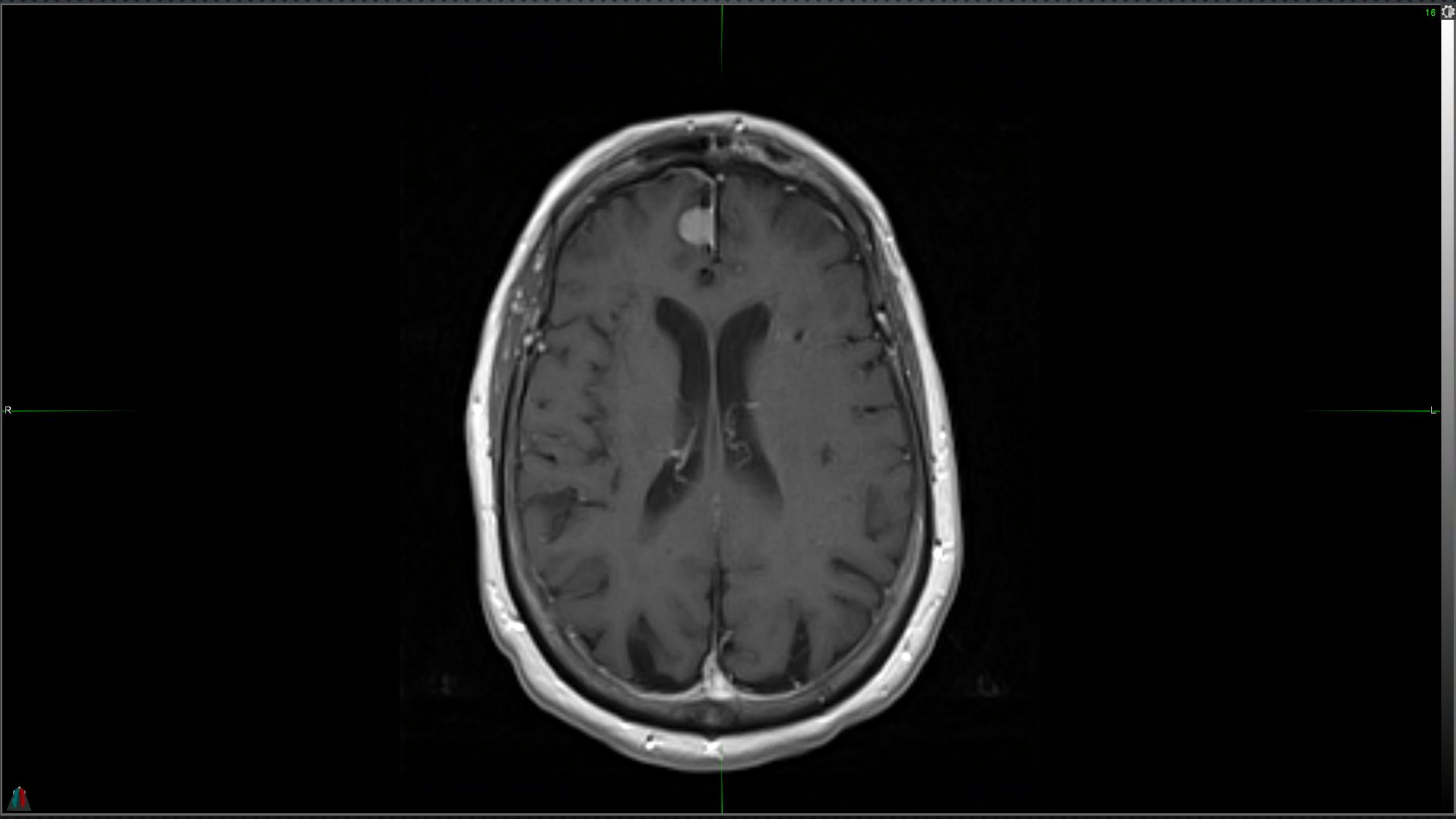
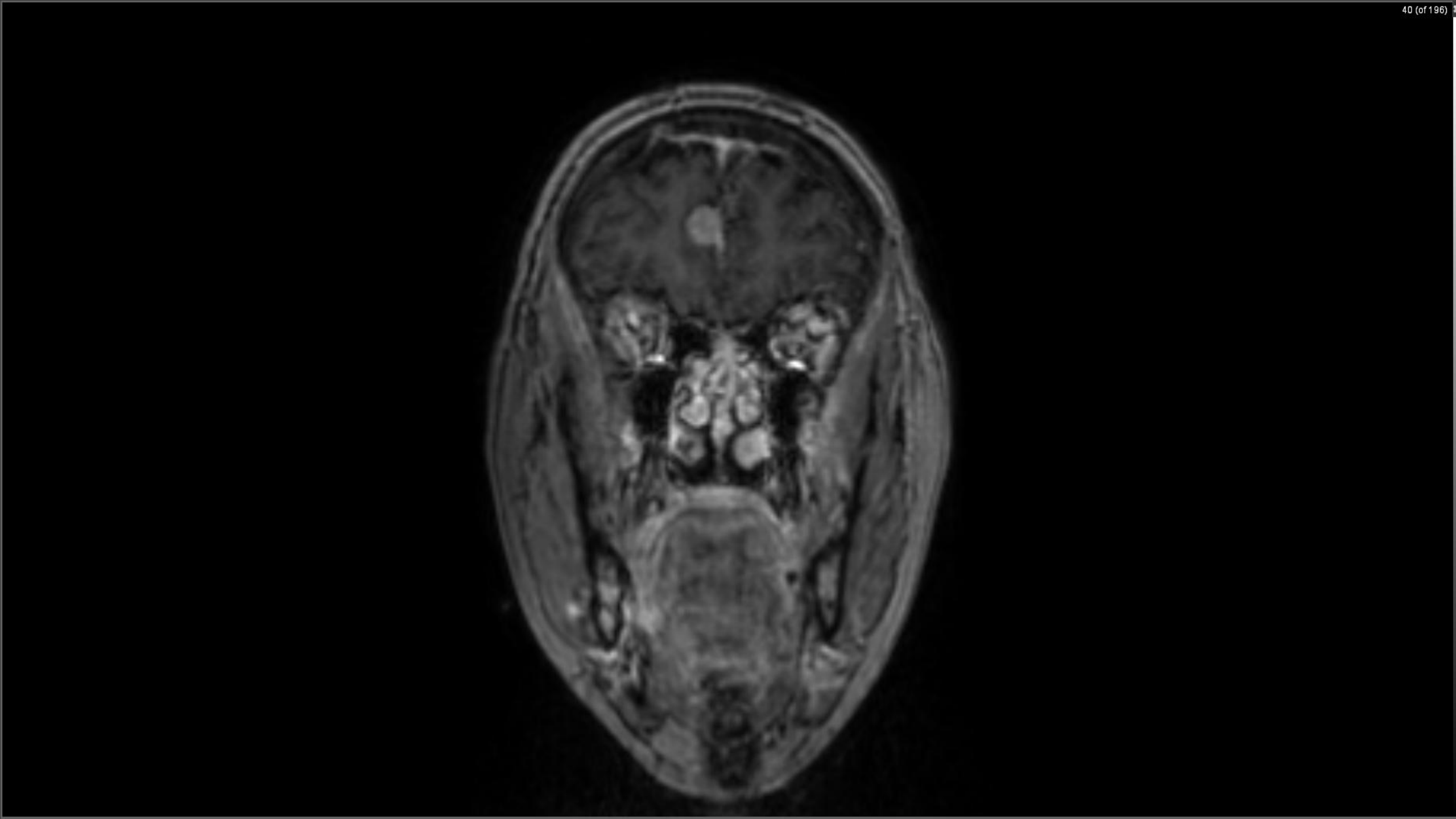
R
L
P
fuse
A
0°, 2.6°, 0°
R
L
P
PTNAC
A
0°, 2.6°, 0°
R
L
P


16
R
L

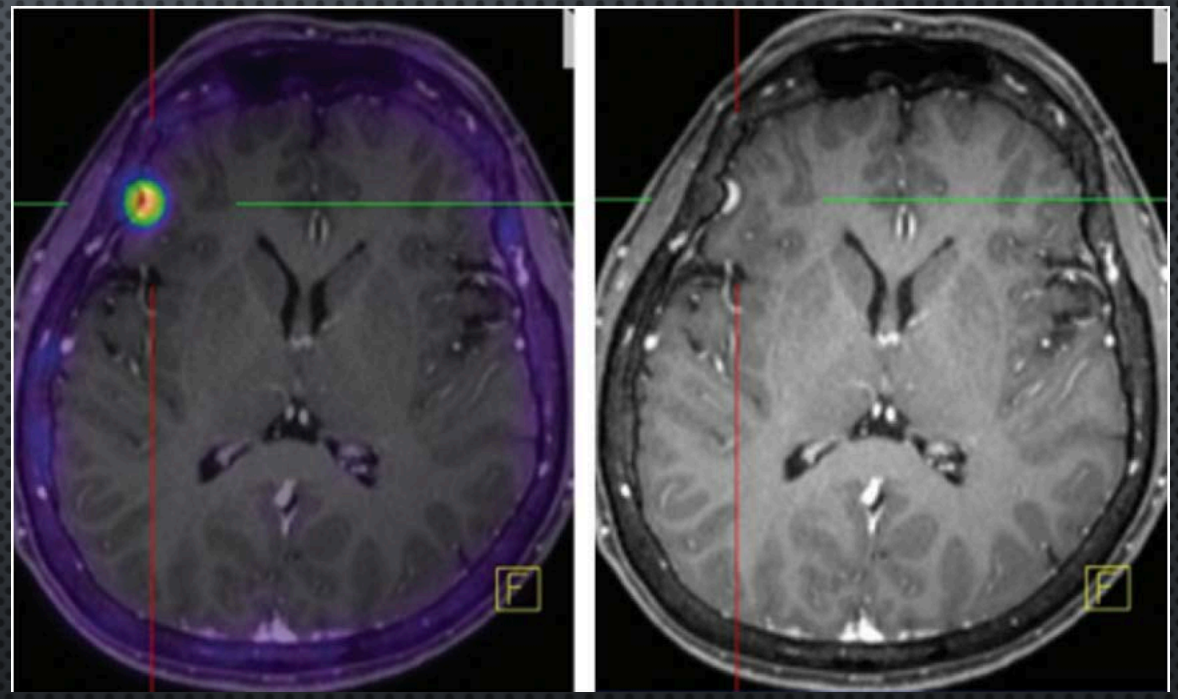


MENINGIOMAS ON GA-68 DOTATATE

- ^{68}Ga-DOTATATE uptake in grade I and II meningiomas as expressed by the maximum Standardized Uptake Value (SUVmax) is a reliable predictor of tumor growth rate
- Pitalls with GA-68
  - Unicinate process
  - Osteoblastic activity
  - Epiphyseal growth plates
  - Splenosis
  - Meningiomas
  - Inflammatory changes

MENINGIOMAS ON GA-68 DOTATATE

- DOTATATE WAS FOUND TO TBE SUPERIOR TO MRI IN DETECTING MENINGIOMAS
- DOTATATE CAN ALSO IDENTIFY PEOPLE WHO ARE CANDIIATES FOR LU-177 TREATEMENT OF MENINGIOMAS.
- IN LARGER ANAPLASTIC MENINGIOMAS THE BORDERS CAN BE BETTER DELINATED WITH PET/CT.



Eur J Nucl Med Mol Imaging. 2012 Sep;39(9):1409-15. doi: 10.1007/s00259-012-2155-3. Epub 2012 Jun 5.

Detection of cranial meningiomas: comparison of ^{68}Ga-DOTATOC PET/CT and contrast-enhanced MRI.

Afshar-Oromieh A[1], Giesel FL, Linhart HG, Haberkorn U, Haufe S, Combs SE, Podlesek D, Eisenhut M, Kratochwil C.

Author information

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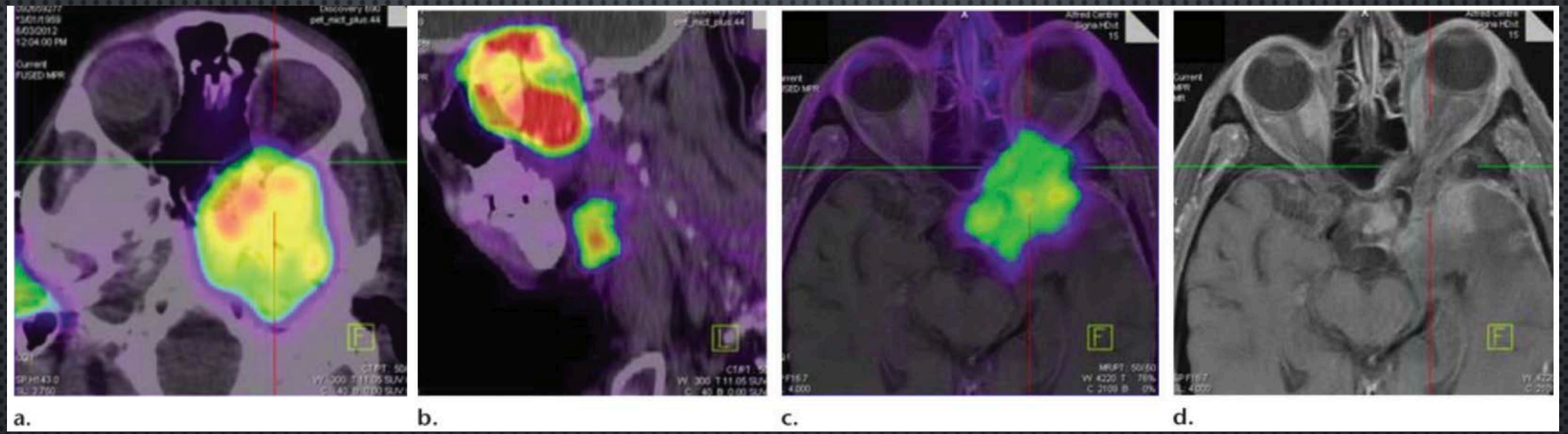
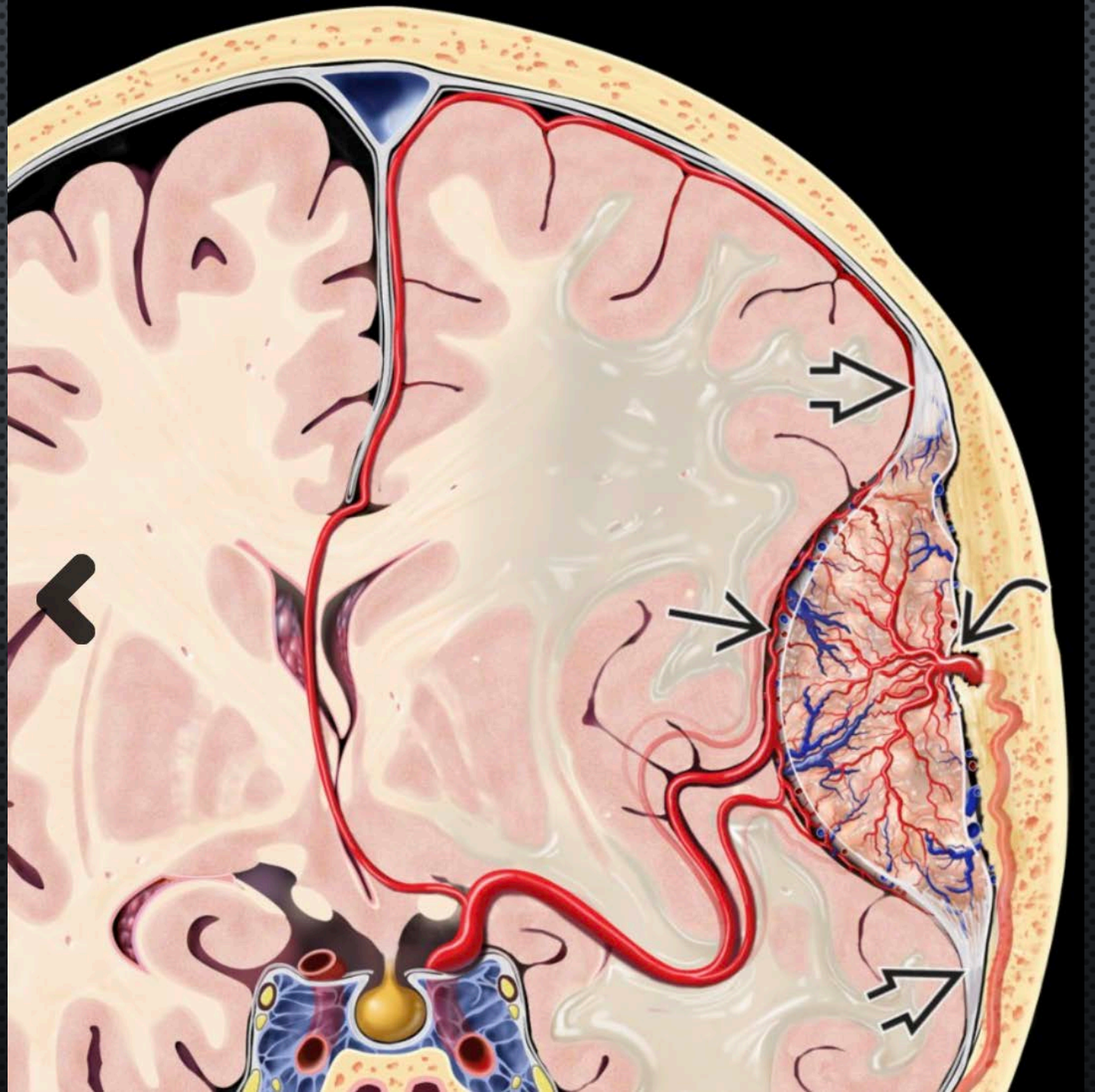


Figure 15. Anaplastic meningioma that had previously been treated with surgical debulking followed by radiation therapy. Several years later, the patient presented with altered vision. MR imaging demonstrated residual disease but provided no explanation for the visual disturbance. (**a**, **b**) Axial (**a**) and sagittal (**b**) GaTate PET/CT images clearly depict a mass. (**c**) Axial fused PET/CT–MR image shows the mass infiltrating the left optic nerve. (**d**) On an MR image, the boundaries of the mass are not clearly demarcated.



Statdx