Recurrent Medullary Carcinoma detected by Gallium-68 Positron Emission Tomography

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ABSTRACT
In this case, we would like to share our experience of a recurrent medullary thyroid cancer patient whose recurrence was detected by Ga-68 DOTATATE PET/CT.

Keywords: Medullary thyroid cancer, Recurrent disease, Ga-68 DOTATATE PET/CT.


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Conflict of interest: None

INTRODUCTION
After primary surgery, detection of medullary thyroid cancer (MTC) recurrence can be problematic in patients with elevated calcitonin levels. It recommended that patients with calcitonin levels higher than 150 pg/ml should be scanned by imaging modalities.1 Neck ultrasound (US) is the first scanning tool in this case. However, it can be difficult to evaluate neck by US, especially in patients who underwent repeated surgery. Most nuclear medicine techniques, such as TI-201 chloride, Tc-99m sestamibi, Tc-99m (V)-DMSA, I-123/I-131 MIBG, In-111 pentetreotide and 18F-FDG PET/CT have been researched in MTC recurrence.2-5 Although PET/CT has a higher spatial resolution than SPECT imaging, sensitivity of 18F-FDG PET/CT is relatively low in MTC due to well differentiation rate of MTCs. Imaging tools with Ga-68 labeled somatostatin analogs have widely been performed in neuroendocrine tumors and also there is limited literature about the usage in medullary thyroid carcinoma.6,7

MATERIALS AND METHODS
We present a case of 35 years old female patient who underwent Ga-68 DOTATATE PET/CT for restaging of medullary thyroid carcinoma. Before 14 years she had undergone subtotal thyroidectomy for multinodular goiter. Pathological examination of this thyroidectomy material was reported as benign. After 5 years, a lymph node excision was performed and the patient has been diagnosed as medullary thyroid cancer. After completion of thyroidectomy, the patient has been operated twice for neck lymph node metastases until today. The patient was referred for Ga-68 DOTATATE PET/CT, for restaging of disease because of elevated serum calcitonin levels (7400 pg/ml). Before Ga-68 DOTATATE PET/CT, neck USG, thoracoabdominal CT, I-123 MIBG scintigraphy and 18F-FDG PET/CT were performed and all of them were negative for recurrence. Whole body MIP image and transaxial CT and 18F-FDG PET images of thorax were shown in Figures 1 and 2. In Ga-68, DOTATATE intense Ga-68 DOTATATE accumulation which assumed to disease recurrence was seen in paratracheal, precarinal, prevascular and right hilar lymph nodes. Ga-68 DOTATATE PET/CT whole body MIP image and transaxial CT and PET images of thorax were shown in Figures 3 and 4.

CONCLUSION
In this case, we would like to contribute this limited literature by introducing intense Ga-68 DOTATATE uptake in recurrent MTC patient.

REFERENCES

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