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# The Efficacy of PET/CT Scan in CT-Guided Needle Biopsy of Large Lung Mass

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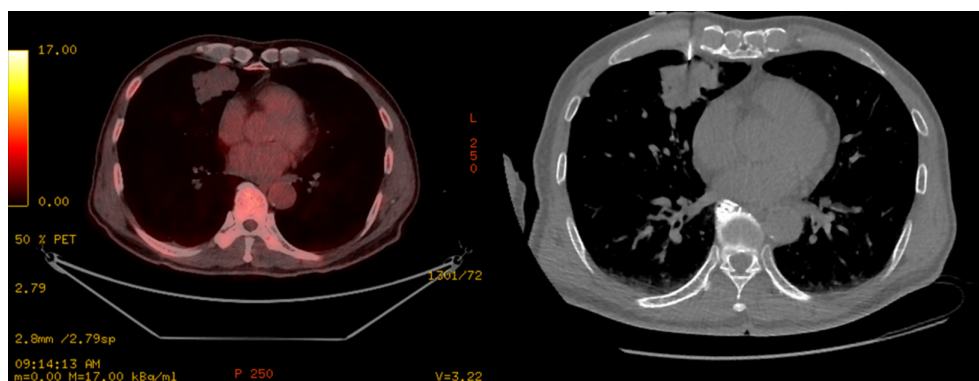
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## ABSTRACT

In CT-guided needle biopsy of large lung mass, false-negative error could occur due to the necrotic portion of lung mass. If a biopsy is performed on a metabolically active lesion with reference to PET/CT scan, it would help to increase the chances of achieving an accurate diagnosis.

A 74-year-old male patient visited our hospital for evaluation of right lung mass. A chest computed tomography (CT) revealed a 5.0 cm sized spiculated mass in right upper lobe anterior segment with direct invasion to right middle lobe. CT-guided lung biopsy (Figure 1) was performed and proliferation of spindle cells and epithelial cells with coagulative necrosis were diagnosed. Considering the possibility of false-negative error, we decided to take a positron emission tomography (PET)/CT scan and repeat the biopsy with reference

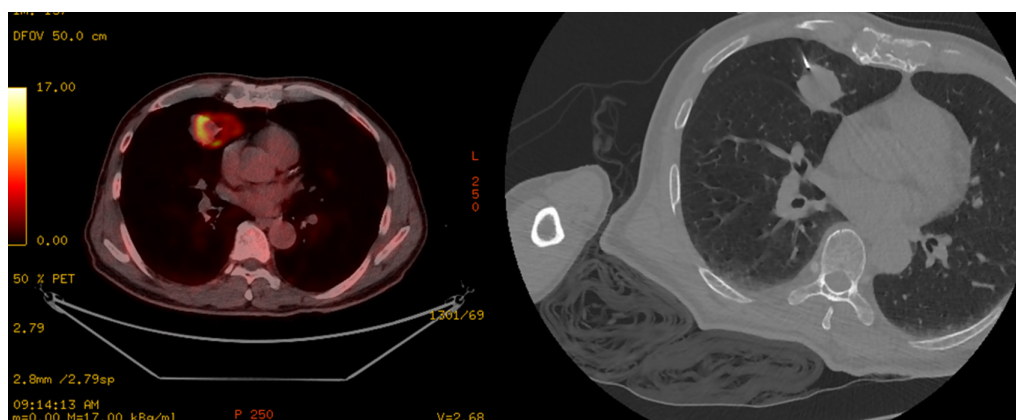
to the result of PET/CT scan. The PET/CT scan showed little active metabolism in the previous biopsy site (Figure 1). A re-biopsy was performed on a metabolically active lesion with reference to PET/CT scan and non-small cell lung carcinoma was diagnosed (Figure 2). Unlike pleural masses and small lung masses, large lung masses are more likely to contain a necrotic portion. Diagnostic errors due to necrosis of large lung masses have been previously described [1]. Some studies have reported that the diagnostic success rate might



**FIGURE 1** | The first biopsy was performed on the low metabolic lesion on PET/CT scan.

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**FIGURE 2** | The re-biopsy needle was placed on the metabolically active lesion on PET/CT scan.

be improved with biopsy on a metabolically active lesion with reference to PET/CT scan [2–4]. When performing a percutaneous needle biopsy on a large lung mass that is strongly suspected malignancy, we believe that the diagnostic accuracy could be improved by performing a biopsy on a metabolically active lesion referring to PET/CT scan.

#### Author Contributions

Min Kyun Kang was involved in investigation, writing – original draft, writing – review, editing, and final approval of the manuscript.

#### Ethics Statement

The author declares that appropriate written informed consent was obtained for the publication of this manuscript and accompanying images.

#### Conflicts of Interest

The author declares no conflicts of interest.

#### Data Availability Statement

The data in this study are available from the corresponding author upon reasonable request.

#### References

1. H. Tsukada, T. Satou, A. Iwashima, and T. Souma, “Diagnostic Accuracy of CT-Guided Automated Needle Biopsy of Lung Nodules,” *AJR. American Journal of Roentgenology* 175, no. 1 (July 2000): 239–243.
2. F. Cornelis, M. Silk, H. Schoder, et al., “Performance of Intra-Procedural 18-Fluorodeoxyglucose PET/CT-Guided Biopsies for Lesions Suspected of Malignancy but Poorly Visualized With Other Modalities,” *European Journal of Nuclear Medicine and Molecular Imaging* 41, no. 12 (December 2014): 2265–2272.
3. B. Klaeser, M. D. Mueller, R. A. Schmid, C. Guevara, T. Krause, and J. Wiskirchen, “PET-CT-Guided Interventions in the Management of FDG-Positive Lesions in Patients Suffering From Solid Malignancies: Initial Experiences,” *European Radiology* 19, no. 7 (July 2009): 1780–1785.
4. J. Haidey and J. T. Abele, “FDG PET/CT Performed Prior to CT-Guided Percutaneous Biopsy of Lung Masses Is Associated With an Increased Diagnostic Rate and Often Identifies Alternate Safer Sites to Biopsy,” *Canadian Association of Radiologists Journal* (2024): 8465371241306731.