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## Interesting images

Follow-up  $^{18}\text{F}$ -FDG PET/CT in an oncological asymptomatic COVID-19 patient<sup>☆</sup> $^{18}\text{F}$ -FDG PET/CT de seguimiento en un paciente oncológico portador asintomático de COVID-19D.A. López-Mora<sup>\*</sup>, A. Fernández, J. Duch, I. Carrio

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68-year-old man presenting with urothelial carcinoma in complete response after cystoprostatectomy and chemotherapy. An abdomine-pelvic CT scan performed in an external center showed retroperitoneal adenopathies suspicious of tumor recurrence. These finding led to a baseline  $^{18}\text{F}$ -FDG PET/CT. The baseline  $^{18}\text{F}$ -FDG PET/CT performed did not show hypermetabolic lesions suspicious of local recurrence nor lymph nodes (including retroperitoneal territories) nor metastases. However, the study showed peripheral bilateral pulmonary hipermetabolic ground-glass opacities<sup>1</sup> predominantly in the superior lobes, suggestive of active pulmonary infectious disease (probably COVID-19 in the current pandemic context). When the baseline  $^{18}\text{F}$ -FDG PET/CT was performed the patient was asymptomatic and we suggested him to undergo reverse transcription–polymerase chain reaction (RT-PCR) of the nasopharyngeal exudate, but the patient did not consult. After 5 days in quarantine, the patient re-consulted due to symptoms compatible with pneumonia, being diagnosed by RT-PCR of SARS-COV-2 (Severe Acute Respiratory Syndrome

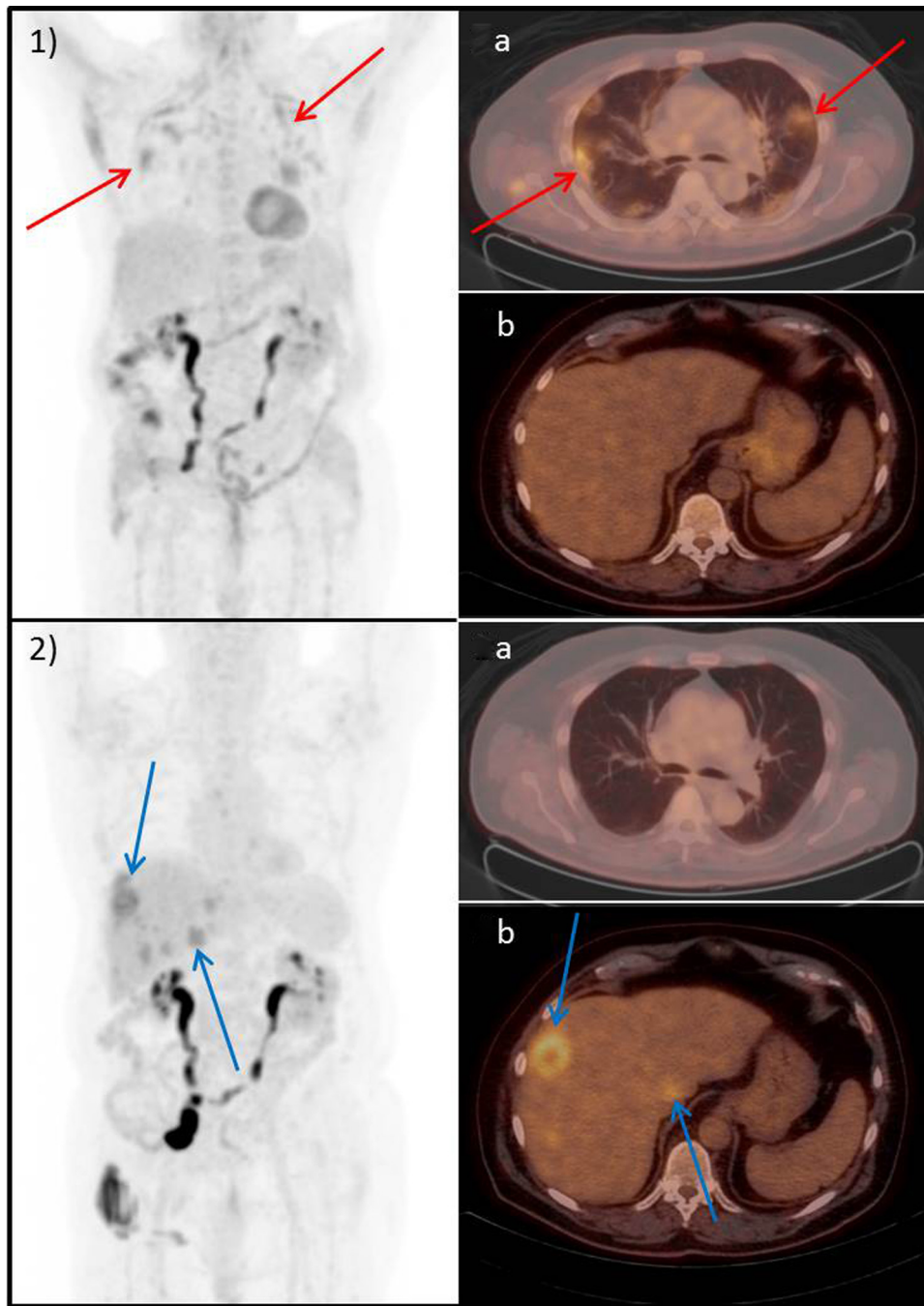
Coronavirus 2, for its acronym). The patient received incomplete treatment with hydroxychloroquine and oxygenotherapy due to voluntary abandonment. Three months later, while the patient was asymptomatic, a follow-up  $^{18}\text{F}$ -FDG PET/CT was performed, and showed multiple liver metastases (Fig. 1-1b, red arrows) and resolution of the bilateral hypermetabolic pulmonary opacities (Fig. 2a).

This image highlights the usefulness of  $^{18}\text{F}$ -FDG PET/TC in the early detection of asymptomatic patients with COVID-19<sup>1</sup> and its potential utility in the follow-up of these group of patients. To the extent of our knowledge, no cases of follow-up  $^{18}\text{F}$ -FDG-PET/CT have been reported in oncological patients with COVID-19. This image also highlights the good sensitivity of  $^{18}\text{F}$ -FDG PET/CT to assess evolution and possible secuelae of SARS-COV-2.<sup>2</sup> However,  $^{18}\text{F}$ -FDG PET/CT is not recommended as a routine imaging modality as it is a technique with a high radiation dose and prolonged exam times, and with a possible risk of infectious diseases spreading.<sup>3</sup>

<sup>☆</sup> Please cite this article as: López-Mora DA, Fernández A, Duch J, Carrio I.  $^{18}\text{F}$ -FDG PET/TC de seguimiento en un paciente oncológico portador asintomático de COVID-19. Rev Esp Med Nucl Imagen Mol. 2021;40:374–375.

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**Fig. 1.** 68-year-old man with urothelial carcinoma in complete response after cystoprostatectomy and chemotherapy. Baseline  $^{18}\text{F}$ -FDG PET/CT (image 1) showed multiple peripheral bilateral pulmonary hypermetabolic ground-glass opacities predominantly in superior lobes, suggestive of active pulmonary infectious disease (image 1a; red arrows), without other hypermetabolic lesions suggestive of malignancy (Image 1-1b). The follow-up  $^{18}\text{F}$ -FDG PET/CT (performed 3 months after baseline PET/CT; image 2) showed resolution of the bilateral pulmonary ground-glass opacities (image 2a) and multiple hypermetabolic liver lesions suggestive of liver metastases (segment I and segment VIII; image 2b; blue arrows).

## References

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