Incidental Meningioma on 68 Ga-DOTANOC Positron-Emission Tomography

Sir,

A 45-year-old woman was being evaluated for suspected recurrence of right adrenocortical carcinoma. She had undergone right mastectomy with adjuvant chemoradiation, 2 years earlier for carcinoma breast. On follow-up, computed tomography (CT) of the abdomen showed an enhancing right suprarenal mass which was revealed as adrenocortical carcinoma after excision. Six-month ⁶⁸Ga-DOTANOC positron-emission tomography/computed tomography (PET/CT) for suspected disease recurrence showed [Figure 1] a focus of tracer activity in the head (arrow), superior to the physiologic tracer uptake in the pituitary (A, maximum intensity projection image). Corresponding transaxial CT (B) and fused PET/CT (C) images showed a tracer avid (standardized uptake value-max 12.1), dural-based enhancing lesion in the left frontal cortex, diagnosed as meningioma. The patient

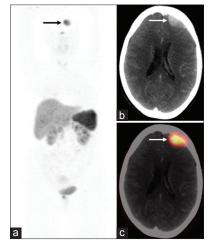


Figure 1: ⁶⁸Ga-DOTANOC positron-emission tomography/computed tomography; (a) maximum intensity projection image showing focus of tracer uptake in the head, slightly to the left of midline (arrow); (b) transaxial computed tomography image showing dural-based enhancing lesion in the left frontal cortex (arrow); (c) transaxial fused positron-emission tomography/computed tomography image showing tracer uptake in the dural-based lesion (arrow)

was asymptomatic and is on follow-up. Meningiomas are slow-growing tumors and express somatostatin receptors. Although the CT characteristics are consistent, the additional avidity on 68 Ga-DOTANOC PET imaging adds on to the diagnostic confidence.

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Conflicts of interest

There are no conflicts of interest.

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