Cardiac Paraganglioma; Superiority of 18F-FDG PET/CT in Evaluating Prevalence of a Potentially Aggressive Disease in The Associated Familial Paraganglioma Syndrome

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A 45-year-old male patient with an inoperable cardiac paraganglioma (PGL) and history of resected bilateral carotid paragangliomas was referred for 18F –FDG PET/CT study to exclude recurrent tumour. The patient was hypertensive with elevated urine catecholamine on a routine annual follow-up. Family history was positive for PGL [1,2]. 18F –FDG PET/CT revealed an avid 18F –FDG left supracardiac PGL with multiple new avid FDG-foci adjacent to the right internal carotid artery and in the aorto-caval region denoting recurrent metachronous tumours (Figure 1). These lesions exhibited high maximum standard uptake values (SUVmax) ranging from 10 to 40. Our case highlights the importance of 18F –FDG PET/CT as a superior armamentarium in localizing recurrent PGLs in patient with mediastinal PGLs with the associated familial PGL syndrome [3,4]. They have tendency to develop metastatic disease indicating that these tumours are often aggressive and should be carefully followed.

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