

## Cardiac Paraganglioma; Superiority of <sup>18</sup>F-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 <sup>18</sup>F-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]. <sup>18</sup>F-FDG PET/CT revealed an avid <sup>18</sup>F-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 (SUV<sub>max</sub>) ranging from 10 to 40. Our case highlights the importance of <sup>18</sup>F-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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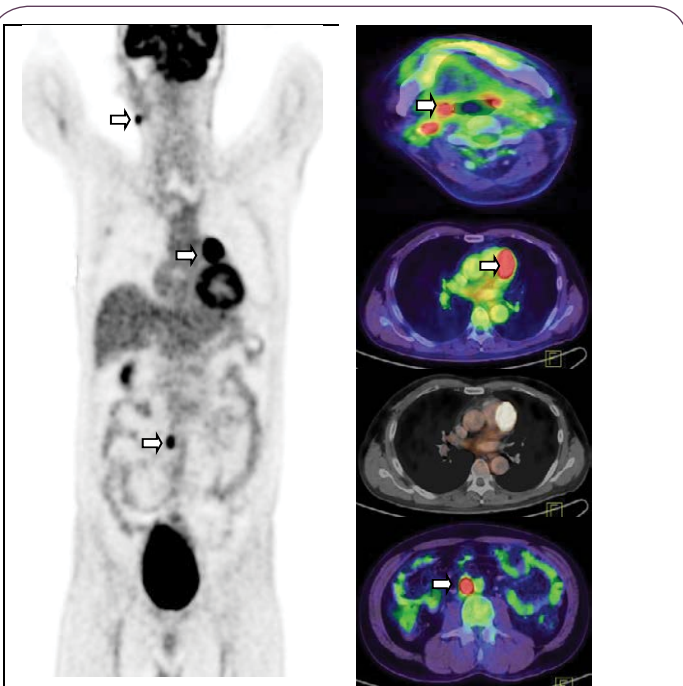
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**Figure 1** MIP PET (Left) and axial Fused FDG-PET (Right) showing multiple FDG-avid lesions in keeping with paraganglioma (arrow).

## References

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