"FDG-positron Emission Tomography/Computed Tomography of Aortitis"

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An 84-year-old man presented with a three-week history of forehead and posterior cervical pain. Vascular bruits or other abnormalities were absent. The laboratory evaluation revealed an elevated erythrocyte sedimentation rate of 112 mm/h. Computed tomography angiography (CTA) and magnetic resonance angiography (MRA) showed no abnormalities of the intracranial and systemic arteries. "FDG-fluorodeoxyglucose positron emission tomography (FDG-PET)/CT revealed an FDG uptake along the proximal branches of the aortic arch to the bilateral brachial arteries (Picture 1) and along the abdominal aorta to the bilateral femoral arteries (Picture 2). Potential infectious and autoimmune etiologies, including syphilitic aortitis, were not identified. Thus, a diagnosis of idiopathic aortitis was established.

"FDG-PET/CT may depict a greater number of vascular lesions than CTA or MRA during the early phase of large vessel vasculitis (1). In this patient, oral prednisolone was initiated and a good clinical response was observed. The patient’s symptoms did not recur and no new lesions on CTA were found in the follow-up outpatient setting.

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Reference