The Notable Appearance of Pulmonary Artery Intimal Sarcoma on Positron Emission Tomography (PET)/CT

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A 32-year-old man presented with cough, and was found to have a 4-cm mass at the hilum of the left upper lobe and multiple smaller nodules in the left lung on chest CT (Picture 1A). Enhanced CT showed that the main tumor had invaded the left main pulmonary artery (Picture 1B). On $^{18}$F-fluorodeoxyglucose ($^{18}$F-FDG) positron emission tomography/computed tomography (PET/CT), the left hilar tumor demonstrated the uptake of $^{18}$F-FDG, which was consistent with malignancy. Although some smaller peripheral lung nodules were also PET-positive, the others lacked the uptake of $^{18}$F-FDG (Picture 2). Video-assisted thoracoscopic surgery was performed. Histologically, the $^{18}$F-FDG-positive nodules showed morphological and immunohistochemical features that were consistent with intimal sarcoma, while the PET-negative lesions appeared to be infarction due to microscopic tumor thrombi. The PET/CT findings of intimal sarcoma are poorly understood (1, 2). The recognition of characteristic imaging features of intimal sarcoma will be helpful for the diagnosis of this uncommon neoplasm.

The authors state that they have no Conflict of Interest (COI).

References


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