CASE REPORT

A 58-year-old man with a history of follicular lymphoma complained of progressively enlarging non-tender adenopathy, increasing fatigue, new-onset peripheral edema, progressive anemia, and demonstrated a monoclonal kappa restricted population on the flow-cytometry. Patient was referred for a re-staging 18F-FDG PET/CT study, with a clinical suspicion of progression to a leukemic phase of his lymphoma, to base therapy specific to his disease. PET/CT images demonstrated extensive hypermetabolic supradiaphragmatic and infradiaphragmatic lymphadenopathy, including symmetric nodes posterior to the scapulae bilaterally (fig. 1). Follicular lymphoma, a type of non-Hodgkin’s lymphoma, is one of the most common lymphoma entities in the United States. Upon presentation, most
patients have disseminated disease affecting peripheral lymph nodes and/or bone marrow\(^1\). \(^{18}\)F-FDG PET has proved useful in the diagnosis, staging, follow-up and assessment of treatment response of Hodgkin’s disease and non-Hodgkin’s lymphoma (especially more aggressive types). Further, the widespread use of combined PET/CT has also increased the sensitivity and specificity of FDG PET scans\(^2\).\(^5\).

We present a case of follicular lymphoma with involvement of lymph nodes posterior to the scapulae bilaterally. To our knowledge, posterior scapular nodes have not been described previously in the literature. Due to the multiple foci of markedly increased FDG avidity, more aggressive treatment was employed in our patient with Cyclophosphamide, Doxorubicin, Oncovin (Vincristine), Prednisone (CHOP) and Rituximab (CHOP-R), with complete remission.

REFERENCES