Interesting images

Pretherapy and posttherapy $^{18}$F-FDG PET/CT in isolated nasoseptal diffuse large B-cell lymphoma

$^{18}$F-FDG PET/TC pre y posterapia del Linfoma Difuso de Células B Grandes aislado en la zona nasoseptal

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A 75-year-old woman complaining nasal obstruction and epistaxis was admitted to hospital. Nasopharyngeal MRI revealed a 20 mm $\times$ 15 mm polipoid lesion which causes sepal deviation at the left nasal septum. Paranasal sinus CT found soft tissue lesion which cause narrowing of the airway at left nasal vestibule. Excisional biopsy of the polipoid lesion confirmed diffuse large B-cell lymphoma (DLBCL) of nasal cavity. Prior to chemotherapy, she was referred for $^{18}$F-FDG-PET/CT for initial staging. $^{18}$F-FDG-PET/CT showed polipoid lesion with increased FDG uptake at the anterior part of left nasal vestibule (SUVmax: 11.3). Patient received three cycles of the R-CHOP chemotherapy regimen. One month after chemotherapy, control $^{18}$F-FDG PET/CT was performed. There was no pathological FDG accumulation in the body (Fig. 1A and B). $^{18}$F-FDG PET/CT has been used for initial staging, re-staging and therapy response evaluation in lymphomas. The region of head and neck is the second most frequent anatomical site of extranodal localizations of this disease. The incidence of nasal cavity and paranasal sinuses involvement is approximately 0.2–2% in all types of lymphoma.$^{1}$ Nasal lymphomas are mainly of a natural killer (NK)/T-cell origin$^{2}$ and primary nasal DLBCL is extremely rare.$^{3}$ To our knowledge, there have been no previous reports using $^{18}$F-FDG-PET/CT in DLBCL of the nasal septum. $^{18}$F-FDG PET/CT has gained

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Fig. 1. (A and B) Pretherapy and posttherapy PET/CT images in a patient with nasoseptal lymphoma. Pretherapy PET/CT demonstrated hypermetabolic polipoid lesion at the anterior part of left nasal vestibule (arrows) (A). Posttherapy images were completely normal (B).
widespread acceptance as a key tool used to staging and demonstrate early response to therapy in lymphoma.

References

