Interesting image

Parascapular lipoma with expression of somatostatin receptors detected by $^{99m}$Tc-EDDA/HYNIC-TOC scintigraphy

Lipoma paraescapular con expresión de receptores de somatostatina detectado mediante gammagrafía con $^{99m}$Tc-EDDA/HYNIC-TOC


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A 62-year-old woman diagnosed with a pancreatic neuroendocrine tumor (NET) underwent surgery in 2004 and was reoperated in 2009 for recurrence in the greater curvature of the stomach. The posterior clinical and radiological controls were negative until 2011. In March 2011 a somatostatin receptor scintigraphy with $^{99m}$Tc-EDDA/HYNIC-TOC was performed to rule out new recurrence which was suspected due to an increase in serum chromogranine (358.1 ng/mL). The scintigraphy did not show signs of local recurrence, although it did demonstrate the presence of a mass in the right parascapular soft tissue with expression of somatostatin receptors (Figs. 1 and 2). In 2010 this mass, which was adjacent to the infraspinal muscle, had been studied by fine-needle aspiration puncture (FNAP). Benignity was confirmed in a new FNAP carried out in May 2011, with a final diagnosis of lipoma. Although the scintigraphic study of somatostatin receptors is important in the staging and detection of recurrence of NET using radiopharmaceuticals labelled with $^{111}$In or $^{99m}$Tc-pertechnetate, other non-neoplastic processes have been described which may also

![Whole body scan images performed at 4 and 24 h, respectively after the injection of 20 mCi of $^{99m}$Tc-EDDA/HYNIC-TOC. The thick arrows indicate the anomalous deposit located in the right parascapular region. The thin arrows indicate zones of contamination by urine which do not appear in the images at 24 h.](http://www.elsevier.es)


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express these receptors and thereby lead to erroneous interpretation of the images. Nonetheless, to our knowledge no other description of lipomas has been reported in which the expression of somatostatin receptors, similar to the present case, has been determined.

References