Esophageal Cancer Case Study 01

Clinical History
69-year-old male, who had difficulty swallowing solid food, presented for evaluation.

He had an upper endoscopy over 30 years ago at which time he was told he had a hiatal hernia. The patient did have a history of food regurgitation secondary to food impaction, and reported occasional heartburn for which he had been treated with Omeprazole 20 milligrams P.O. daily. His family history included a grandfather with gastric cancer.

He had difficulty swallowing solid food for approximately 3 to 4 months. He became progressively worse, and had trouble with swallowing liquids. He was diagnosed with esophageal cancer via esophageal biopsy. The patient was referred for a CT scan.

Imaging Findings
CT FINDINGS: The CT scan revealed a dilated esophagus that was partially fluid filled. There was thickening of the distal esophagus just superior to the gastroesophageal junction. A PET/CT scan was ordered for further evaluation.

NUCLEAR MEDICINE PET/CT SCAN
STATED REASON FOR REQUEST: Initial staging of esophageal cancer, newly diagnosed via esophageal biopsy
RADIOPHARMACEUTICAL ADMINISTERED: 11.6 mCi $^{18}$F FDG IV.
COMPARISON: CT scan 2 weeks earlier

PET/CT IMAGING FINDINGS OF CHEST: There was focal intense increased FDG uptake in the distal esophagus (maximum SUV 9.0), which corresponded to the esophageal thickening on the CT scan. There was no abnormal focal increased activity in the bilateral lung parenchyma, hilum, mediastinal or axillary nodal regions.

Treatment
The patient underwent chemotherapy.

Data courtesy of Dr. David Townsend, University of Tennessee Medical Center, Knoxville, TN, USA

*Any of the protocols presented herein are for informational purposes and are not meant to substitute for clinician judgment in how best to use any medical devices. It is the clinician that makes all diagnostic determinations based upon education, learning and experience.