Isolated Splenic Metastasis of Sigmoid Colon Cancer Detected by $^{18}$F-FDG PET/CT

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Splenic metastasis from colon carcinoma are rare and usually occur in the presence of disseminated visceral metastasis. The liver is the most common site of metastatic spread from colon cancer.1-4 Several hypotheses have attempted to explain the low incidence of splenic metastasis. It should be difficult for colorectal cancer cells to reach the spleen through the portal venous system, in which the blood flow is usually from the spleen to the liver.3,6 Reticuloendothelial system or rhythmic contraction of the spleen may squeeze out the tumor in the spleen.4,7 The absence of afferent lymphatic to the spleen, phagocytic activity and humoral anticancer substances are considered to be other reason for low incidence of splenic metastasis. We report the case of $^{18}$F-FDG PET/CT finding in a 70-year-old woman who develop isolated splenic metastasis of sigmoid colon cancer.4,5,8 (Nucl Med Mol Imaging 2007;41(3):263-264)

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Fig 1. A 70-year-old woman had undergone left hemicolectomy for a sigmoid colon cancer. She also had liver segmentectomy due to liver metastasis. She was placed under chemotherapy for six times. Upon follow-up, she had no specific symptom but, the serum CEA level was elevated to 237. $^{18}$F-FDG PET/CT was done to detect recurrence lesions or other metastasis. The PET/CT demonstrated focal, intense increased uptake, about 3cm with 7.3 of peak SUV in the anterior aspect of spleen(arrows point to lesion on, from A to D, CT, PET, fusion image and whole body PET image) suggesting metastasis. The bulging contour like mass in spleen was detected in CT image (A). There were no other lesions to suggest malignancy (D). She refused to have operation due to old age and she is under chemotherapy.

References