This 57 year-old woman had initially presented with an abdominal soft tissue mass. A PET/CT scan performed at that time showed that the mass had low, patchy tracer uptake with a maximum SUV of 6.0 (Fig. 1). A diagnosis of follicular lymphoma, grade I-II, was subsequently made. She was treated with chemotherapy and radioimmunotherapy. A PET/CT scan performed for restaging at 18 months showed much more intense and extensive FDG uptake, with a maximum SUV of 35. A repeat biopsy showed transformation to diffuse large B-cell lymphoma (Fig. 2).

PET/CT and Follicular Lymphoma
Therapy for follicular lymphoma is generally not curative, and almost all patients develop a recurrence or transformation to a higher grade lymphoma. Recent studies have shown that PET/CT performed at the completion of induction immunochemotherapy is a strong predictor of the patient’s subsequent course and that a significant increase in SUV on follow-up scans as compared to pretreatment studies are highly suggestive of transformation to a more aggressive histology.¹²


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