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Clinical Image
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Large Vessel Vasculitis - Evaluation with 18F-FDG PET-CT

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Clinical Image

72 yr old female, past history of headache, hospitalized with abdominal pain, nausea, vomiting and diarrhea. No other signs or symptoms. Blood tests showed anaemia (Hg 9.7 g/dL), high CRP (9.7 mg/dL) and ESR (111 mm/h). Abdominal CT showed ascitis. Stool cultures, *Clostridium* toxin, colonoscopy, enteroscopy and biopsies were all negative. She was released 6 days later having improved clinically. Reevaluation one month later showed anaemia, high CRP and ESR. 18F-FDG PET-CT documented diffuse increased metabolism (SUVmax 15) in thoracic and abdominal aorta, iliac, femoral, subclavian, carotid and vertebral arteries, suggesting large vessel vasculitis (Figure 1). Therapy with prednisolone and azathioprine was maintained for four years, with clinical and analytic improvement. Three months after therapy withdrawal the 18FFDG PET-CT remained normal (Figure 2).

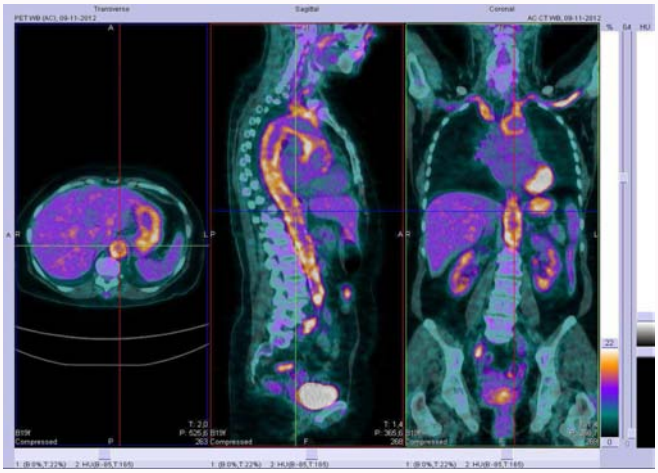

Figure 1: 18F-FDG PET-CT documented diffuse increased metabolism (SUVmax 15) in thoracic and abdominal aorta, iliac, femoral, subclavian, carotid and vertebral arteries, suggesting large vessel vasculitis.

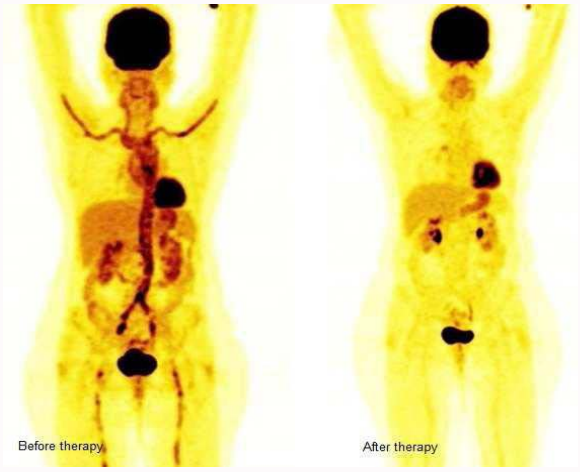

Figure 2: Three months after therapy withdrawal the 18FFDG PET-CT remained normal.

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