Ga-68 PSMA Accumulation in Hepatocellular Carcinoma

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Abstract

We present intense uptake in Ga-68 prostate specific membrane antigen (PSMA) positron emission tomography (PET)/computed tomography (CT) in primary hepatocellular carcinoma (HCC) as well as its metastases in 72 years old male patient, who have prostate, bladder and HCC carcinoma diagnoses.

Keywords: Ga-68 Prostate specific membrane antigen, positron emission tomography/computed tomography, hepatocellular carcinoma.

Figure 1: 72 years old male patient underwent Ga-68 PSMA PET/CT for restaging of prostate carcinoma. He had diagnosed as prostate adenocarcinoma in 2010 and been followed up with bone metastases under androgen deprivation and zolendronic acid therapies. Additionally segmental liver resection and radiofrequency ablation therapy had been administered in January 2015 for HCC. Finally chemoradiation therapy following partial cystectomy had been applied for high grade invasive bladder carcinoma. After chemotherapy and soraferib treatment, patient underwent Ga-68 PSMA PET/CT for elevation of serum prostate specific antigen levels. In maximum intensity projection images (A) and transaxial fused images, pathological uptake was detected in liver lesions (B), pleural surface in right hemithorax (C), mediastinal lymph nodes (D) and nodules in both lung (E).

After PET/CT patient underwent fine needle aspiration biopsy from liver mass and pleura and hepatocellular carcinoma metastases were confirmed by histopathological examination. Ga-68 PSMA PET/CT has been performed for imaging of recurrent prostate carcinoma (1). Despite specific binding of PSMA molecule for prostate carcinoma cell surface, false positive uptake in renal cell carcinoma, breast cancer and thyroid cancer has been reported as case reports (2, 3, 4). Ga-68 PSMA uptake in HCC has been reported in only one case by Sasikumar et al, recently (5). In this case we would like to share our experience of intense Ga-68 PSMA uptake in our metastatic HCC patient.

Figure 1


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