

Tc-99m DPD 골스캔과 복부 CT 영상에서 보이는 위암의 석회화

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Visualization of the Gastric Calcification due to Cancer on Tc-99m DPD and Abdominal CT Images

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A 69-year-old woman was presented with progressed dysphagia, gastric soreness and weight loss during 2 months. She was performed abdomen x-ray, EGDS and abdomen CT. Abdomen x-ray demonstrated punctuate calcification on LUQ. EGDS showed an ulceroinfiltrative mass with bleeding on cardia to antrum of stomach. And CT showed diffuse gastric wall thickness with multiple calcifications. Biopsy of the stomach and esophagus during EGDS examination revealed an adenocarcinoma, with signet ring cell type, infiltrating the wall of the stomach and the distal esophagus. Then Bone scan was performed a few days later. It revealed intense uptake in LUQ, corresponding to the calcium containing neoplasm seen on the abdomen x-ray, EGDS and abdomen CT. And there was no evidence of any metastatic lesion and thyroid uptake on the bone scan. There are many reports about accumulation of the tracer in extraosseous lesion, but only a few literatures were reported about gastric calcification in stomach cancer. More over, no reports showed CT images. We are performed many diagnostic examinations and found well correlation between them. The reason of gastric calcification is considered with calcium deposition within extracellular space due to hemorrhage or necrosis. Other possibility offered to explain gastric calcification have been increased blood flow and/or increased neovascularity with capillary leaks of tracer, and specific enzymatic (phosphatases) receptor binding of tracer. So, it was happened ion exchange between intracellular calcium and phosphate groups of tracer. (Korean J Nucl Med 38(5):344-346, 2004)

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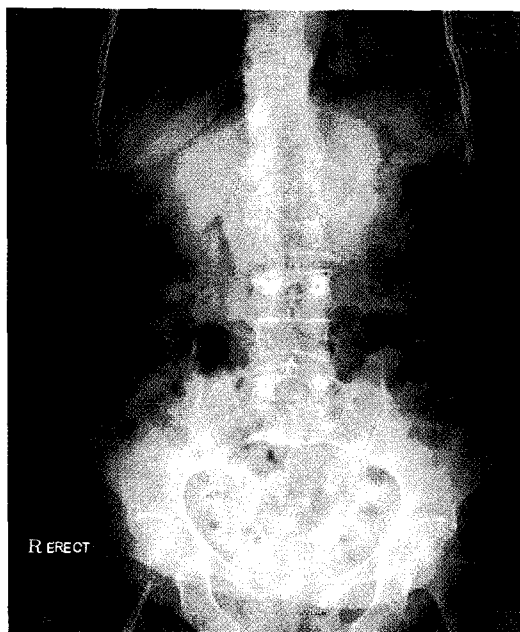


Fig. 1. There was seen calcification on LUQ in abdomen x-ray image.



Fig. 3. Abdomen CT image demonstrated stomach cancer with diffuse wall thickening and multiple calcifications within gastric wall.

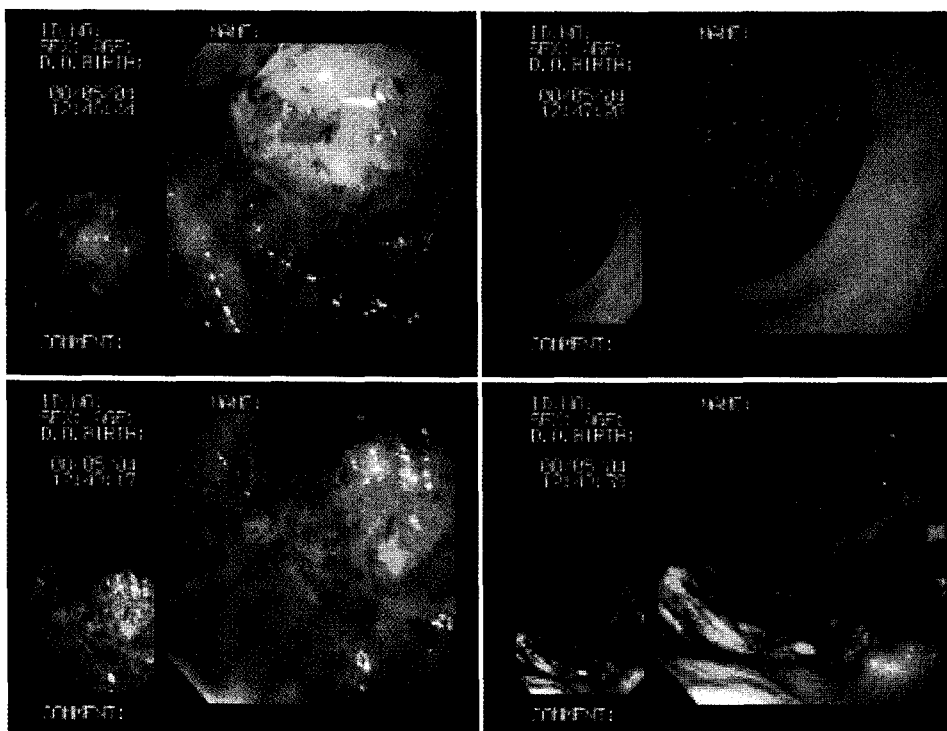


Fig. 2. Images of EGDS revealed ulceroinfiltrative mass lesion with bleeding on carina to antrum of the stomach. During EGDS examination, biopsy of the stomach and esophagus was performed. Pathologic diagnosis was adenocarcinoma with signet ring cell type.

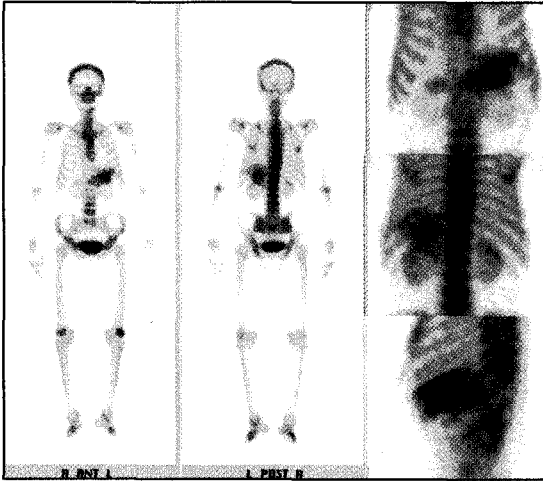


Fig. 4. Tc-99m DPD Bone scan image showed marked uptake of radiotracer in LUQ. It was corresponding to the neoplasm seen on the EGD and CT. And there was no evidence of bony metastasis and thyroid uptake.

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