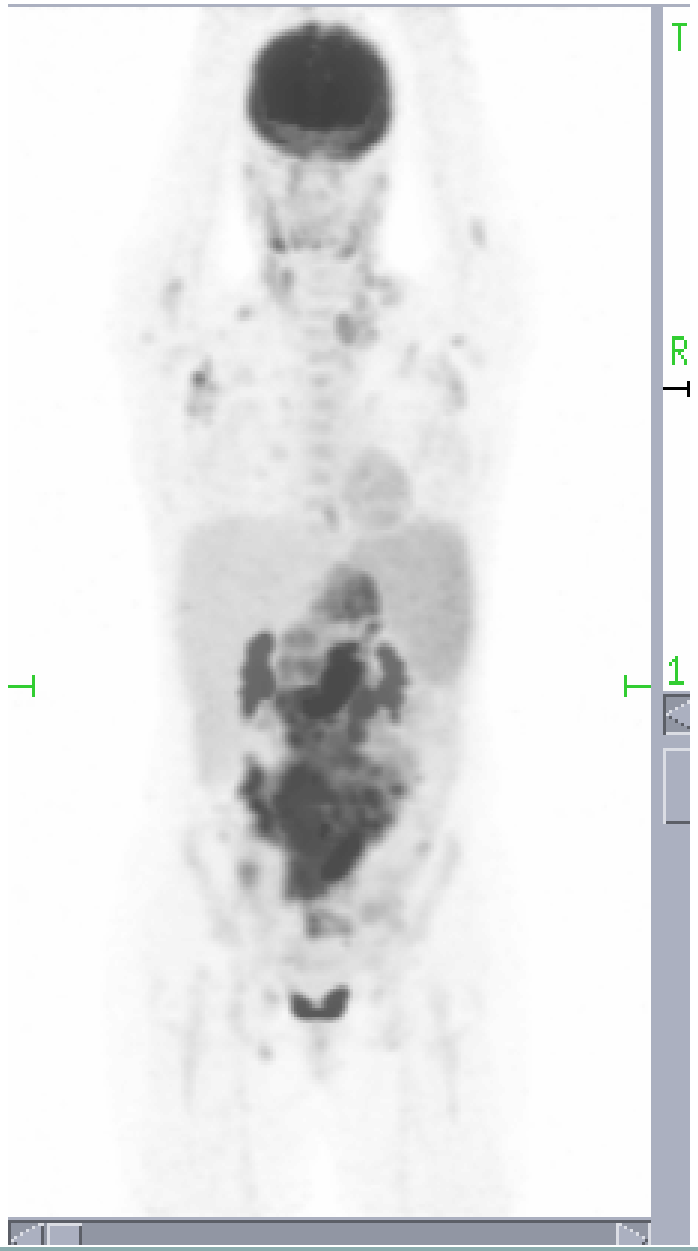
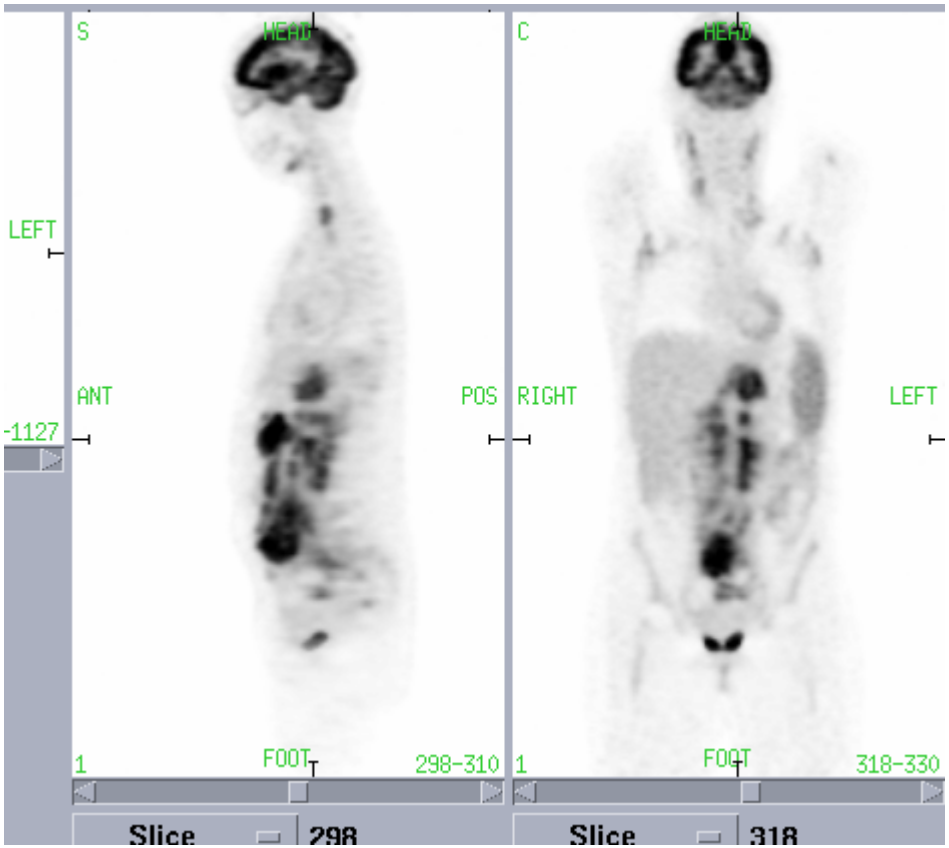
- Patient: woman 32 y. old
- Abdominal pain, peripheral nodes 2 cm (cervical, axillar and inguinal)
- CT scan: huge abdominal mass
- LDH: X 2N
- Cervical biopsy: Follicular lymphoma grade 2
- FLIPI = 3
- SUV max: 25 (mesenteric lymph node)

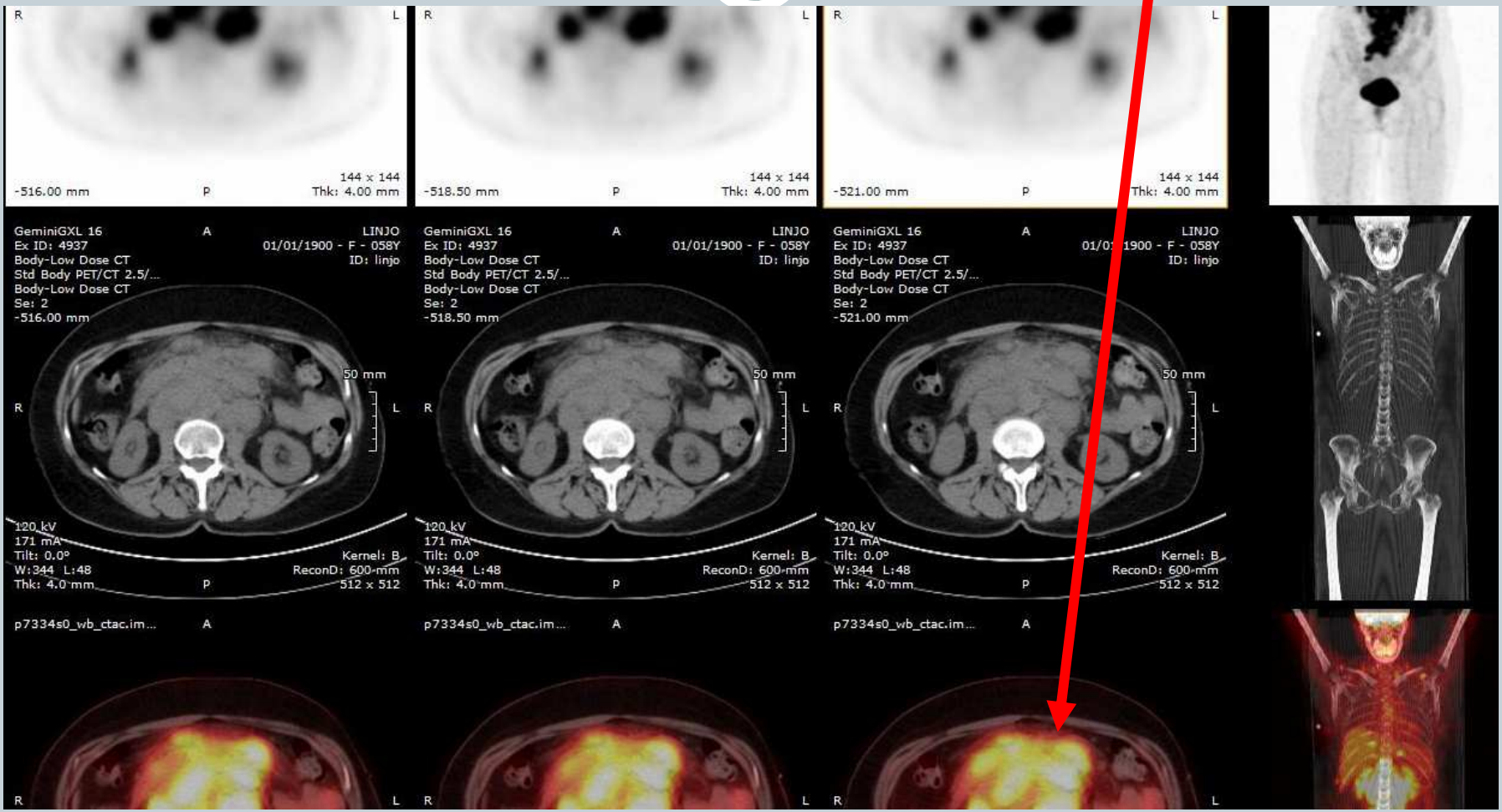
Pet scan


T
R
1


S
HEAD
LEFT
ANT
-1127
1
FOOT
298-310
Slice
298
C
HEAD
POS
RIGHT
LEFT
1
FOOT
318-330
Slice
318

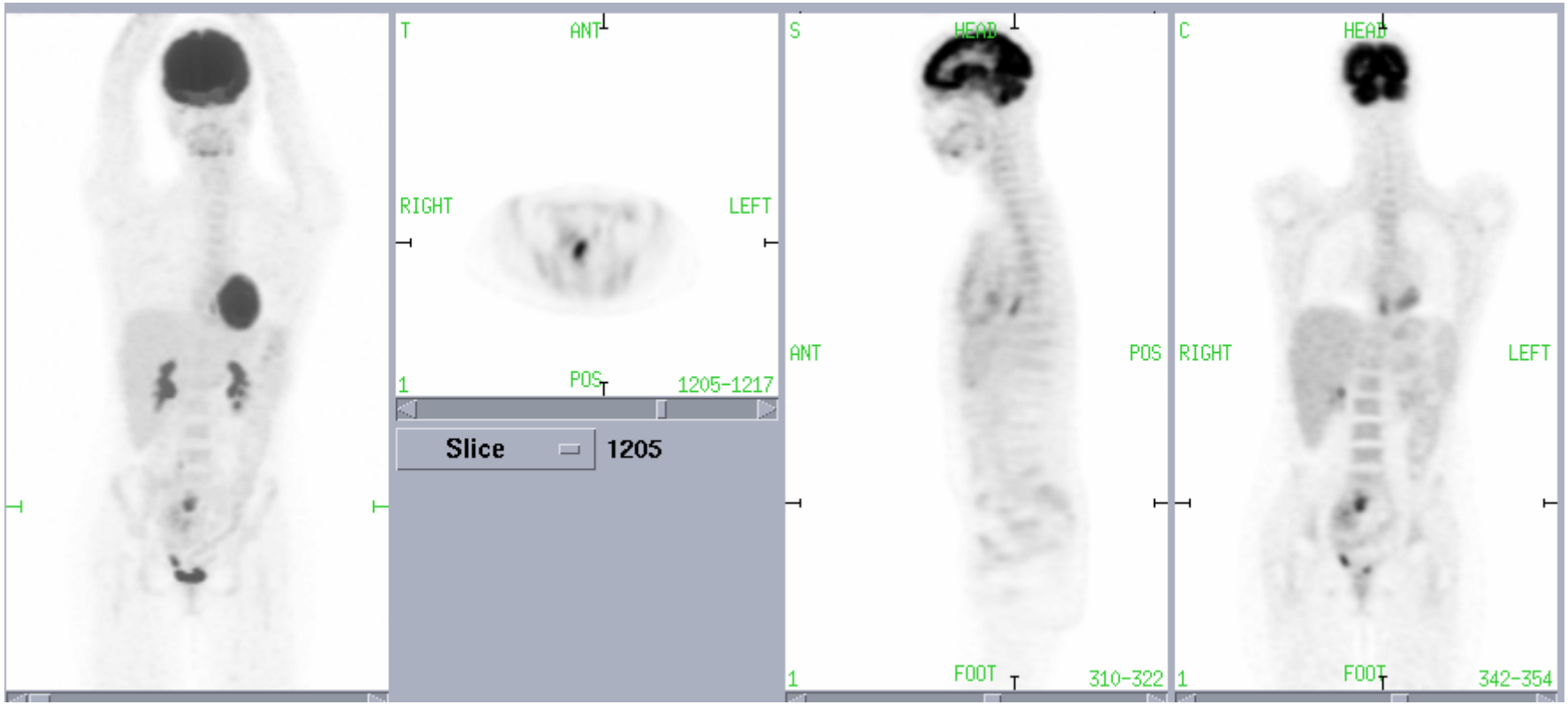
PET-CT

SUV max: 25

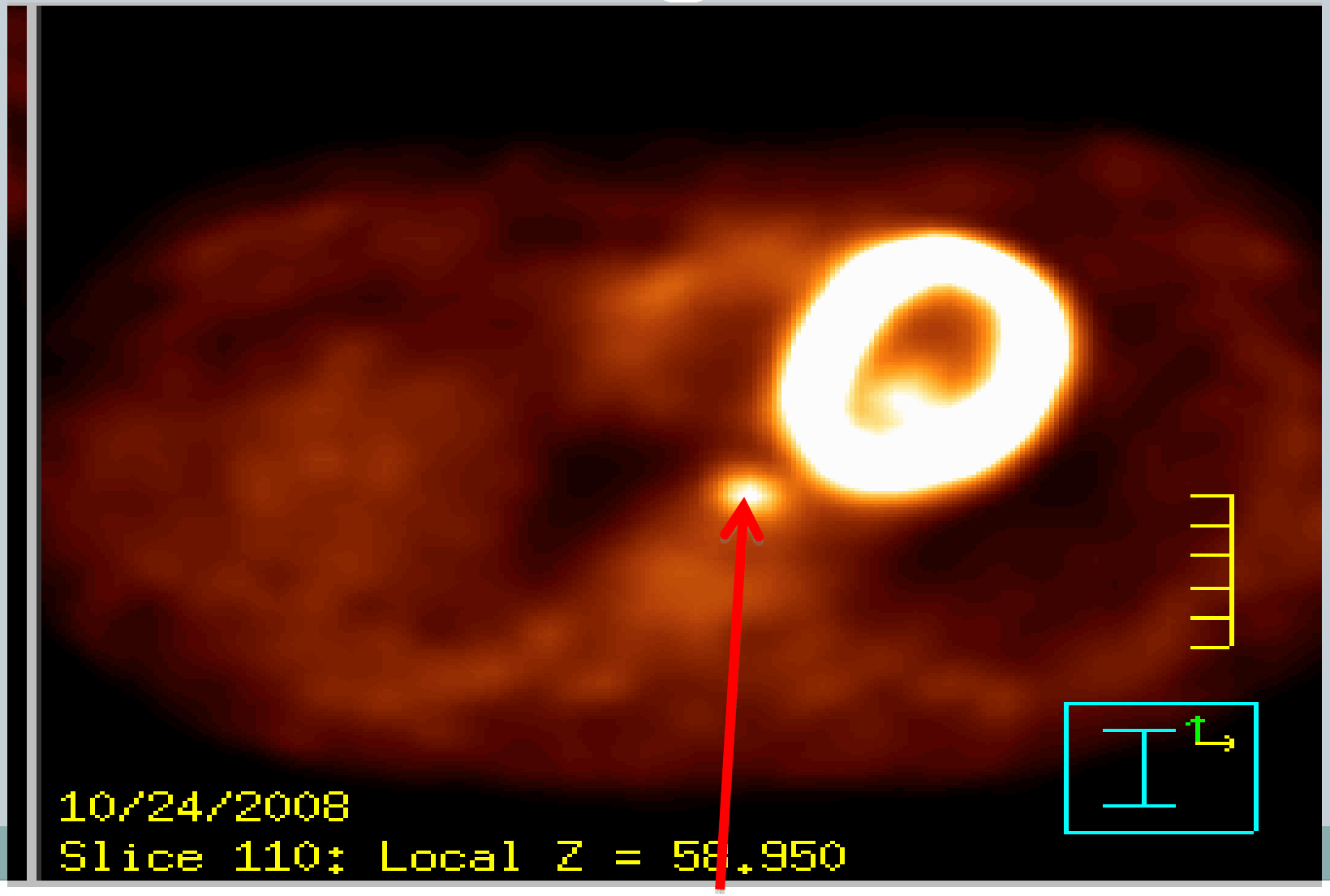


Treatment

- R-CHOP 21
- 4 cycles before CT scan (not PET scan) evaluation
  - Unconfirmed CR (80% reduction)
- 2 additional cycles of R-CHOP+ 2 infusions of rituximab (according to PRIMA protocol)
  - PET-CT : persistence of an hyper metabolic lesion (lymph node 2cm retro oesophagus (SUV max = 6.2)
- Decision: “watch and wait”

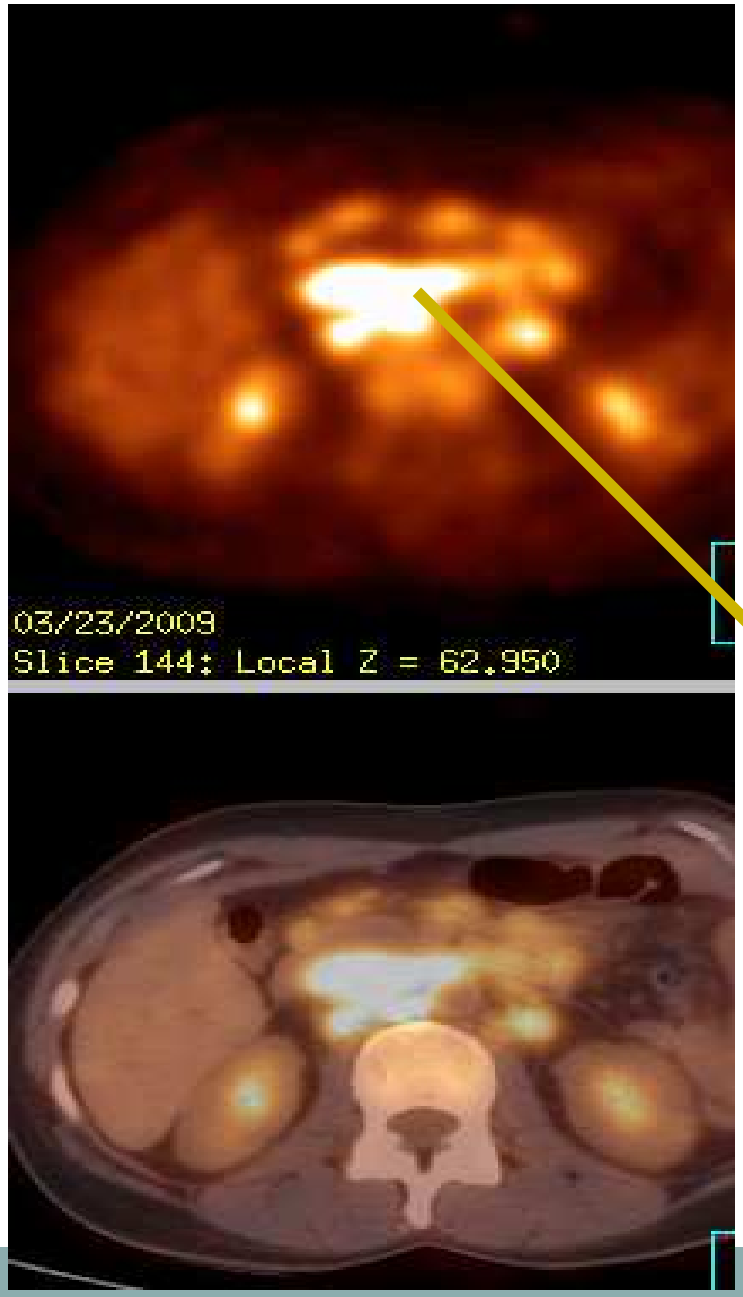

T
ANT
RIGHT
LEFT
1
POS
1205-1217
Slice
1205
S
HEAD
ANT
POS
1
FOOT
310-322
C
HEAD
RIGHT
LEFT
1
FOOT
342-354

at the end of treatment

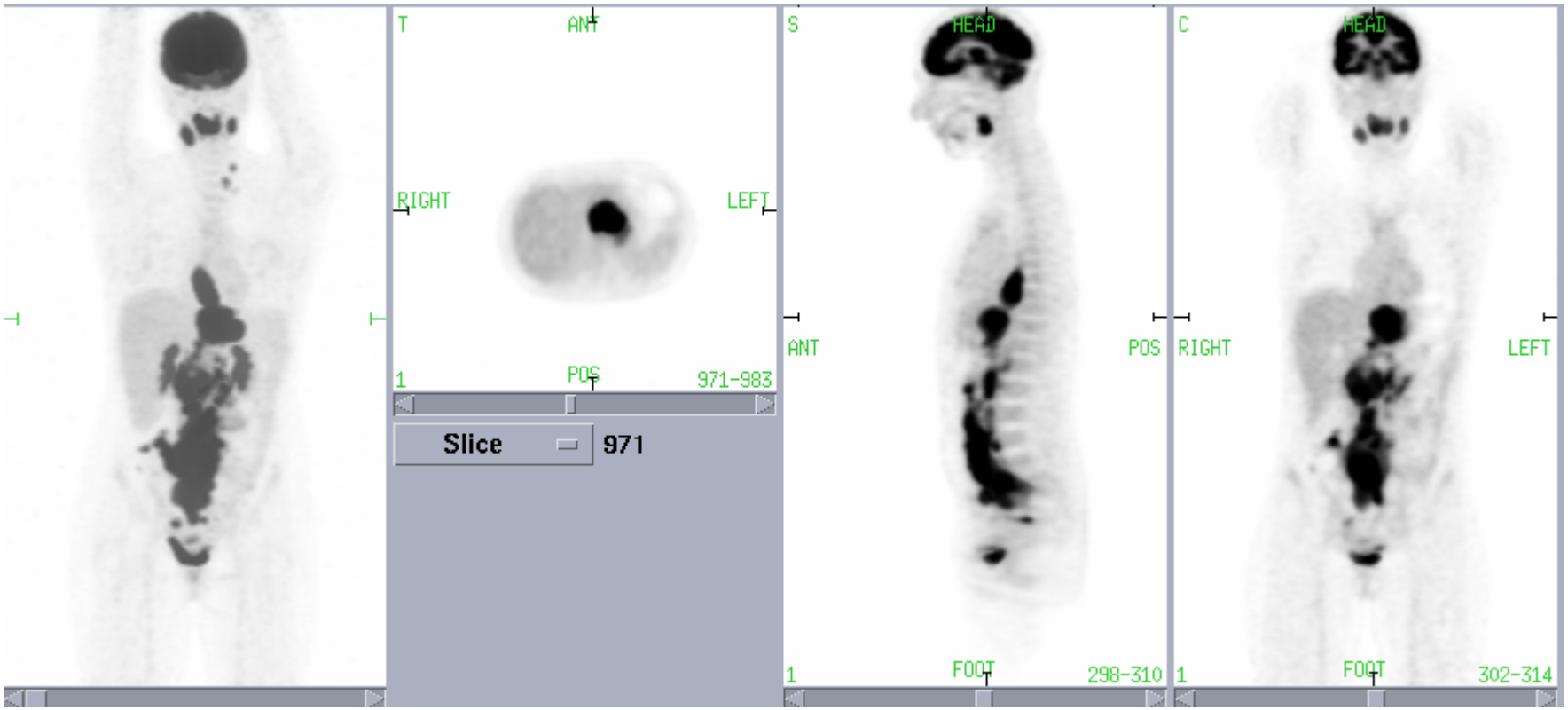


… 6 months later

- Relapse : B symptoms, cervical lymphadenopathy (< 2cm), abdominal pain, anemia, LDH:X3N, hyperuricemia
- PET-CT :
  - Mesenteric mass (SUV max = 30)
  - In other areas: SUV between 3-5
- CT guided biopsy of the mesenteric mass: DLBCL



SUV max: 30


T
ANT
RIGHT
LEFT
1
POS
971-983
Slice
971
S
HEAD
ANT
POS
1
FOOT
298-310
C
HEAD
RIGHT
LEFT
1
FOOT
302-314

Outcome

- **Salvage treatments**
  - **RICE : 2 cycles… Failure**
  - **R–DHAOx: 4 cycles…transient response, then progression**
- **Death occurred 8 months after relapse**

Questions

- Is a CT-guided biopsy of the mesenteric mass indicated at baseline?

- Should PET scan be performed before first line treatment in order to decide a guided biopsy (second biopsy), in case of suspicion of more aggressive disease (B symptoms, elevated LDH level or FLIPI ≥3, SUV>10-15??)