

## Intense Ga-68 Dotatate Uptake in Recurrent MTC Patient

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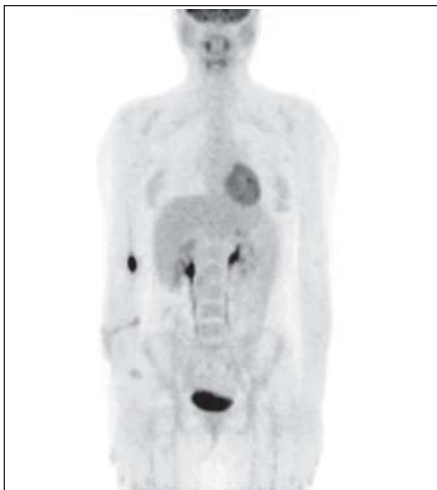
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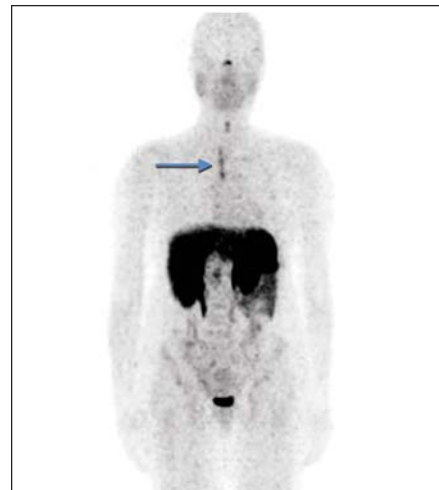
**Conflict of interest:** None declared

### INTRODUCTION

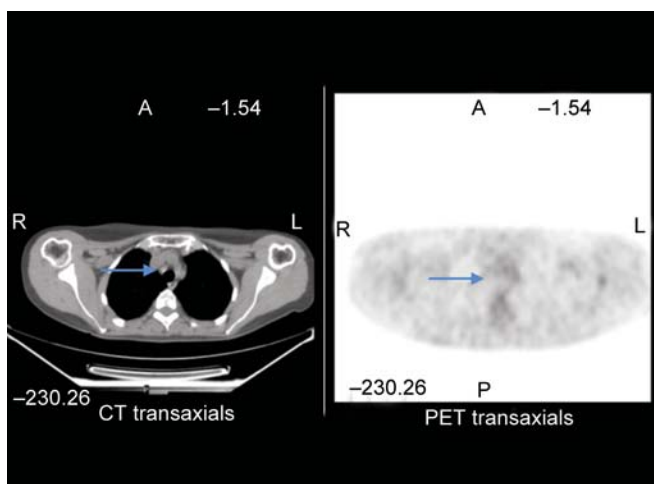
We present a case of 35 years old female patient who has undergone subtotal thyroidectomy for multinodular goiter 14 years back. Pathological examination of this thyroidectomy material was reported as benign. Five years later, a lymph node excision was performed which was reported as medullary thyroid cancer. A completion thyroidectomy was performed and subsequently the patient was operated twice for neck lymph node metastases until today. The patient was then referred for Ga-68 DOTATATE PET/CT for restaging of disease because of elevated serum calcitonin levels (7,400 pg/ml). Before Ga-68 DOTATATE PET/CT, neck ultrasonography, thoracoabdominal computed tomography (CT), I-123



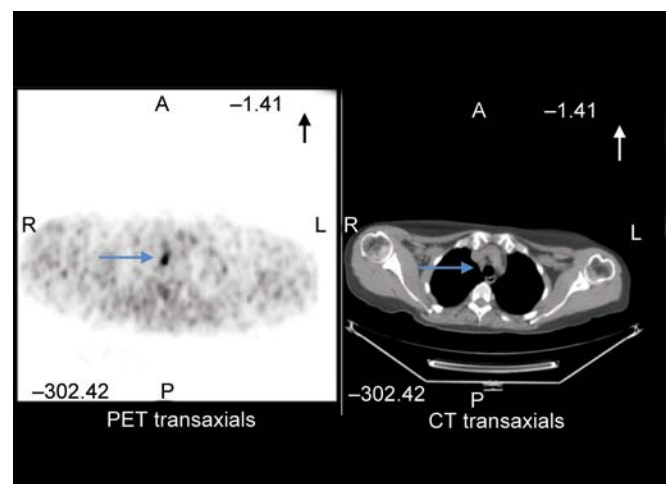
**Fig. 1:** 18F-FDG PET/CT whole body MIP image of the patient



**Fig. 3:** Ga-68 DOTATATE PET/CT whole body MIP image of the patient



**Fig. 2:** Transaxial thoracic CT and PET images of the patient



**Fig. 4:** Transaxial thoracic CT and PET images of the patient

MIBG scintigraphy and 18F-FDG PET/CT were performed and all of them were negative for recurrence. Whole body MIP image and transaxial CT and 18F-FDG PET images of thorax are shown in Figures 1 and 2. In Ga-68 DOTATATE imaging intense Ga-68 DOTATATE accumulation was seen which is suggestive of disease recurrence in paratracheal, precarinal, prevascular and right hilar lymph nodes. Ga-68 DOTATATE PET/CT whole body MIP image and transaxial CT and PET images of thorax are shown in Figures 3 and 4.

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