

Anadolu Medical Center. Affiliated with Johns Hopkins Medicine
Anadolu Caddesi No: 1 Çayirova Mevkii, Gebze 41420 Kocaeli, Turkey Fax: 0262 654 0567

Patient Nr: 154729	Date : 26.04.2010
Name : Lavinia Nita	Birth Date : 26.07.1989 (F)

Date and description of exam: 26.04.2010 - Tumor FDG PET study
Referral From : Patient Services

**ANADOLU MEDICAL CENTER
NUCLEAR MEDICINE CLINIC
FDG PET/CT STUDY**

CLINICAL INFO:

Her symptoms started with pruritis and cervical/ axillary lymph node enlargement about two years ago. Biopsy showed Hodgkin's disease and six cycles of ABVD chemotherapy was administered. Treatment was effective for the cervical/ axillary lymph node enlargement, however mediastinal improvement was not sufficient. She received two cycles of ESAP treatment. PET/CT study on 10.07.2009 showed mild degree of increased FDG localization in several subcentimetric lymph nodes in the left upper paratracheal region (SUV: 2.7, diameter: 0.7 cm). She was treated with four courses of chemotherapy (date of last treatment: 24.01.2010). PET/CT study is to evaluate response to treatment.

TECHNICAL PROCEDURE:

In the fasting state for twelve hours, with blood glucose level of 97 mg/dl, 7.7 mCi FDG (F-18 labeled fluorodeoxyglucose) was administered intravenously and after an uptake phase of 60 minutes, a PET/CT scanner was used to obtain the PET and CT images (for attenuation correction and anatomic localization) of the whole body. Immediately before and 30 minutes after administration of the agent, patient was given oral contrast for better visualization of bowels. Axial, coronal and sagittal plane PET images were obtained by iterative reconstruction and evaluated with the help of the corresponding CT images.

FINDINGS:

Abnormal increased FDG localization is noted in a lymph node mass of 1.5x2.8 cm in left medial supraclavicular region (SUV: 6.6) and in a left infraclavicular lymph node of 1.7 cm (SUV: 8.0).

Physiologic increased activity is noted in the thymus gland in anterior mediastinum. Right submandibular gland activity is increased compared to the contralateral side probably secondary to inflammation. No other areas of increased FDG activity is noted in the rest of the body areas to suggest presence of malignant tissue.

Activity distribution is uniform in the liver (SUV: 2.2).

CONCLUSION:

Abnormal increased metabolic activity in left supraclavicular and infraclavicular lymph nodes probably due to presence of malignant tissue.

Regards,

A. Semih Doğan, MD
Professor in Nuclear Medicine

Kezban Berberoğlu, MD
Specialist in Nuclear Medicine

PRIVATE ANADOLU MEDICAL CENTER HOSPITAL
Affiliated with Johns Hopkins Medicine

Patient Nr	: 154729	Visit ID	: V- 532727
Patient Name	: Lavinia Elena Nita	Doctor	: Zafer Gülbaş
Date of Birth	: 26/07/1989	Report Date	: 01/05/2010

Outpatient Progress Notes

Date and Time : 01-05-2010 13:34

Progress Notes : The left supraclavicular lymph node is reported as Nodular Sclerosing Hodgkin's Lmphoma.
Recommendations:
1-Consultation with Radiation Oncology, radiation treatment only on the involved area.
2- Check Tissue Group of mother and sibling, and recommend Allogenic Reduced Intensity Transplant.

PRIVATE ANADOLU MEDICAL CENTER HOSPITAL
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Patient Nr : 154729	Visit ID : V- 532249
Patient Name : Lavinia Elena Nita	Doctor : Kayihan Engin
Date of Birth : 26/07/1989	Report Date : 30/04/2010

GENERAL ANAMNESIS AND PHYSICAL EXAMINATION FORM

Complaints : No complaints.

History : 20 year old female. In November 2008, she had pruritis and cervical/ axillary lymph node enlargement, biopsy result was Nodular Sclerosing Hodgkin's Lymphoma. She received 6 courses of ABVD chemotherapy with partial response and 2 courses of ESAP was added to treatment. In July, PET study at AMC showed increased activity in left upper paratracheal lymph nodes. She received 4 more courses of chemotherapy and the last courses was administered on 24 January 2010. On the PET/CT study for control which was reported as follows: "Abnormal increased FDG localization is noted in a lymph node mass of 1.5x2.8 cm in left medial supraclavicular region (SUV: 6.6) and in a left infraclavicular lymph node of 1.7 cm (SUV: 8.0). Increased metabolic activity in left supraclavicular and infraclavicular lymph nodes probably due to presence of malignant tissue. She was seen by Prof Gulbas and was referred for radiotherapy. The case is discussed by Prof Gulbas on telephone. She is included in the treatment program for the involved area. Patient and relatives are informed about the treatment and procedures.

Drug allergy : No

Surgery : Axillary biopsy in November 2008

Disease : Hodgkin's Lymphoma

Previous Investigations: PET/CT (26 April 2010): Abnormal increased FDG localization is noted in a lymph node mass of 1.5x2.8 cm in left medial supraclavicular region (SUV: 6.6) and in a left infraclavicular lymph node of 1.7 cm (SUV: 8.0). Physiologic increased activity is noted in the thymus gland in anterior mediastinum. Right submandibular gland activity is increased compared to the contralateral side probably secondary to inflammation. No other areas of increased FDG activity is noted in the rest of the body areas to suggest presence of malignant tissue.
Activity distribution is uniform in the liver (SUV: 2.2).

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Patient Nr	: 154729	Visit ID	: V- 532249
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GENERAL ANAMNESIS AND PHYSICAL EXAMINATION FORM

CONCLUSION:

Abnormal increased metabolic activity in left supraclavicular and infraclavicular lymph nodes probably due to presence of malignant tissue.

Transfusion : Blood Group: A Rh (+)
General Appearance : Normal
Habits : No
Impression and Plan : She is included in the IMRT program. Treatment is planned in 28 fractions, in a total dose of 50,4 Gy. Information is provided regarding the treatment procedures.
Preliminary Diagnosis : Nodular sclerosing Hodgkin's Disease.

PRIVATE ANADOLU MEDICAL CENTER HOSPITAL
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Patient Nr : 154729	Visit ID : V- 529305
Patient Name : LAVINIA ELENA NITA	Doctor : KEMAL RASA
Date of Birth : 26/07/1989	Report Date : 26/04/2010

Discharge Summary

- Date of Discharge** : 26-04-2010
- Date of Admission** : 26-04-2010 15:01
- Complaints** : Patient with left supraclavicular lymphadenopathy and under treatment for Hodgkin's Disease.
- History/ Reason for Admission** : In August 2009 she was seen in our hospital for relapsing Hodgkin's Disease and treated with DHAP, followed by stem cell mobilization with G-CSF, however the stem cell mobilization was not adequate and Gemcitabin protocol was offered. After receiving 4 courses in her country, she is back for control. Her Hogkin's disease started with pruritis and cervical/ axillary lymph node enlargement about one year and two months prior to her initial presentation at our hospital. She used antibiotics with no favorable response. Biopsy showed Hodgkin's disease and six cycles (12 times) of ABVD chemotherapy were administered. Treatment was effective for the cervical/ axillary lymph node enlargement, however no significant improvement was seen in the mediastinum. She received two cycles of ESAP treatment, which yielded favorable response, however she had excessive nausea and vomiting. She tolerated the treatment with difficulty. And came to our hospital. Currently she is feeling well, without fever, night sweats. Over the past 6 months, she had common cold once for a short period. Her exercise capacity is normal. She received her last treatment on 20-24 January. She comes back 3 months following treatment. She is referred by Hematology to General Surgery, for excision of supraclavicular lymphadenopathy.
- Past Medical History** : Disease: Hodkin's Lymphoma, Surgery: Axillary biopsy in November 2008. Blood group: A Rh+
- Clinical Findings** : Left supraclavicular mobile, painless lymphadenopathy of 1X1 cm
Two left axillary painless lymph nodes of 0.5 X0.5 CM.
- Investigations** : 26.04.2010: FDG PET/CT Report: Clinical Info: PET/CT study on 10.07.2009 showed mild degree of increased FDG localization in several subcentimetric lymph nodes in the left upper paratracheal region (SUV: 2.7, diameter: 0.7 cm). FINDINGS: Abnormal increased FDG localization is noted in a lymph node mass of 1.5x2.8 cm in left medial supraclavicular region (SUV: 6.6) and in a left infraclavicular lymph node of 1.7 cm (SUV: 8.0). Physiologic

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Date of Birth : 26/07/1989	Report Date : 26/04/2010

Discharge Summary

increased activity is noted in the thymus gland in anterior mediastinum. Right submandibular gland activity is increased compared to the contralateral side probably secondary to inflammation. No other areas of increased FDG activity is noted in the rest of the body areas to suggest presence of malignant tissue. Activity distribution is uniform in the liver (SUV: 2.2).
CONCLUSION: Abnormal increased metabolic activity in left supraclavicular and infraclavicular lymph nodes probably due to presence of malignant tissue.

Diagnoses : Relapsing Hodgkin's Lymphoma on follow-up. Left supraclavicular lymphadenopathy.

Surgery/procedure : 26-04-2010 – Excision of left supraclavicular lymphadenopathy.

Clinical Course and Medications : Patient was discharged on the same day of surgery.

Suggested Treatment/ Discharge Medications : Gergaline-K tb 4X1

Doctor's Name and Signature : Dr. Kemal Raşa

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Patient Nr: 154729	Date : 24.04.2010
Name : Lavinia Nita	Birth Date : 26.07.1989 (F)

Date and description of study : 24.10.2009 – Chest X-Ray (two views)
Referral from : Hematologic Oncology

PA AND LATERAL CHEST X-RAY

Within the field of study, the ribs and extrathoracic soft tissue planes are normal, both hemithoraces are symmetric.

Trachea is in the midline, heart and mediastinal blood vessels are at normal location and display normal anatomic features, retrosternal and retrocardiac spaces are clear.

Enhanced bronchovascular arborization is noted in right parahilar and left paracardiac regions, with slight prominence of interstitial markings. No evidence of infiltration or space occupying lesions in the rest of the lung fields.

Both hemidiaphragms have normal shape and localization, bilateral costophrenic sinuses are open.

Regards,

Omer Aydiner, MD
Radiology