Letter to the Editor

FDG-PET in Multimodality Assessment of Cardiac Myxoma

Joseph C. Lee, MBBS, FRACP, FAANMS^{1,2}, and Rachael O'Rourke, BSc, MBBS, FRANZCR^{1,2}

¹Department of Medical Imaging, The Prince Charles Hospital, Chermside, QLD, Australia

²Faculty of Medicine, University of Queensland, Herston, QLD, Australia

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Address for Correspondence:

Joseph C. Lee, MBBS, FRACP, FAANMS

Department of Medical Imaging, The Prince Charles Hospital, 627 Rode Rd, Chermside, QLD 4032, Australia.

E-mail: Joseph.Lee@health.qld.gov.au

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Conflict of Interest

The authors have no financial conflicts of interest.

► See the article “Multi Modality Imaging Features of Cardiac Myxoma” in volume 28 on page 235.

To the Editor:

We thank Dr. McAllister for the very comprehensive review of imaging of cardiac myxoma.¹⁾ Diagnosis of this condition is very important to establish. It is often very difficult as well to assess such cases. Thus, we appreciate that using multiple imaging modalities may be very helpful as one single modality may not provide the answer definitively.

Further, we suggest positron emission tomography with fluorodeoxyglucose (FDG-PET) may be helpful. It may serve as an additional modality to assist in the diagnostic process. A number of such cases have been documented in the literature.²⁻⁴⁾ Additionally, it may identify sites of concern beyond the cardiac region with no additional radiation cost or inconvenience to the patient and at the same time, may help identify alternate more unusual diagnoses such as sarcoma and metastases.

We have also found FDG-PET very helpful in assessment of other cardiac tumours such as primary cardiac lymphoma. In particular, we have found FDG-PET to be of great assistance in the surveillance of post-treatment effects on cardiac lymphoma tumours and have wondered previously⁵⁾ whether a functional modality such as FDG-PET may be more useful for this purpose when morphological imaging shows a residual tumour.

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The author reply:

Brylie J. McAllister , BSc, MBBS

Department of Radiology, Gold Coast University Hospital, Southport, QLD, Australia

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Address for Correspondence:

Brylie J. McAllister

Department of Radiology, Gold Coast
University Hospital, 1 Hospital Blvd, Southport,
QLD, 4215, Australia.
E-mail: brylie.mcallister@gmail.com

ORCID iDs

Brylie J. McAllister
<https://orcid.org/0000-0002-2468-3016>

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The author has no financial conflicts of interest.

The interest in my review¹⁾ is very gratifying. The points made highlight well that positron emission tomography (PET) with fluorodeoxyglucose (FDG) is a growing area. At present, it is only available in a limited number of facilities and not part of common widespread clinical practice outside of major metropolitan areas. In Australia, presently, there are 77 facilities with PET scanners.²⁾

While assessment of myxomas is well supported by the literature cited for diagnostic purposes, it is not currently listed in the government-funded list of indications for FDG-PET.³⁾ Similarly it is not funded for use in follow-up, although the concept that it may complement anatomical imaging for this purpose to assess functional response is very rational. The fact that it has been demonstrated to be successful for other cardiac tumours such as lymphoma⁴⁾ shows also that it is very useful in this stage of disease management.

Successful use of PET, however, may be limited by spatial resolution. Depending on factors such as the scanner and the settings applied, the resolution may vary a little as discussed in greater detail by Lodge et al.⁵⁾ It suggested lesions, generally speaking, are not reliably characterised on FDG-PET if less than 13 mm.

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