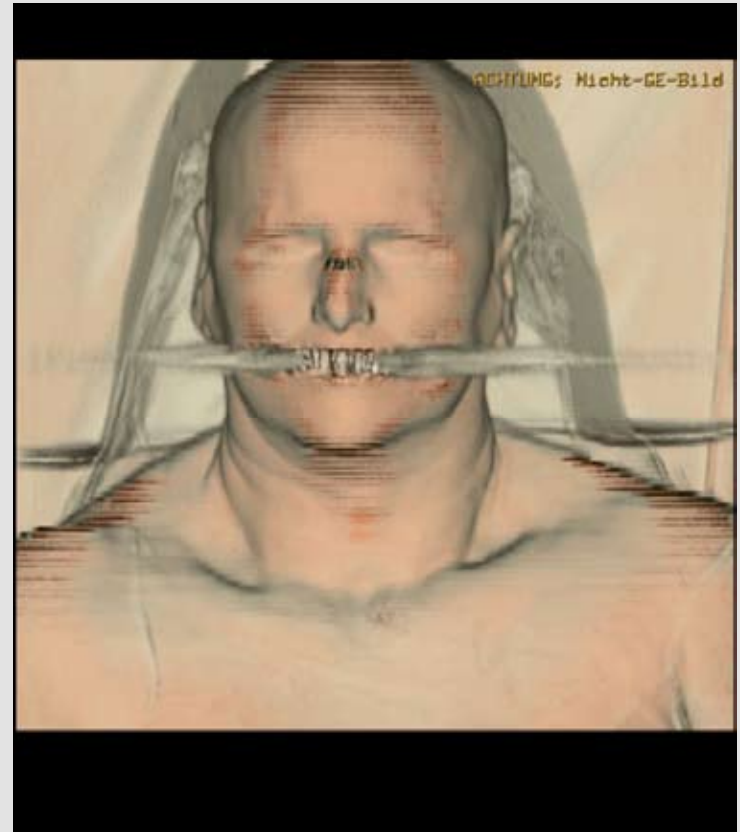


Pat. v.d.F., B., w., 60y.

- Bei gynäkol. Routineunters. aufgef. Schwellung rechte Halsseite
- Familienanamnese: 1 Tochter C-ZellCa. der SD, andere SDCa., genetischer Test auf MEN o.B.
- Onkologische Vorstellung: V.a. Lymphknoten
- FDG-PET/CT intensive solitäre Mehranreicherung
- MRT: typisches Salz- und Pfeffer-Muster
- Ga68-DOTATOC-PET/CT: intensive Somatostatinrezeptorexpression

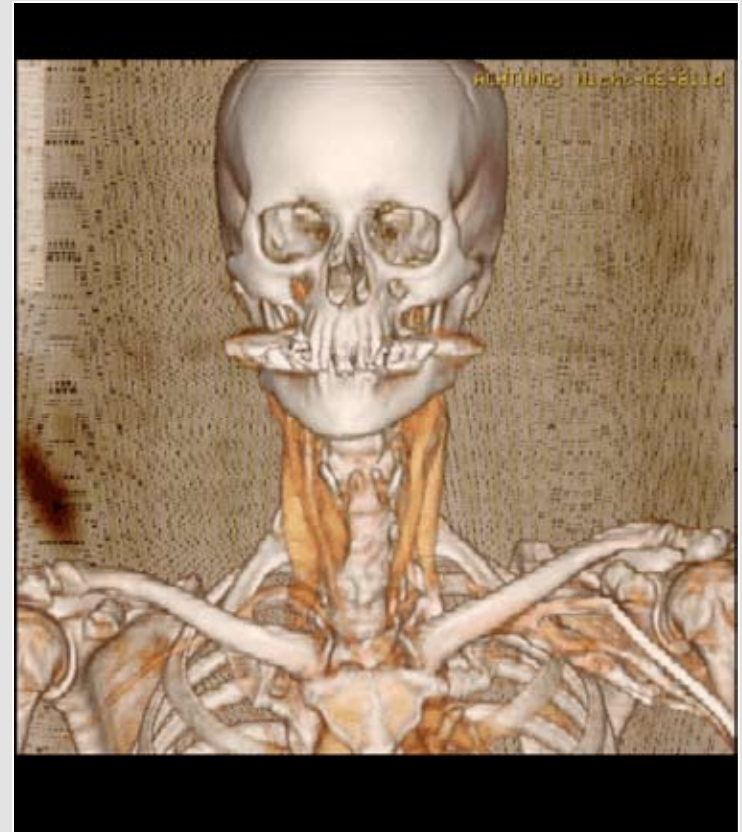
Pat. v.d.F., B., w., 60y.

- KM-CT Reko



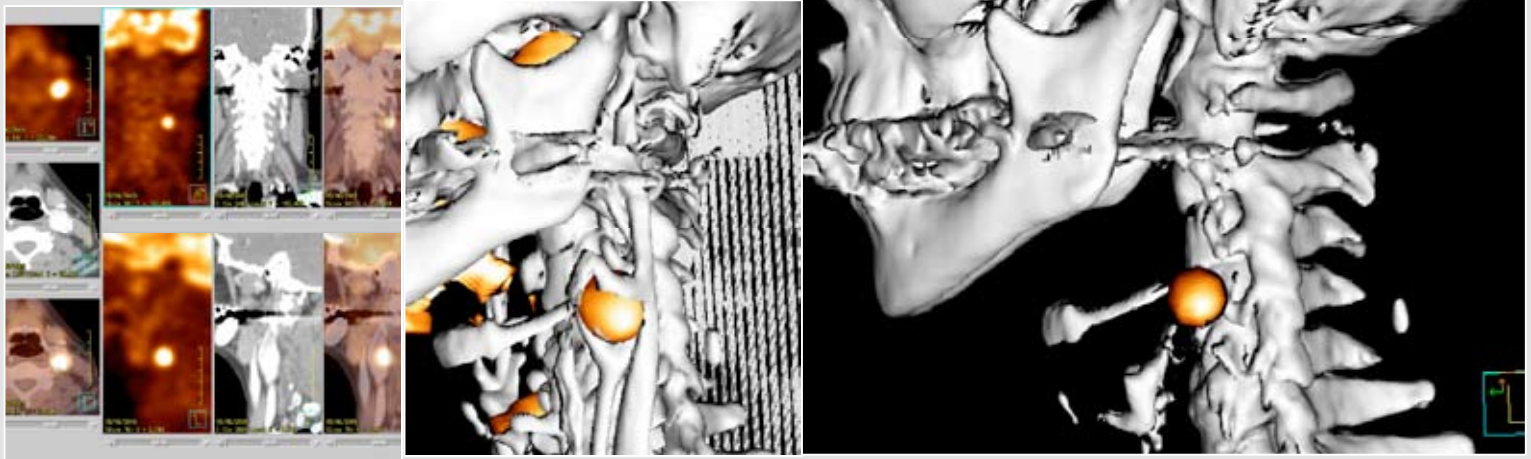
Pat. v.d.F., B., w., 60y.

- KM-CT Reko



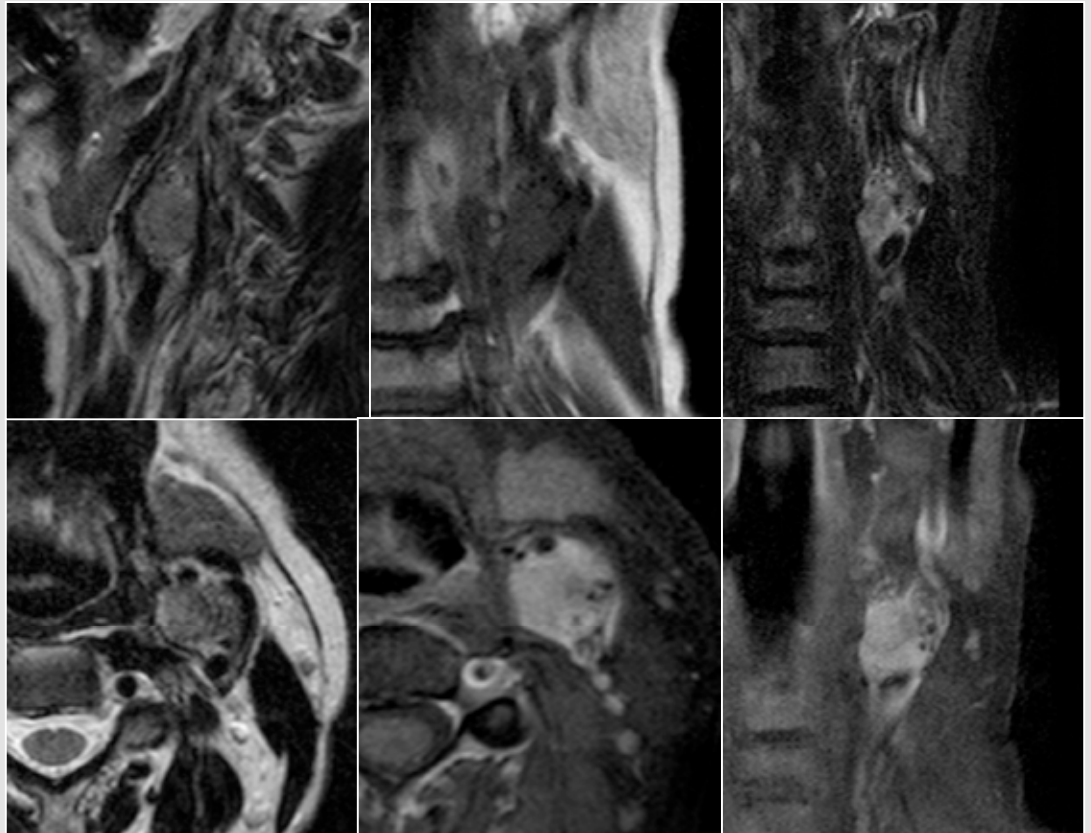
Pat. v.d.F., B., w., 60y.

- FDG-PET/CT



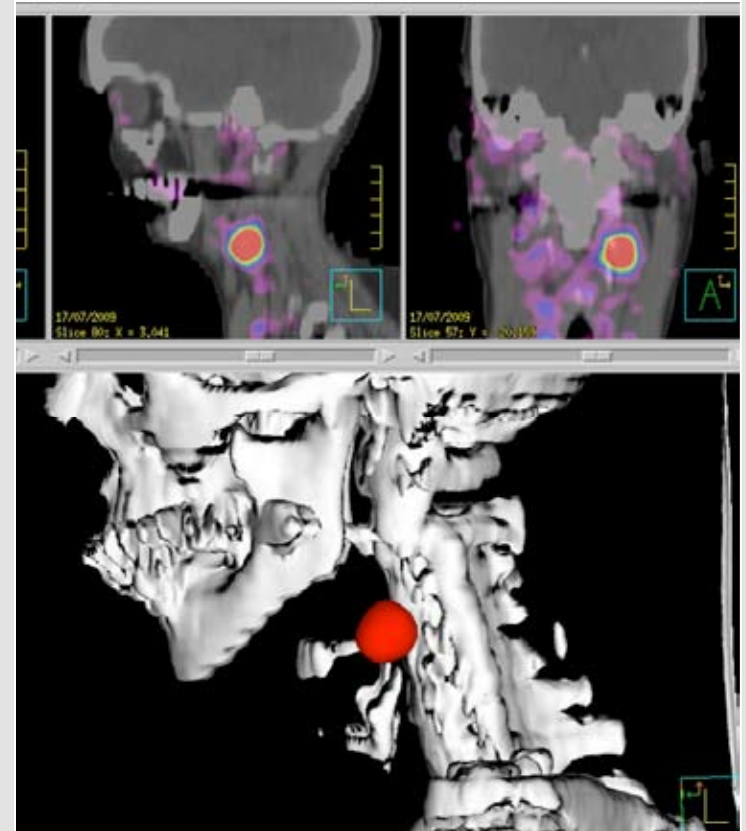
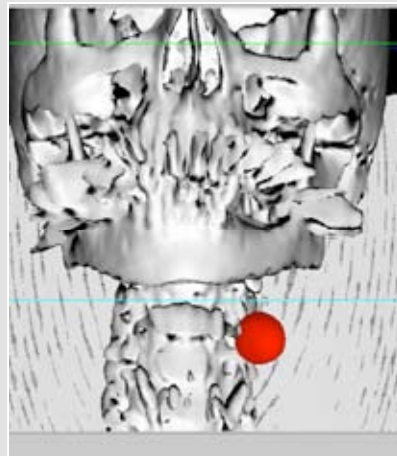
Pat. v.d.F., B., w., 60y.

- MRT



Pat. v.d.F., B., w., 60y.

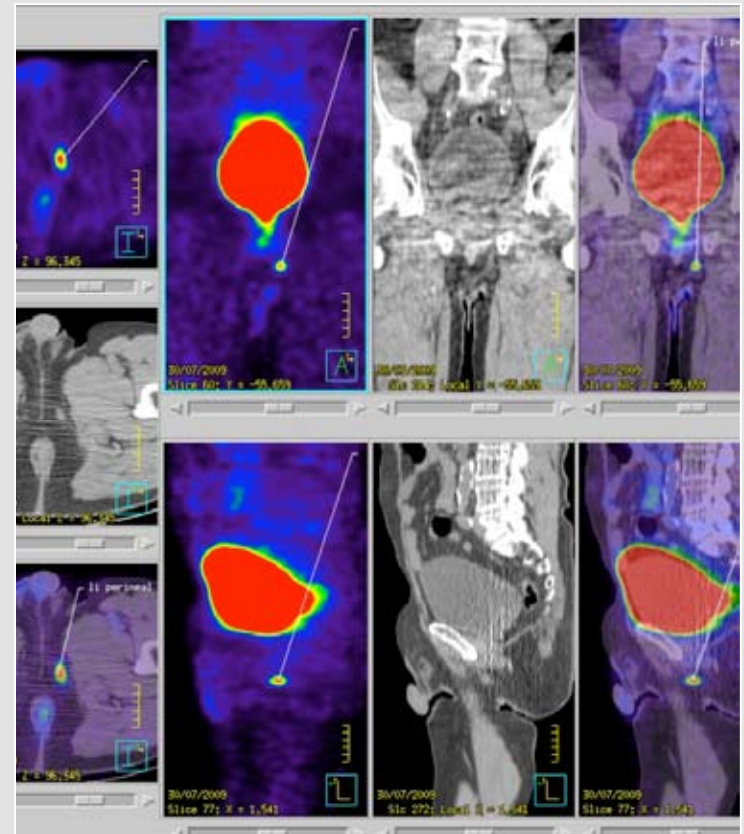
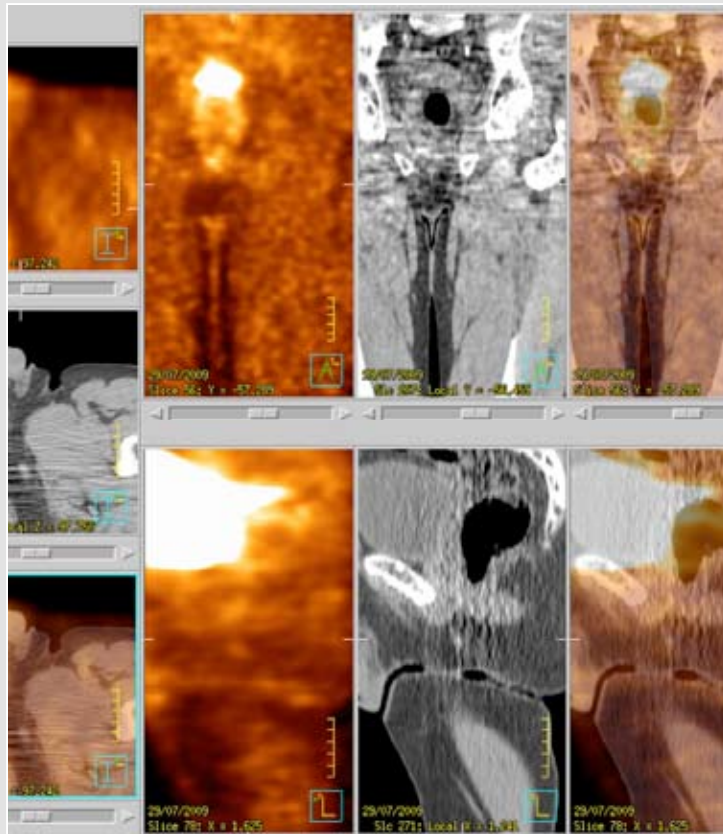
- Ga 68 DOTATOC



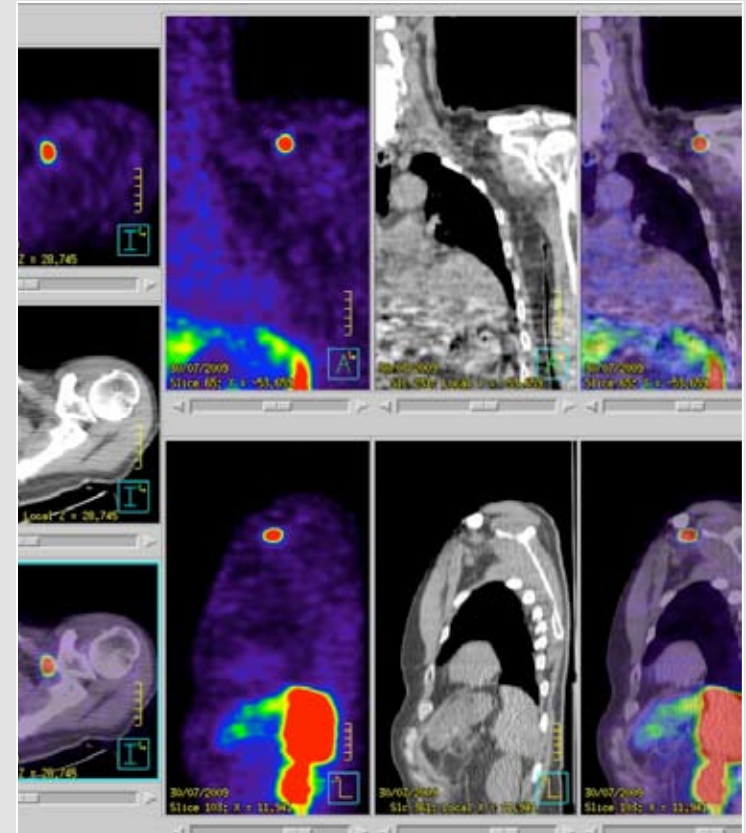
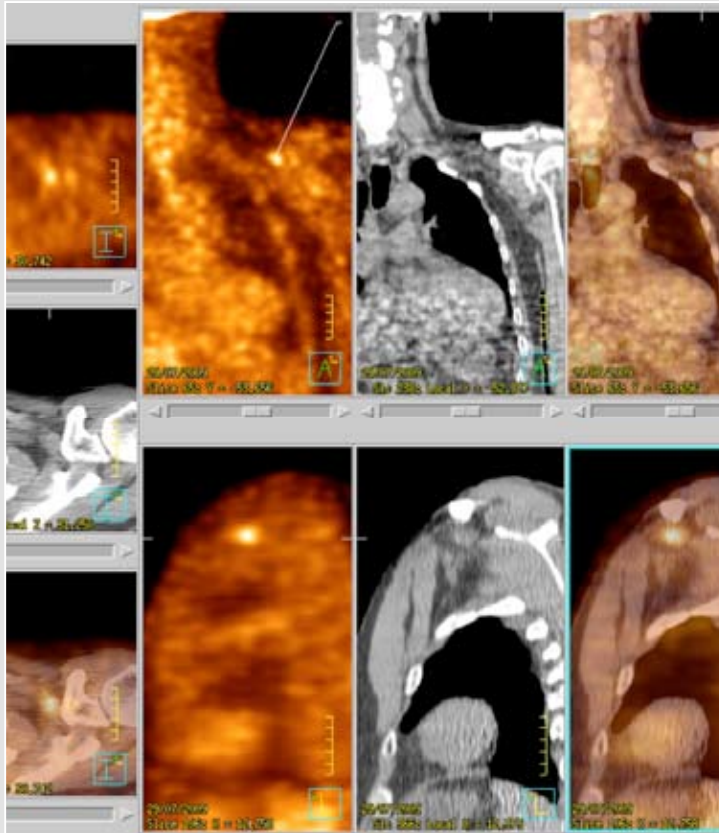
K., K., m, 65j., Merkelzelltumor

- 2/2006 OP retroperitonealer Tumor li. mit Bauchdeckeninfiltration. R0 Resektion. Merkelzelltumor
- Empfohlene Nachbestrahlung nicht durchgeführt.
- 1/2007 links paravertebrales Tumorreizidiv - LITT, Chemoembolisation OP und Rx (11/2008)
- 2/2009 2 Pankreasmastasen - Radiatio
- 5/2009 im ext. PET/CT Rezidiv BWK 10 - Chemo CMF
- Zunehmende Rückenschmerzen und Gangstörung, bekannte Blasenentleerungsstörung aufgrund Prostataerkrankung. Z.n. 2x TURP

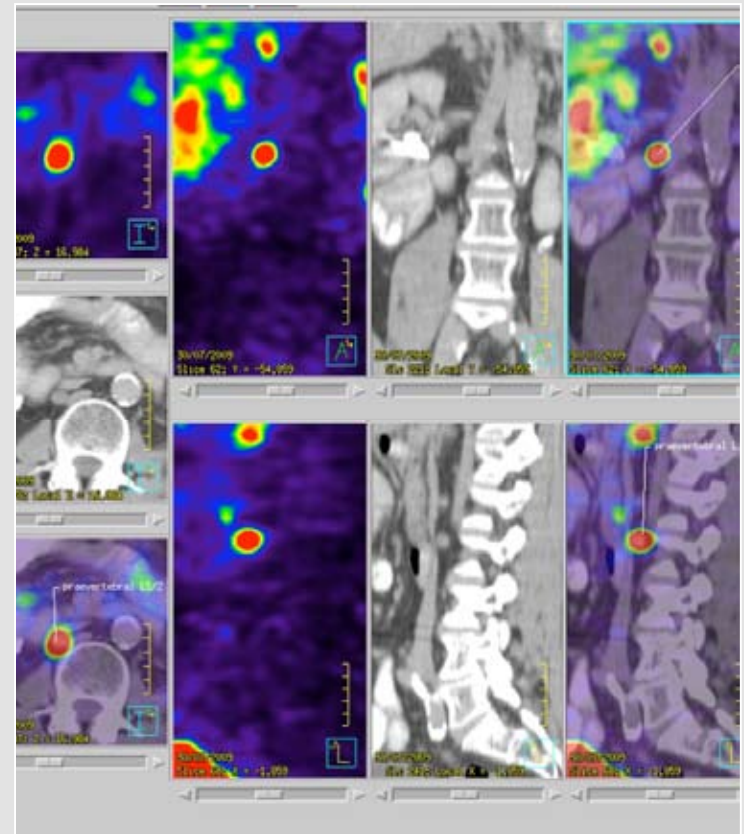
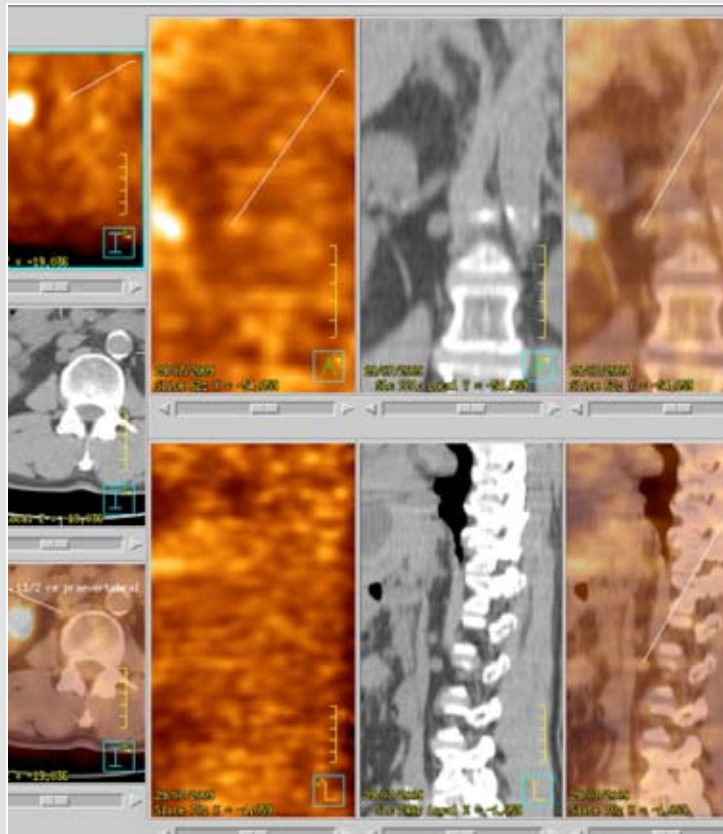
K., K., m, 65j., perineal li., FDG neg, DOTA pos



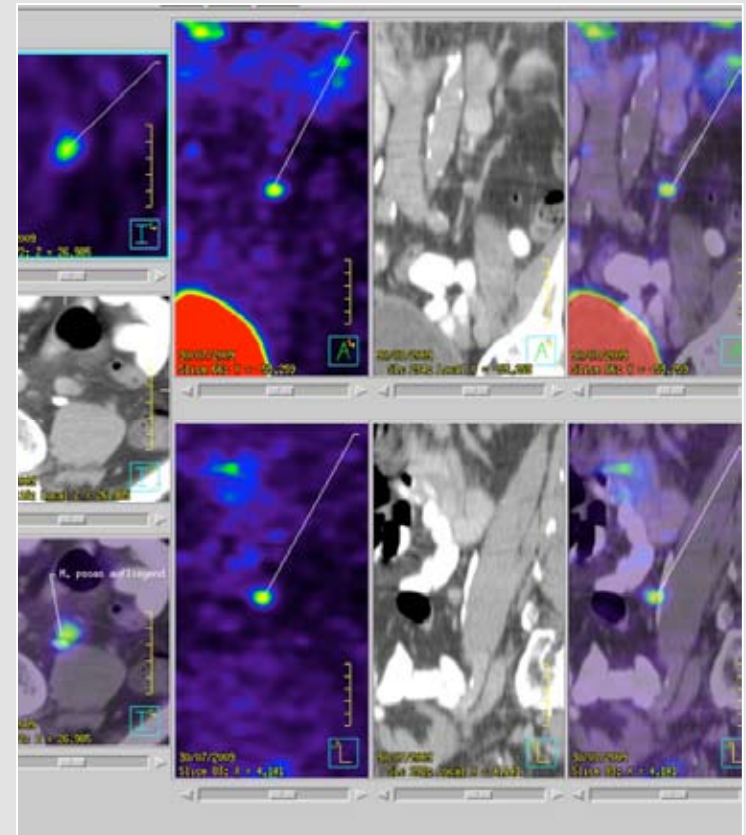
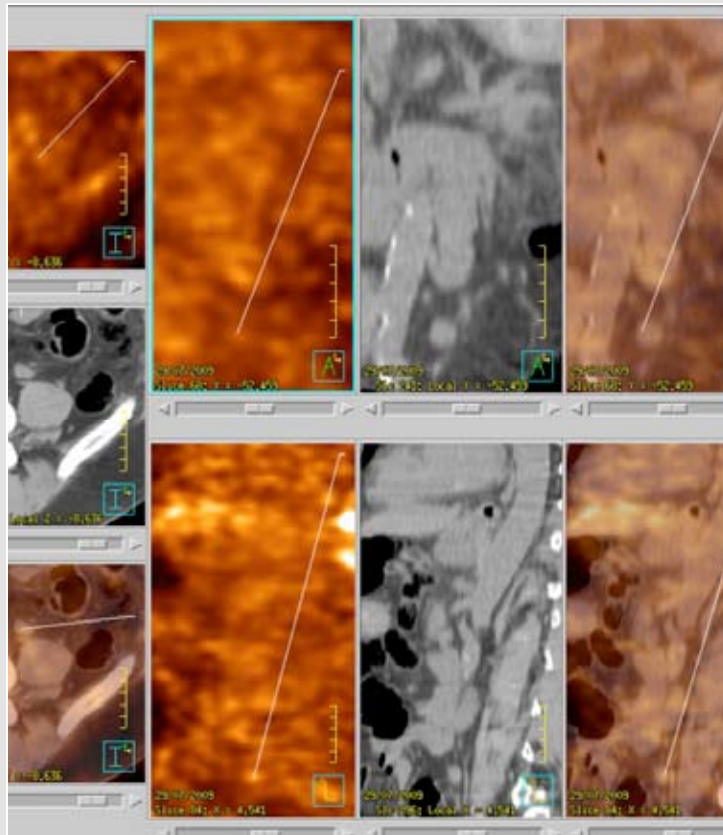
K., K., m, 65j., li. infraclav., FDG neg, DOTA pos



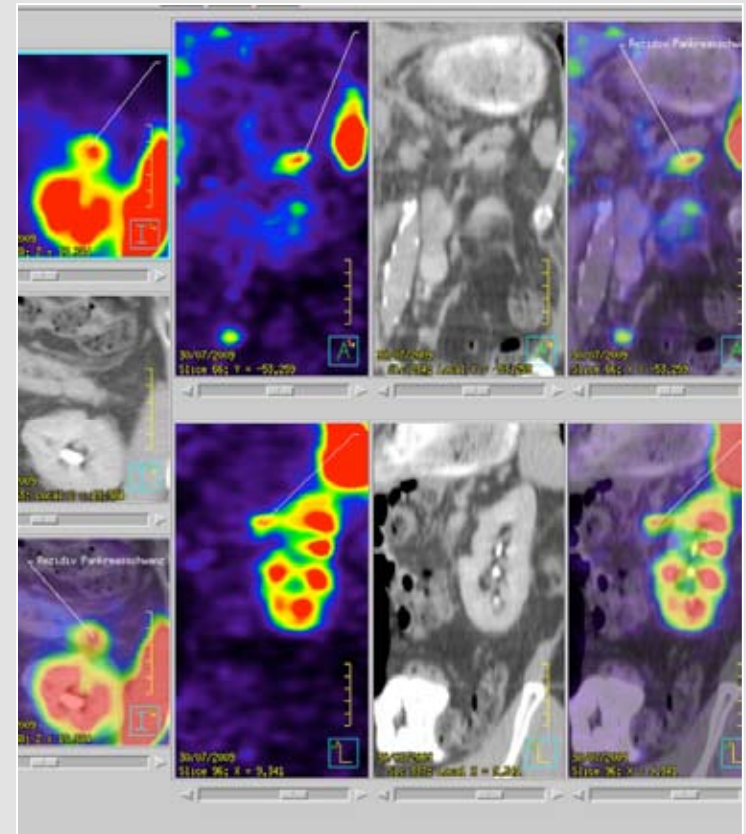
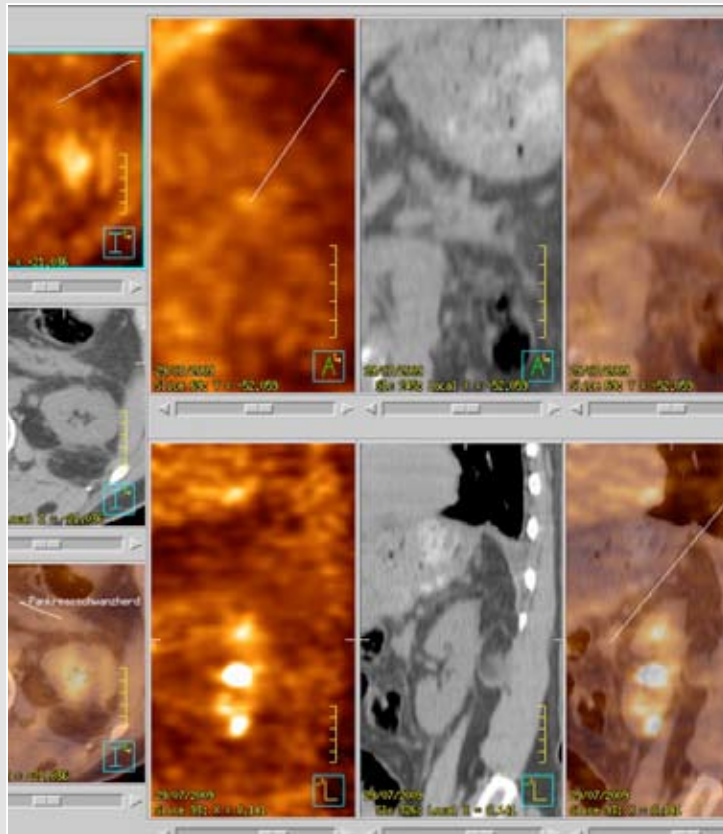
K., K., m, 65j., L1/2 li., FDG neg, DOTA pos.



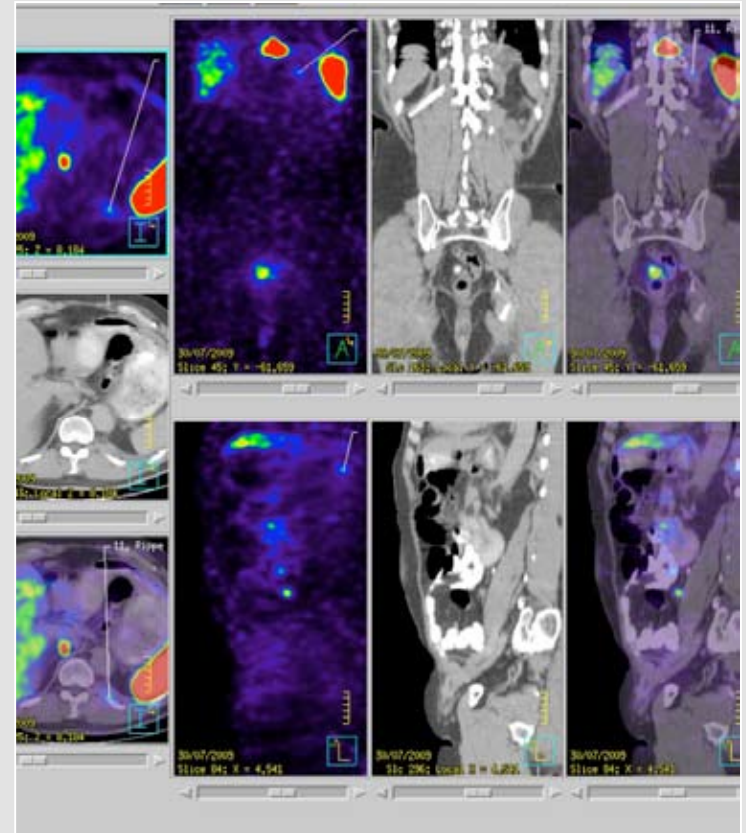
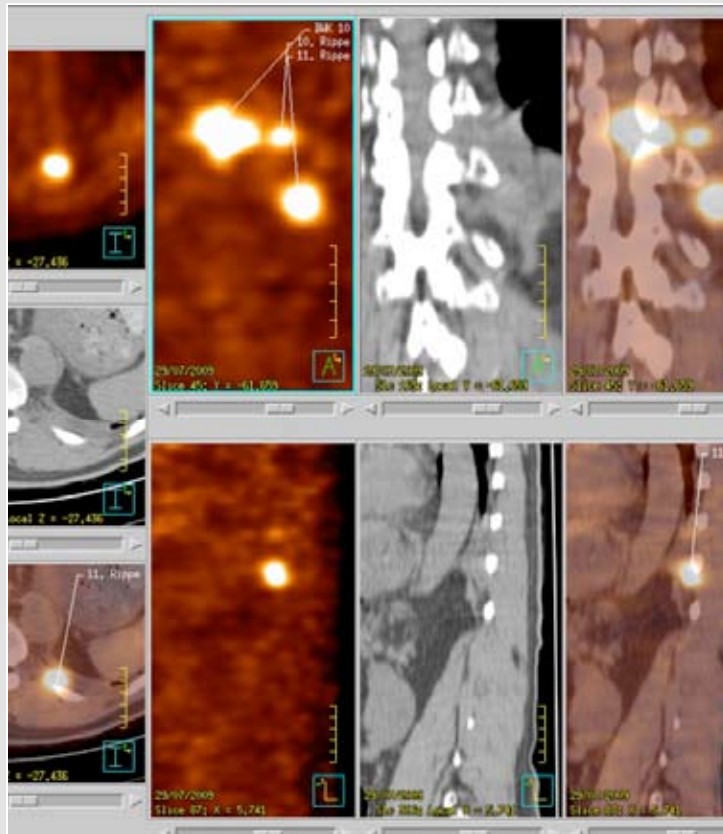
K., K., m, 65j., M. psoas li., FDG neg, DOTA pos.



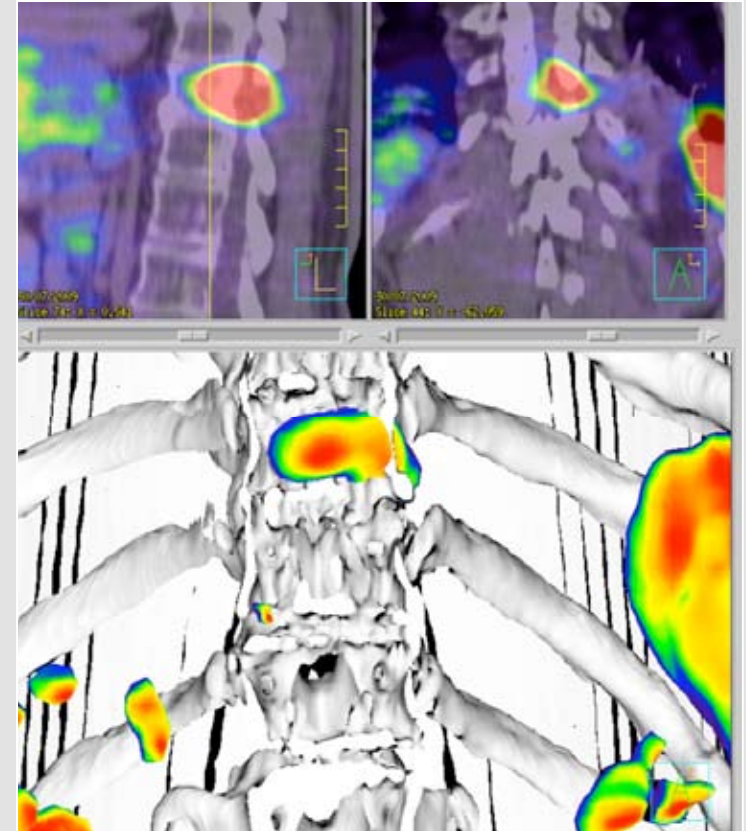
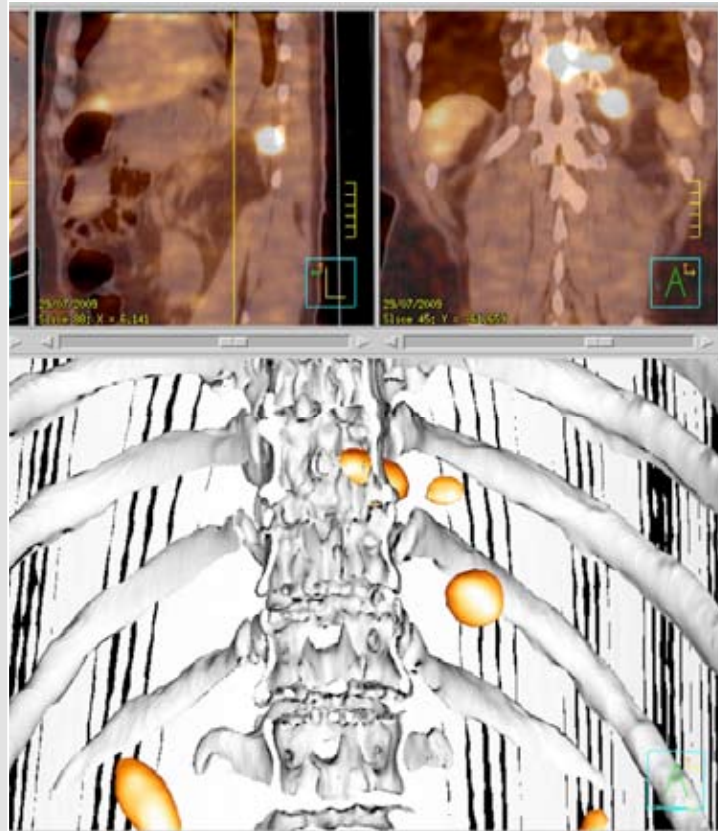
K., K., m, 65j., Rezidiv Pankreasmetastase



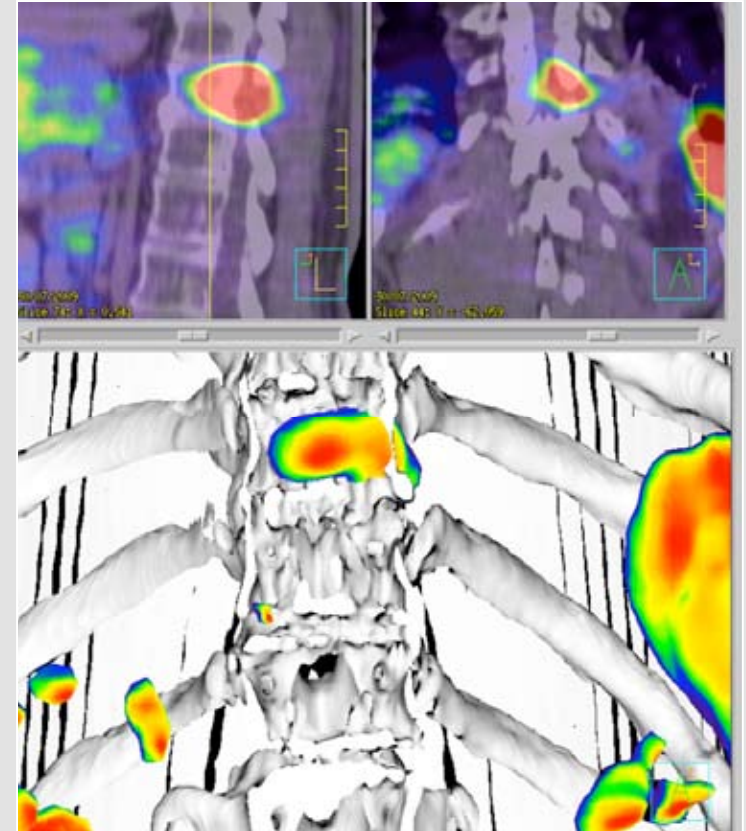
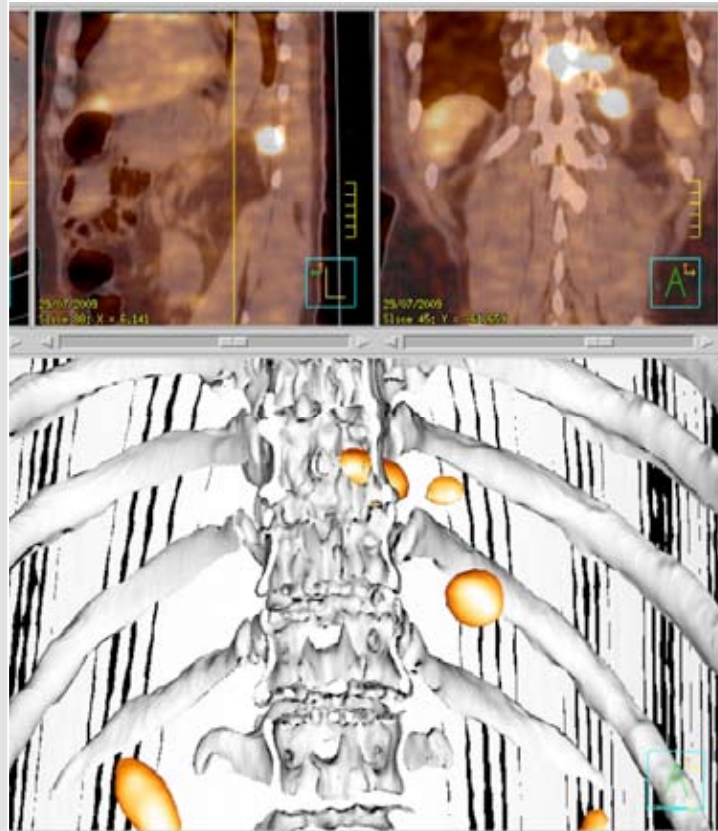
K., K., m, 65j., 11. Rippe li, FDG pos., DOTA neg



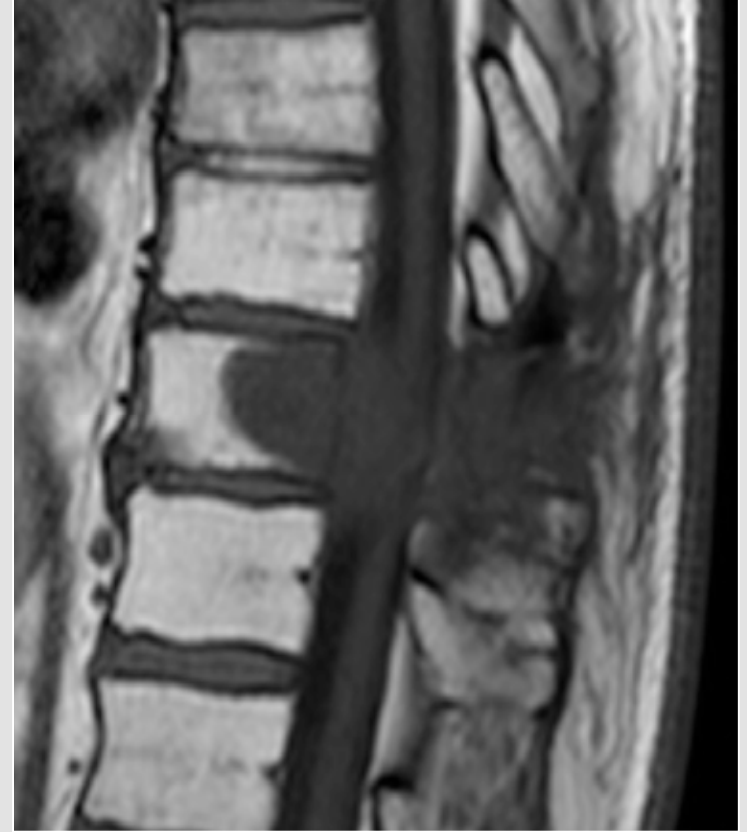
K., K., m, 65j., BWK 10, 10. und 11. Rippe li 3D



K., K., m, 65j., BWK 10, 10. und 11. Rippe li 3D



K., K., m, 65j., BWK 10 MRT sag



K., K., m, 65j., BWK 10, 10. und 11. Rippe li MR



K., K., m, 65j., BWK 10, MRT ax.

