No. 5 study meeting of H.P.C.

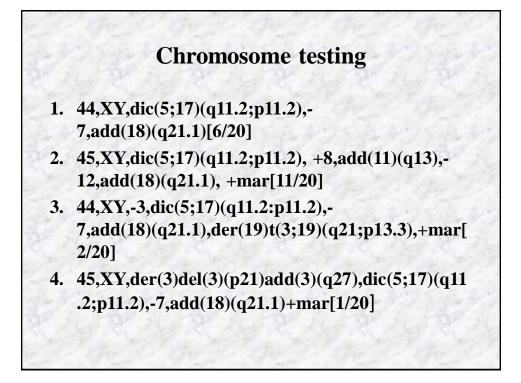
the series of MDS PET-CT (3)

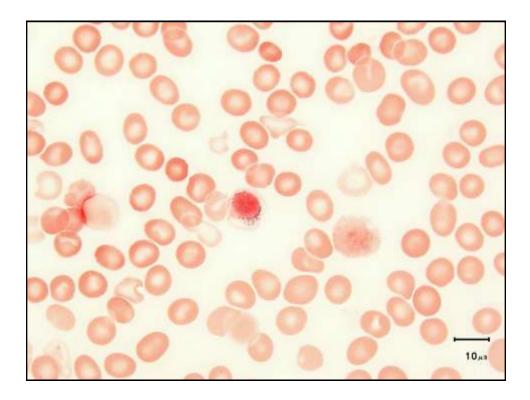
Kunio Hayashi, Hirakata Khosai Hospital

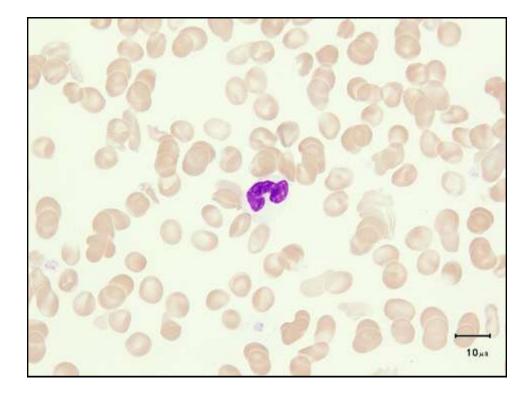
Hematological Examination

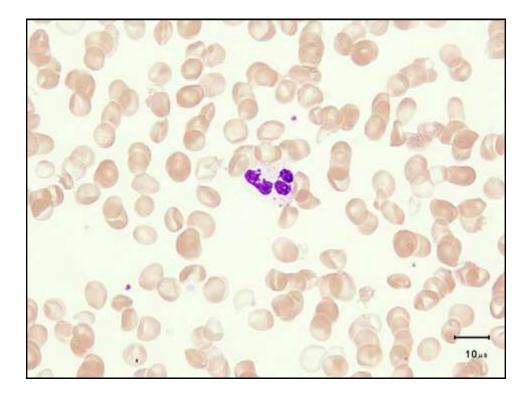
a. Peripheral blood
WBC : Hb : Plt = 4200 : 8.0 : 5.3 N 16, L 51, Blast3%,Myelo 14, Meta 7 reti 1.4, MCV 98
b. Bone Marrow NCC ?, hypocellular BM. M/E=1.2

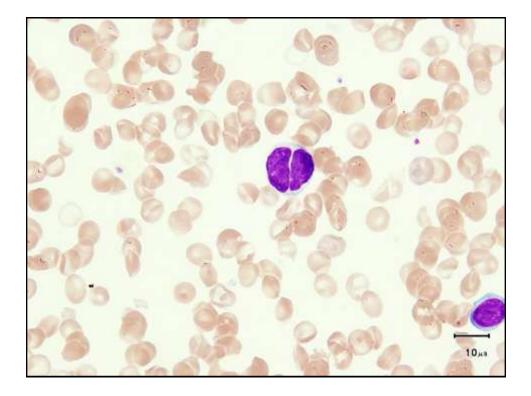
Myeloblast 1.1%

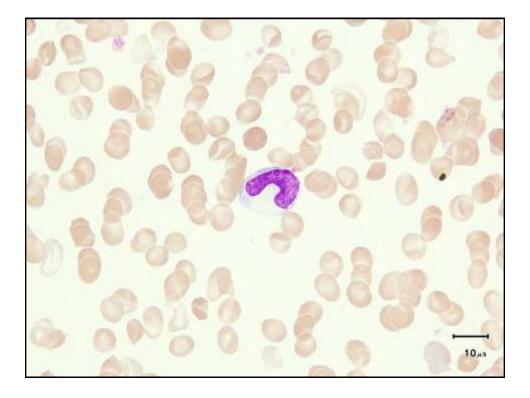






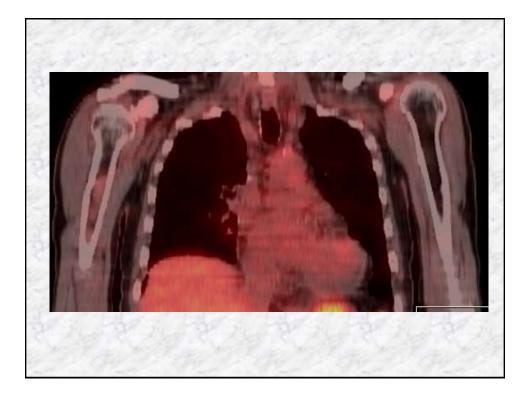


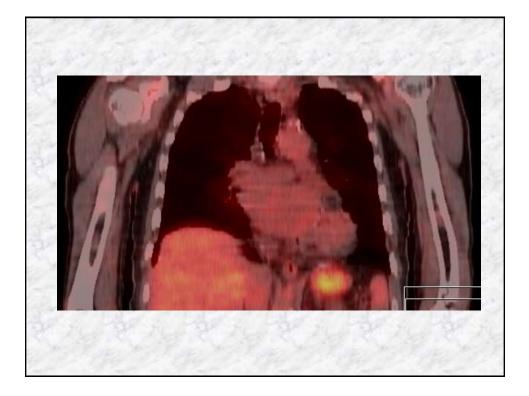


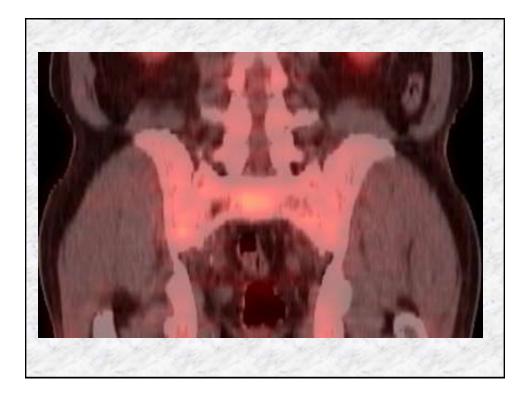


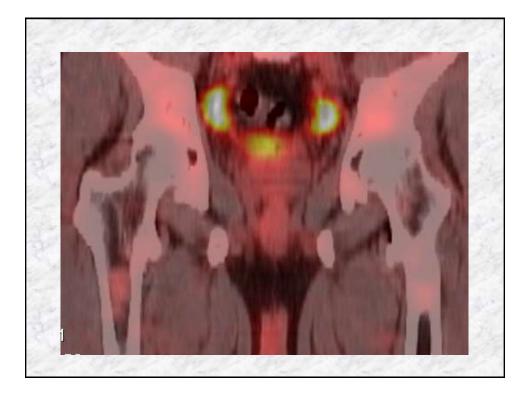
iagnosis based on the WHO Classification ²⁰⁰⁸ dysplasia in 3 lineages + ring sideroblasts < 5% myeloblasts "RCMD"					
PSS	in the		45	in the	
prognostic variable	0	0.5	1	1.5	2
marrow blasts(%)	< 5	5~10		11~20	21~30
Karyotype	good	intermediate	poor		
cytopenia	0~1	2~3	1		
0	verall score=1	1.5			
Risk category	Overall s.				
Risk category LOW	Overall s.	-			
		-			
LOW	0				



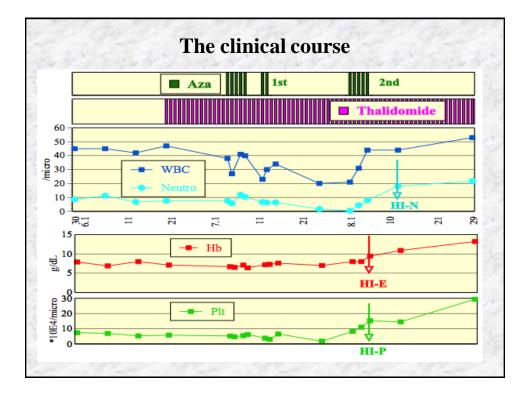


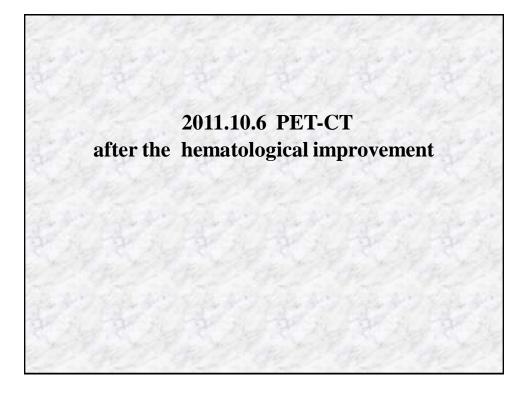


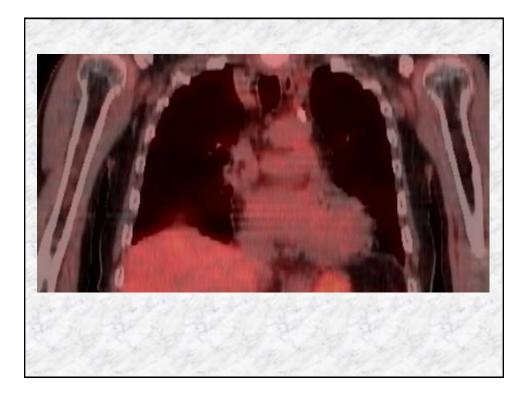


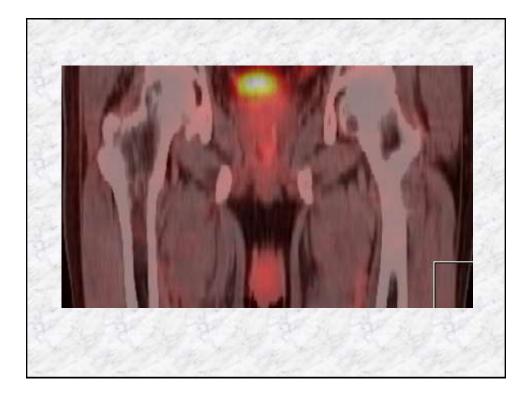












<section-header> Summary 1. The uptake of FDG in the bone marrow is not diffuse but there are some localized hot lesions in MDS. 2. The hematological improvement was achieved shortly after the Azacitidine therapy combined with thalidomide. 3. The uptake of the localized hot lesions became much exact after the hematological improvement.

Questions

1. What is the pathological meaning of the localized uptakes ?

Is it general phenomenon in MDS?

2. What PET-CT becomes in the progressive phase?