

# <sup>18</sup>F-FDG-PET in restaging primary maxillary sinus melanoma with isolated gall bladder metastasis

**To the Editor:** <sup>18</sup>F-FDG-PET is now regarded the standard of care, known to provide important metabolic information and hence utilized to assess disease status in patients with malignant melanoma because of its superiority compared to other imaging modalities. We have studied a 69 years old female patient with melanoma of the left maxillary sinus who was referred for a whole body <sup>18</sup>F-FDG-PET 5 months after she underwent left maxillectomy, with adjacent craniofacial resection and left neck node dissection for the same. After the operation she was clinically disease-free and asymptomatic for one year. <sup>18</sup>F-FDG-PET showed an abnormal focal uptake below and adjacent to the right lobe of the liver; multiple focal areas of intense <sup>18</sup>F-FDG uptake in the abdomen, which on triangulation (i.e. focusing on a lesion on all three coronal, sagittal and transaxial slices) appeared to be in the gut. There was no evidence of viable disease at the primary site (Fig. 1). Magnetic resonance imaging of the abdomen revealed a 2.0x2.2 cm enhancing mass in the anterolateral wall of the gallbladder suspicious for metastasis (Fig. 2). Computerized tomography guided biopsy was most consistent with the metastasis of malignant melanoma at that site.

Metastasis to gall bladder in malignant melanoma is unusual [1-4] and has been primarily described in the setting of cutaneous melanoma in the peer reviewed literature. It is extremely rare to encounter gall bladder metastasis from primary extracutaneous melanoma at a distant site (in this patient in the orofacial region) skipping the locoregional structures. Isolated metastases are not frequently detected because they are often asymptomatic [3]. They have been known to respond well to radical surgery. The present case highlights the usefulness of <sup>18</sup>F-FDG-PET scan in restaging disease in prima-

ry extracutaneous melanoma that stems from its ability to assess the whole body in a single examination with exquisite sensitivity that makes this modality the investigation of choice in this malignancy.

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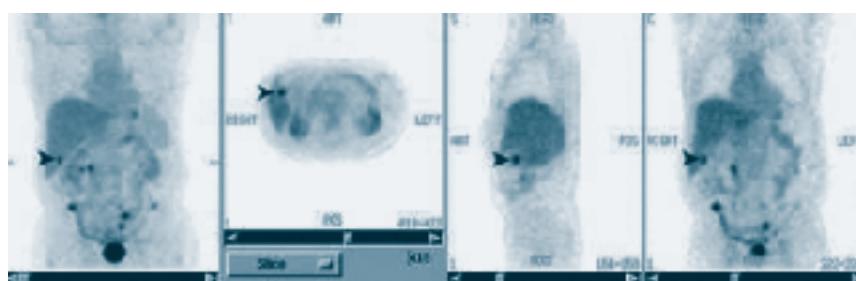
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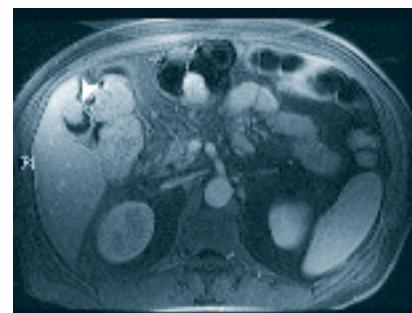
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**Figure 1.** Whole body <sup>18</sup>F-FDG-PET done 5 months after the patient underwent left maxillectomy, left craniofacial resection and left neck dissection for left maxillary sinus melanoma demonstrates an abnormal focus of intense <sup>18</sup>F-FDG uptake below and adjacent to the right lobe of the liver (arrow). Noted are also multiple focal areas of intense <sup>18</sup>F-FDG uptake in the abdomen (arrows). There was no evidence of viable disease at the primary site at the left maxillary region.



**Figure 2.** Trans-axial T1-weighted post contrast MRI image demonstrating an enhancing mass in the anterolateral wall of the gallbladder (arrow head), in keeping with the intense focal uptake in <sup>18</sup>F-FDG-PET.