



Avid ^{67}Ga uptake in multiple myeloma relapsing after bone marrow transplant

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Technetium-99m-sesta MIBI is a reliable positive tracer of skeletal lesions in multiple myeloma (MM),¹ while bone scintigraphy by ⁹⁹Tc-MDP and ^{67}Ga scanning are considered of negligible value. We report the case of a young patient with a 5-year history of light chain MM, which was not eradicated by chemotherapy, radiotherapy, allogeneic bone marrow transplantation, α -interferon and donor lymphocyte infusion. In the final phase of the disease a CT scan showed a 14 cm mediastinal mass (Figure 1A). The neoplastic tissue took up ^{67}Ga more avidly than ⁹⁹Tc-m-sesta MIBI (Figures 1B-C), and focal bone lesions showed ^{67}Ga uptake even in areas negative by MIBI scan. The patient died of disease progression in a few months. It seems that a ^{67}Ga scan can identify patients with very aggressive MM.²

References

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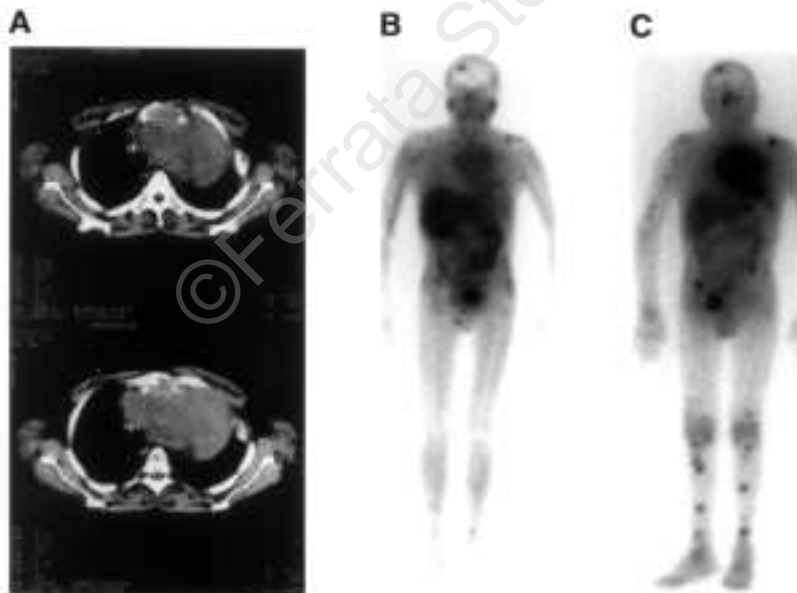


Figure 1. Multiple myeloma in a 30-year old man who relapsed after allogeneic bone marrow transplant.

A: Chest CT scan showing a large mediastinal mass emerging from the sternum.
B: ⁹⁹Tc m-sesta MIBI scintigraphy, showing multiple osteolysis and mediastinal uptake.
C: ^{67}Ga scan, showing grade IV mediastinal uptake and bone focal lesions even in areas negative by MIBI scan.