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Clinical Image

Bilateral Elastofibroma Dorsi: PET-CT Findings☆

Elastofibroma dorsal bilateral: hallazgos en PET/TC

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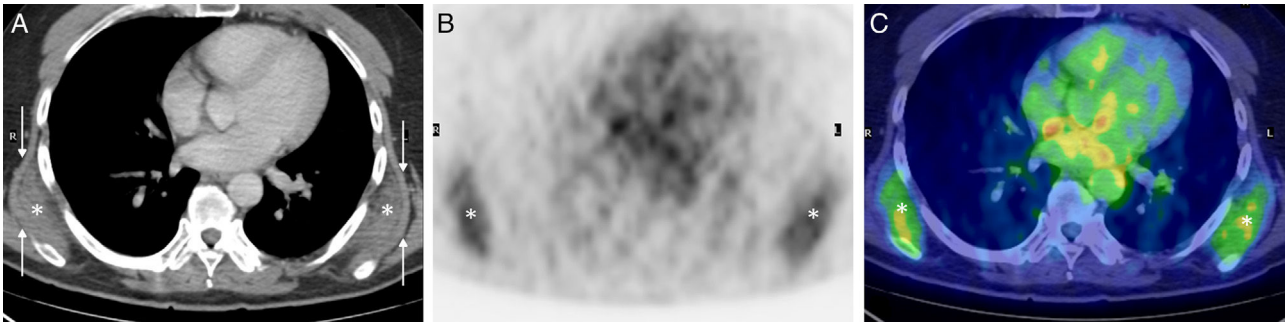

Fig. 1. (A) Axial image of the CT component of the PET/CT study showing masses (asterisks) between the tip of the each scapula and the chest wall. Note the latissimus dorsi muscle (arrows) covering each mass. (B and C) Axial images from the PET component (B) and the PET/CT fusion (C) showing subscapular hypermetabolic masses (asterisks).

A patient treated for lymphoma 8 years previously consulted due to chest discomfort. Examination revealed a symmetric increase of soft tissue surrounding the tips of both scapulae. In view of the patient's history of cancer, a PET/CT was performed, confirming the existence of masses in each of the subscapular spaces (Fig. 1). These masses showed lower attenuation than skeletal muscle, interior streaks of fatty density, and low metabolism. No other masses or suspicious lymphadenopathies were observed on the PET/CT study. Given these findings, a diagnosis was given of bilateral elastofibroma dorsi (ED), and radiological stability was confirmed on follow-up.

ED is a rare benign tumor that typically occurs in the chest wall (between the tip of the scapula and the ribs), with a characteristic, well-documented radiological presentation, especially on ultrasound, CT and MRI. It mainly affects women and is bilateral in 75% of cases. Very few cases of ED observed on PET/CT have been described, so in these studies it may be mistakenly diagnosed as malignancy in cancer patients. Its low metabolic activity, bilateral presentation, characteristic radiological aspect, and its temporal stability should rule out any misinterpretation on PET/CT.[1,2]

References

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