Incidental focal 68Ga-FAPI-46 uptake in a urachal remnant: a potential pitfall mimicking a malignant
peritoneal lesion.
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CASE PRESENTATION:

A 75-year-old man who was scheduled for resection of a left upper back lipomatous lesion underwent a pre-operative 68Ga-fibroblast activation protein inhibitor (68Ga-FAPI)-46 PET/CT scan as part of a prospective study (NCT04147494). The 68Ga-FAPI-46 PET/CT images revealed an incidental small focus of FAPI uptake (SUVmax 4.1) in a 0.8 x 0.7 x 1.2 cm cystic structure in the inferior third of a urachus remnant (Fig. 1). There was no FAPI uptake in the remainder of the urachus remnant. A prior 18F-fluorodeoxyglucose (18F-FDG) PET/CT study with IV CT contrast performed 4 years and 1 month before was retrospectively reviewed. There was incomplete obliteration of the urachus with a cystic structure in its inferior third, consistent with a urachus remnant, and it had no FDG uptake. The urachal remnant and cystic structure on 68Ga-FAPI-46 PET/CT were anatomically stable to the reviewed 18F-FDG PET/CT and on a subsequent follow-up CT performed 1 year and 3 months later, suggesting a benign etiology. Differential diagnosis included a FAPI(+)/FDG(-) urachal cyst due to fibrosis and a urachal diverticulum intermittently accumulating urine-excreted radiotracer.

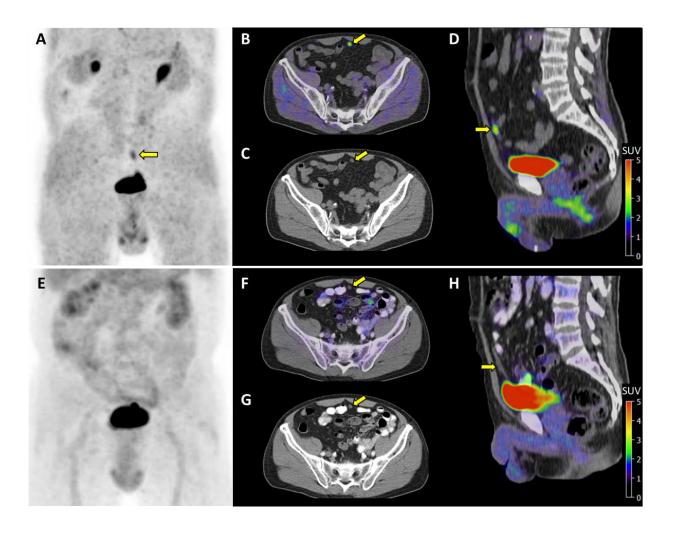


Figure 1. Maximum intensity projection, axial (fused, CT), and sagittal of 68Ga-FAPI-46 PET/CT (top, A-D) and 18F-FDG-PET/CT (bottom, E-H) images demonstrating mild FAPI uptake (SUVmax 4.1) and absent FDG uptake in a cystic structure of a urachal remnant (arrows).

DISCUSSION:

The urachus is an embryological structure connecting the umbilicus to the bladder. Normally, it obliterates to becomes the medial umbilical ligament. Very rarely, it does not and remnant urachal anomalies persist unto adulthood ¹. Of these anomalies, a cystic structure can remain between the umbilicus and the bladder.

Several studies suggest that FAPI PET/CT has a promising role in the detection of peritoneal metastases in various malignancies, notably due to low physiological bowel uptake ²⁻⁴. The above-described FAPI PET signal in urachal remnant should be a potentially known false positive pitfall in that region.

DISCLOSURES:

"No potential conflicts of interest relevant to this article exist."

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