

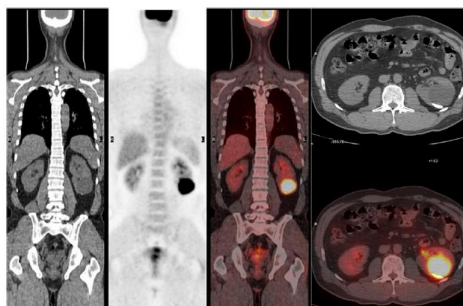
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Calyceal diverticulum on F-18 FDG PET/CT: a case report

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A 48-year-old man underwent a F-18 fluorodeoxyglucose (FDG) positron emission tomography with computed tomography (PET/CT) scan for general medical examination. F-18 FDG PET/CT scan showed a 5.3×4.6-cm sized, focal intense hypermetabolic lesion at the posterior lower pole of left kidney. The maximum standardized uptake value (SUVmax) of the most metabolically active portion was 10.7. The renal lesion showed a low attenuation with calcification on the CT component of F-18 FDG PET/CT. An abdominal sonogram on the same day revealed an anechoic area in the lower pole of left kidney. The immediate impression was calyceal diverticulum. Calyceal diverticulum is a relatively uncommon cyst-like benign lesion, often discovered incidentally during ultrasound or computed tomographic examination of the kidney. They can appear as foci of increased uptake on F-18 FDG PET/CT scan and mimic hypermetabolic renal lesions. With the increasing use of PET-CT as an imaging modality, it is important to recognize this as a potential pitfall, and to correlate the PET findings with the CT component of the examination. If the diagnosis cannot be confidently made using the unenhanced CT component, further imaging should be considered, such as CT urogram. We report a case of a calyceal diverticulum that was detected by F-18 FDG PET/CT during work up for general medical examination. To our knowledge, this is the first case report of intense F-18 FDG uptake in calyceal diverticulum in Korea.



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말기 신부전 환자에서 Valacyclovir 사용 후 발생한 중추 신경계 부작용 2예

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Valacyclovir is a prodrug of acyclovir, transformed to acyclovir by first-pass metabolism in the liver. In recent years, valacyclovir has largely replaced acyclovir in the treatment of herpesvirus infections, because it is more effective by oral administration. Valacyclovir is used increasingly to treat herpes zoster, although neuropsychiatric symptoms [valacyclovir neurotoxicity (VAN) or acyclovir neurotoxicity], may accompany use of this drug. This paper reports two cases of neurotoxicity of valacyclovir in a patients with end-stage renal disease who was undergoing maintenance hemodialysis. A 68-year-old male, receiving hemodialysis three times a week, prescribed valacyclovir 1000 mg/day on every dialysis day, for herpes zoster of left thigh. After he took his second dose orally, he developed lethargy and disorientation. His mental status progressed to semicoma. Daily conventional hemodialysis was started. After three sessions of hemodialysis, the patient became alert. A 64-year-old male who was being treated with hemodialysis was admitted for dysarthria and euphoria. He took 1,000 mg of valacyclovir twice for herpes zoster of fourth level of thoracic nerve. After two days of treatment with oral valacyclovir, he had several neurologic symptoms as mentioned above. We performed daily hemodialysis and after three session of hemodialysis, he fully recovered. In conclusion, valacyclovir can induce life-threatening neurotoxicity, especially in ESRD patients with appropriate dose reduction. But which can be effectively managed by hemodialysis.