Indian J Med Res 152 (Supplement), November 2020, pp 61 DOI: 10.4103/ijmr.IJMR\_1931\_19



## Fluorodeoxyglucose positron emission tomography in pyrexia of unknown origin





A 77 yr old male<sup>†</sup> presented to the department of Medicine, All India Institute of Medical Sciences, New Delhi, India, in September 2019, with fever of four-week duration with associated weight loss. Routine laboratory investigations revealed elevated erythrocyte sedimentation rate (43 mm/h; normal: 0-15 mm/h) and C-reactive protein (51.6 mg/l; normal: 0-6 mg/l). Ultrasound of the abdomen and computed tomography of the thorax and abdomen were non-contributory. Antibody workup for typhoid, Leptospira, scrub typhus, GeneXpert assay and interferon-gamma release immunoassay for tuberculosis were negative. The patient was referred for fluorine-18 fluorodeoxyglucose (FDG) positron emission tomography (PET)/computed tomography with a diagnosis of pyrexia of unknown origin. FDG PET (Figure A-E) revealed increased FDG uptake along the walls of ascending aorta, arch and descending aorta, great vessels and vertebral and iliofemoral arteries suggestive of metabolically active

large-vessel vasculitis. He was started on steroids and improved symptomatically on follow up.

FDG PET has proven utility in evaluating pyrexia of unknown origin.

**Acknowledgment:** Authors acknowledge Dr Sanjiv Sinha, department of Medicine, All India Institute of Medical Sciences, New Delhi, for referring the patient for PET scan.

Conflicts of Interest: None.

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Received November 1, 2019

<sup>&</sup>lt;sup>†</sup>Patient's consent obtained to publish clinical information and images.

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