Myocardial Uptake of 99m-Tc-DPD in a Patient with Prostate Carcinoma

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Citation

Abstract
We report a 77 year old patient with prostate carcinoma showing benign myocardial uptake of 99m-Tc-DPD in routine bone scintigraphy. Complementary diagnostic examinations were performed showing no incidence of systemic heart disease (amyloidosis, hypercalcimia). No previous chemotherapy or cardioversion were performed. Consequently we conclude, the myocardial uptake was secondary to the prostate carcinoma.

CASE-REPORT
A 77-year-old male patient was admitted to Nuclear Medicine for staging of a prostate carcinoma prior to surgery. Planar whole body bone scintigraphy was performed on a Genesys gamma-camara (Single Head, ADAC) 3 h after i.v. administration of 670 MBq of 99m-Tc-DPD showing no evidence of bone metastasis but an intensive myocardial tracer-uptake (Figure 1). Consecutive Single Photon Emission Computed Tomography (SPECT) imaging of thorax was aquired demonstrating homogeneous tracer-uptake of the left ventricle (Figure 2).

Figure 1
Figure 1: Planar images (3 h p.i. 670 MBq of 99m-Tc-DPD) showing no evidence of bone metastasis but an intensive myocardial tracer-uptake.
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Subsequent clinical workup showed a normally developed asymptomatic patient with normal physical examinations. No previous chemotherapy or cardioversion were performed. Routine laboratory results revealed no pathologic abnormalities including plasma electrolytes. Complementary cardiological examinations were performed showing no incidence of systemic heart disease.

**DISCUSSION**

Benign myocardial uptake of technetium-99m labelled phosphates has been documented in patients with amyloidosis. Literature described several cases of abnormal myocardial uptake of various bone-imaging tracers in various disease states [1, 2]. Furthermore myocardial uptake of bone tracers was described in other conditions with systemic heart disease [3] or in association with secondary hyperparathyroidism [4].

Besides myocardial uptake of 99m-Tc-HDP and 99mTc-MDP was documented in association with malignant tumours in general [4, 5] and prostatic carcinoma in particular [6, 7]. Most of these patients were over 80 years of age [6]. Although uptake of radiophosphates is attributed to asymptomatic atherosclerotic changes associated with old age, a strong association with prostatic carcinoma exists, which following al-Nahhas et al. [8] indicate variations in soft tissue affinity of different radiophosphates complexes.

**CONCLUSION**

We presented a case of abnormal myocardial 99m-Tc-DPD-uptake in a patient without evidence of any cardiac or noncardiac disorder that might account for such uptake. Thus, we conclude, the myocardial uptake was secondary to the prostate carcinoma.

**CORRESPONDENCE TO**

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**References**

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