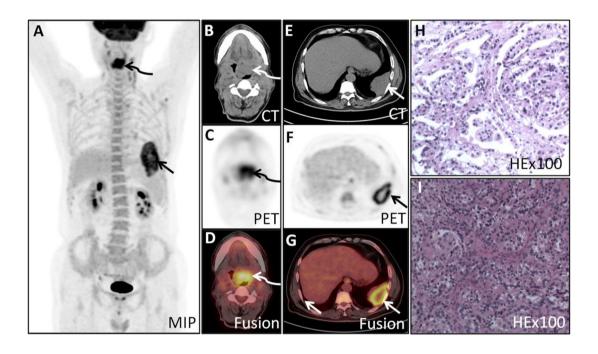
IMAGE OF THE MONTH



Tongue metastasis was the first sign of malignant pleural mesothelioma detected by PET/CT

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A 63-year-old man presented with a 3-month history of gradually aggravated dysphasia. Physical examination revealed a grey-white, firm and tender mass in the root of the tongue. ¹⁸F-FDG PET/CT was employed to further assess the lingual lesion. The maximum intensity projection (MIP) image (A)

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showed abnormally elevated FDG activity in the region of neck (curved arrow) and an additional focus of abnormally increased 18F-FDG activity in the left lower chest (arrow). Transaxial images demonstrated a large focus of increased activity of the neck corresponding to the known lingual lesion with SUVmax 11.2 (curved arrows, B–D). The FDG-avid lesion in the left lower chest corresponded to a large pleural-based soft tissue mass measured approximately 7.3×4.0 cm on the CT images, with heterogeneous intense FDG activity and a central photopenic necrosis, SUVmax of 10.0 (arrows, E–G). We obtained additional patient's history which revealed his exposure to asbestos for approximately 5 years, with no other pulmonary disease or malignancy history.

Therefore, biopsies of the lingual mass and chest mass were both performed, and confirmed the diagnosis of malignant pleural mesothelioma (H) with tongue metastasis (I).



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Tongue metastasis from malignant pleural mesothelioma was reported previously; however, there was no report of the tongue metastasis as the first presenting symptom [1, 2]. In our case, the initial chief complaint was tongue mass, with an additional PET/CT finding of the primary malignant pleural mesothelioma in the left chest, which is unexpected and very unique.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

Informed consent Informed consent was taken from the patient for publication.

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