Clinical Reminder

FDG-PET in a myocardial tuberculoma

An 88-year-old woman was admitted for syncope and bradycardia. She complained of recent fatigue and weight loss. After insertion of a pacemaker device, the clinical course was complicated by fever and a seizure. Eventually, we found that a multivisceral culture-positive tuberculous reactivation was likely to account for these symptoms. Radiological workup including 18-fluorodeoxyglucose-positron emission tomography (FDG-PET) yielded a myocardial tuberculoma (Figure 1). Myocardial involvement is rare compared with the classical pericarditis in disseminated tuberculosis [1], but it may have specific presentations like syncope, palpitations or cardiac failure. To diagnose disseminated tuberculosis, FDG-PET can be useful when culture or histopathology is difficult or impossible [2]. It is a promising technique for therapeutic monitoring, as it may guide early interventions [3]. The patient was treated medically with antituberculous therapy for 12 months. She was alive 24 months later and the only sequela was a complete atrioventricular block.

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Conflicts of interest

None declared.

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Figure 1. One-year evolution of a cardiac tuberculoma on treatment. At diagnosis (left): pathological focal myocardial uptake (arrow) and pulmonary tuberculous involvement - after two months (middle) and twelve months (right): return to physiological diffuse myocardial uptake. Focal towards diffuse uptake was the major evolution and not intensity of uptake. (From top to bottom: radionuclide, CT-Scan and merge images).
References


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