

and in multiple hypermetabolic lesions in thyroid, lungs, liver, left adrenal, stomach lesser curvature, retroperitoneal and pelvic nodes, peritoneal implants and bones, suggesting metastatic involvement. **Conclusion:** This report shows a patient with a clinical picture, physical examination and complementary exams compatible with anorectal neoplasia. Immunohistochemistry confirms the diagnosis of melanoma. Anorectal melanomas are extremely rare and aggressive. Lymphatic dissemination of anal melanomas results in distant metastases to the liver and lungs by up to 90% of cases. These findings are in line with the FDG PET/CT reported in our study. 18F-FDG PET/CT may be useful in the primary staging of anal melanoma patients and in identifying lesions missed by other conventional radiological methods.

Keywords: 18F-FDG PET/CT, Anorectal, Melanoma.

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18F-FDG PET/CT IN ANTISYNTHEASE SYNDROME: CASE REPORT

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Introduction/Justification: Antisynthetase syndrome is an autoimmune pathology characterized by production of auto-antibodies against aminoacyl tRNA synthetase, mainly anti-Jo-1. **Report:** Male patient presenting a clinical picture of poly-arthritis in hands and wrists, periorbital edema, myositis and interstitial lung disease. FAN 1/320 (nuclear homogeneous), reactive anti Jo-1, elevated CPK, erythrocyte sedimentation rate and CRP. MRI presenting muscle edema, electroneuromyography compatible with myopathy and chest CT scan suggesting inflammatory/infectious pattern. Patient was diagnosed with antisynthetase syndrome and prednisone introduced. Later on course cyclophosphamide was added due to lung involvement. He evolved with respiratory and joint symptom improvement but with progressive worsening of muscle symptoms, characterized by proximal weakness (difficulty getting out of bed and car, daily life activities like brushing his teeth and eating). He also presented CPK rise, persistent subfebrile temperature and signs of inflammatory

activity (leukocytosis and CRP rise), without any apparent focus and isolated episodes of dysphagia. Rituximabe was introduced and PET/CT scan was performed to search for the focus of the infection. PET/CT showed a diffuse pattern of muscle hypermetabolism, specially in right lower limb, suggesting a diffuse muscle inflammation without any infectious focus. **Conclusion:** Antisynthetase syndrome is a rare entity with few PET/CT reports in the literature. However PET scan appears to be very useful in the investigation of fever of unknown origin, diagnosing inflammatory activity and in response assessment evaluation.

Keywords: 18F-FDG PET/CT, Antisynthetase syndrome, Case report.

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RADIOEMBOLIZAÇÃO COM ÍTRIO-90 EM METÁSTASE HEPÁTICA DE CÂNCER DO COLO DO ÚTERO. RARO CASO DE SUCESSO

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Introdução/Justificativa: A radioembolização interna seletiva (SIRT) é uma terapia promissora dirigida ao fígado para pacientes com câncer hepático primário e metastático. A SIRT oferece diversas vantagens sobre os métodos de tratamento tradicionais devido ao seu perfil de baixa toxicidade. A grande maioria dos estudos com aplicação intra-arterial hepática de microesferas com ítrio-90 tem sido descrita para tratamento do hepatocarcinoma e metástases hepáticas do câncer color-retal. As metástases hepáticas no câncer do colo do útero são raras, ocorrem em menos de 5% dos casos e oferecem pior prognóstico, principalmente na falha dos esquemas de quimioterapia. A sobrevida global em 12 meses é de 20% e em 24 meses de 8%, com mediana de 6,8 meses. A terapia local hepática direcionada, de menor toxicidade, para casos bem selecionados, pode retardar a progressão da doença. **Relato:** Este caso relata o histórico oncológico de uma mulher de 39 anos, com diagnóstico de carcinoma espinocelular endocervical estágio IV ao diagnóstico, com metástase pulmonar, linfonodal e hepática, submetida a conização e tratamento quimioterápico com 6 ciclos de Carboplatina + Paclitaxel e Bevacizumab. Após quimioterapia, apresentou resposta completa das lesões linfonodais e pulmonar, porém com persistência de doença ativa metastática no segmento VI do fígado ao estudo de PET/CT com 18F-FDG. Após discussão multidisciplinar, optou-se por tratamento local com ítrio-90. Paciente recebeu 1 Gbq de ítrio-90 na lesão única do segmento