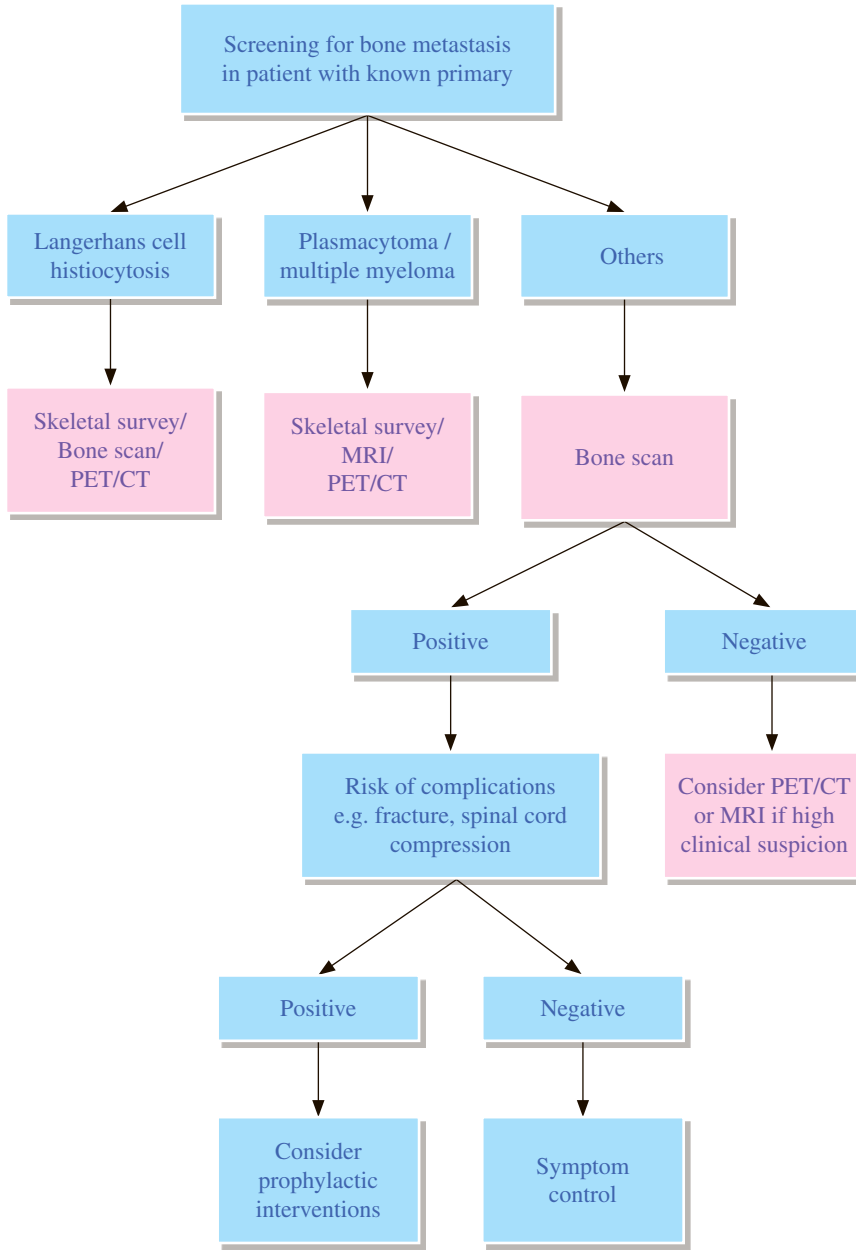
MS 6 Screening for bone metastasis with known primary malignancy



REMARKS

1 Plain radiograph

1.1 Plain radiograph should be taken selectively corresponding to scintigraphically positive osseous region.

1.2 Skeletal survey should only be performed in Langerhans cell histiocytosis, plasmacytoma and multiple myeloma.

2 Nuclear medicine

2.1 Bone scan is a sensitive, cheap and widely available imaging modality for detection of skeletal metastasis.

2.2 False negative bone scan results may occur in cases of Langerhans cell histiocytosis, plasmacytoma, multiple myeloma and renal cell carcinoma.

2.3 PET/CT is valuable in evaluating multiple myeloma and Langerhans cell histiocytosis.

3 CT

3.1 CT is useful in defining the degree of bone destruction and therefore should only be used in specific situations.

4 MRI

4.1 MRI is useful in specific situations such as marrow based lesions.

REFERENCES

1. The Royal College of Radiologists. iRefer. Making the best use of clinical radiology. 7th ed. London: The Royal College of Radiologists; 2012. Section M09.
2. Roberts CC, Weissman BN, Appel M, et al. ACR Appropriateness Criteria® Metastatic Bone Disease. Available at https://acsearch.acr.org/docs/69431/Narrative/. American College of Radiology. Accessed 2017 May 10.
3. Taira AV, Herfkens RJ, Gambhir SS, Quon A. Detection of bone metastases: Assessment of integrated FDG PET/CT imaging. Radiology. 2007; 243: 204–211.
4. Agarwal A, Chirindel A, Shah BA, Subramaniam RM. Evolving role of FDG PET/CT in multiple myeloma imaging and management. AJR Am J Roentgenol. 2013; 200: 884-890.