# The use of a visual 4-point scoring scale improves the yield of <sup>18</sup>F-FDG PET-CT in the diagnosis of cyst infection in patients with ADPKD

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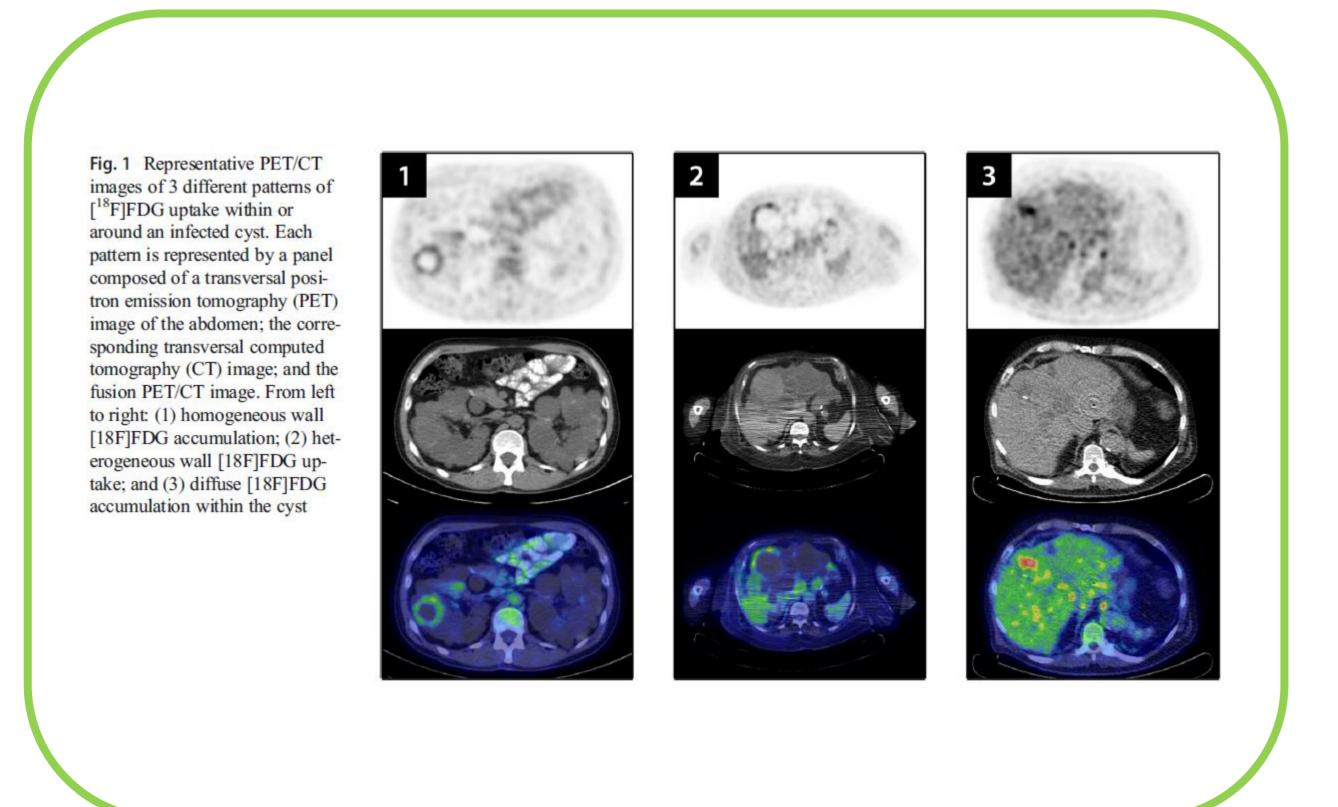


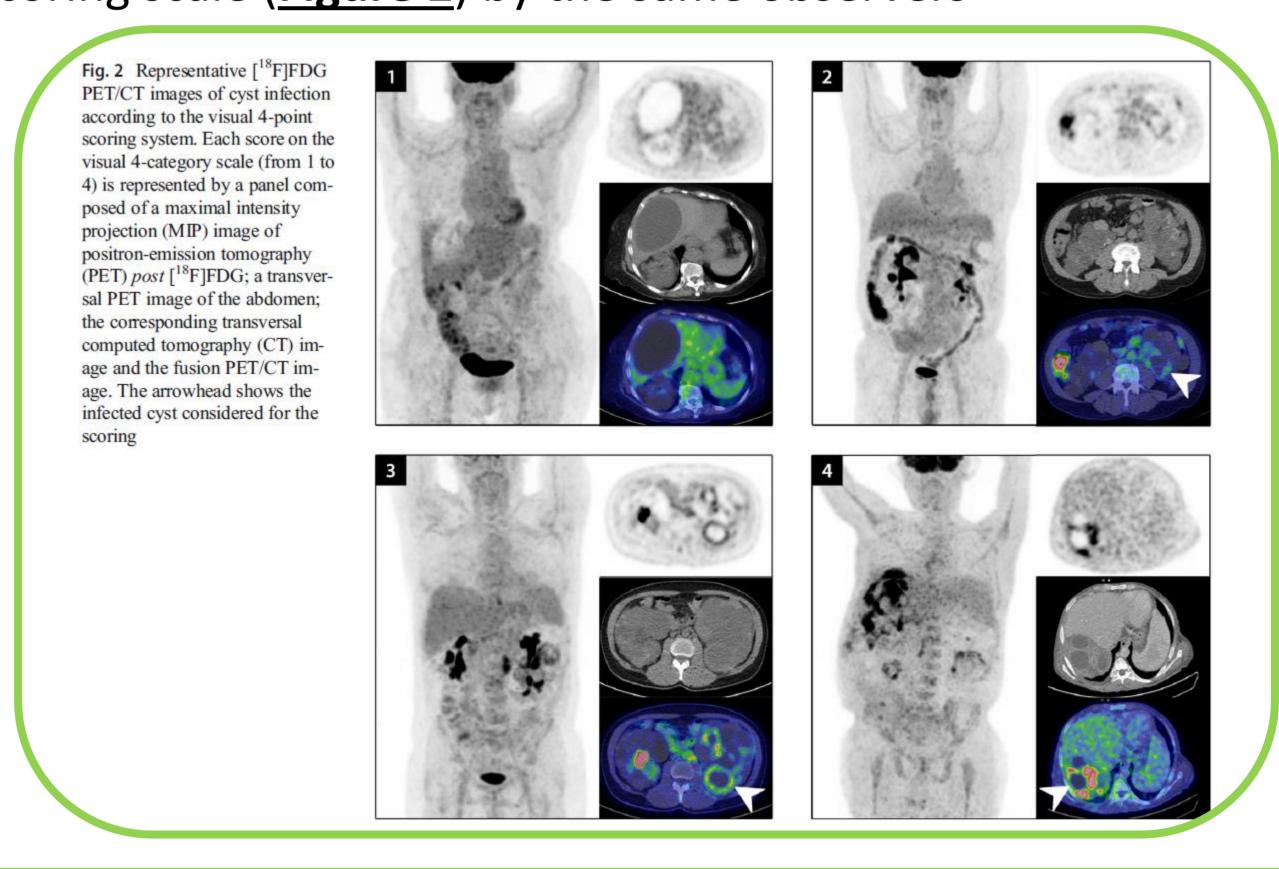
#### Introduction

- <sup>18</sup>F-FDG PET/CT proved useful in the diagnosis of cyst infection (Cyl) in patients with autosomal dominant polycystic kidney disease (ADPKD)
- The definition of Cyl by <sup>18</sup>F-FDG PET/CT remains unclear

#### Patients & Methods

- All ADPKD patients hospitalized between 2007 and 2019, who underwent an <sup>18</sup>F-FDG PET/CT within the 14 days before or after admission
- Cyl was defined on the basis of 5 concomitant criteria:
  - (i) fever ≥38°C;
  - (ii) abdominal pain;
  - (iii) plasma CRP levels ≥70 mg/L;
  - (iv) no other cause of inflammation;
  - (v) favorable outcomes after antibiotics for ≥21 days
- All <sup>18</sup>F-FDG PET/CT were classically assessed (Figure 1) by 2 physicians in nuclear medicine unaware of the clinical and biological parameters
- The uptake of  $^{18}$ F-FDG around the suspected CyI was scored using a 4-point scoring scale (**Figure 2**) by the same observers





### Results

Table 1. Features of the cohort

Parameters		All patients	CyI (+)	CyI (-)
		(n = 60)	(n = 26)	(n = 34)
Age	years	$59 \pm 13$	$59.9 \pm 15$	$58.5 \pm 11.5$
Gender	M/F	32/28	16/10	16/18
BMI	$Kg/m^2$	$27.4 \pm 4.2$	$26.3 \pm 4$	$28.3 \pm 4.1$
Dialysis	N (%)	6 (10)	2 (7.7)	4 (11.8)
KTR	N (%)	44 (73.3)	20 (76.9)	24 (70.6)
Nephrectomy	N (%)	17 (28.3)	6 (23.1)	11 (32.4)
Duration of hospital stay	days	9 [11.5]	14 [15]*	7.5 [7]*
Use of antibiotics	N (%)	52 (86.7)	26 (100)*	26 (76.5)*
Duration of antibiotics	days	$29.3 \pm 14.2$	$37.8 \pm 10.3*$	$20.8 \pm 12.5$ *
Btw antibiotic initiation and PET-CT	days	9 [7]	9 [7]	8 [8]
Glycemia $(n = 48)$	mg/dL	93 [41.5]	90 [22.5]	99 [52]
Delays btw injection and acquisition	minutes	64 [13]	64 [18.5]	63.5 [10]

M/F, number of male/number of female; KTR, kidney transplant recipients; BMI, body mass index; btw antibiotic initiation and PET-CT, number of days between antibiotic initiation and PET-CT imaging; glycemia, glycemia measured just before injection the  $^{18}$  F-FDG; delays btw injection and acquisition, number of minutes between the 18F-FDG injection and PET-images acquisition; CyI+, patient fulfilling the 5 criteria for cyst infection; CyI-, patients not fulfilling the 5 criteria for cyst infection. Result expressed in N, number of patients and %, percentage of the considered group or median [with interquartile range] or mean  $\pm$  SD. \*p < 0.05

Table 2. PET/CT Findings

	N (%)
PET (+): cystic fixation	29 (48.3)
Liver	10 (34.5)
Right kidney	7 (24.1)
Left kidney	9 (31)
Both kidneys	3 (10.4)
Pattern of [18F]FDG uptake	
Homogeneous cyst wall	12 (41.4)
Heterogeneous cyst wall	12 (41.4)
Interior of the cyst	5 (17.2)
Visual scale of [ <sup>18</sup> F]FDG uptake	
2	6 (20.7)
3	7 (24.1)
4	16 (55.2)
PET (+): non-cystic fixation	8 (13.3)
Peritonitis/diverticulitis	5
Prostatitis	1
Pneumonia	1
Kidney transplant pyelonephritis	1
PET (-)	25 (41.6)

Table 3. Distribution upon the 4-point scale

Visual scale		CyI+(n=26)	CyI $-(n = 34)$	OR (95% CI)	p value
1	N (%)	7 (26.9)	24 (70.6)	1.00	0.001
2	N(%)	1 (3.8)	5 (14.7)	0.69 (0.07-6.88)	
3	N(%)	4 (15.4)	3 (8.8)	4.57 (0.82–25.5)	
4	N(%)	14 (53.8)	2 (5.9)	24 (4.37–132)	
1 and 2	N(%)	8 (30.8)	29 (85.3)	1.00	< 0.000
3 and 4	N(%)	18 (69.2)	5 (14.7)	13.1 (3.69–46.1)	

## Conclusions

- The classical subjective assessment of  $^{18}$ F-FDG PET/CT images reaches a sensitivity of 74% and a specificity of 71%
- The 4-point scoring scale improves the specificity to 85% using a diagnostic threshold ≥3 (which corresponds to cyst uptake ≥ liver activity), with no change in sensitivity
- The positive and negative predictive values of the 4-point scoring scale are 79% and 78%, respectively





