good sensitivity and usually demonstrated intense FDG uptake [10–11]. Pryma et al., showed that the maximum SUV can be used as a prognostic indicator in Hurthle cell [11]. Only a few reports exist of adrenal metastasis from thyroid carcinoma, including papillary, follicular, medullary, and anaplastic carcinomas, as well as HCC. In this case report, images from F-18 FDG PET/CT scans show the unusual sites of the patient's metastases without any evidence of residual disease in the neck, regional lymph nodes, and lung. In our patient, recurrence involving the left adrenal gland, liver metastasis, and extensive abdominal metastases; ascites and peritoneal disease; and distant bony metastases ultimately were clearly evident on F-18 FDG images, which had high SUVs. All these findings indicated a highly metabolic tumor with a poor prognosis.

Surgery is the main treatment for patients with HCC. And although HCCs are traditionally considered radioresistant, with less than 10 % of metastases taking up radioiodine, I-131 therapy is commonly performed to ablate thyroid remnants and to identify persistent or recurrent disease [12–15]. Also, because HCCs generally secrete Tg, serum Tg levels may be used to follow up these patients. However, F-18 FDG/PET scanning appears to be the radiologic imaging method of choice for detecting metastatic disease at unusual sites in patients such as this one, who despite multiple surgeries and radioiodine treatments was not free of disease. To date, as this case illustrates, no effective treatment for metastatic disease exists.

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Erratum

Exp Clin Endocrinol Diabetes 2007; 115: 392-396. The author's name has been published false as "M. Leow". The right name is Melvin C. Leow.