



# Intracranial hemangiopericytoma showing excellent uptake on arterial injection of [<sup>68</sup>Ga]DOTATATE

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A 40-year-old woman presented with a large intracranial tumour originating from the posterior cerebral falx. After careful evaluation by MRI and angiography, a meningioma was suspected and surgical removal was attempted. The procedure, however, was terminated prematurely due to profuse and uncontrollable bleeding from the tumour. Biopsies taken during surgery revealed a hemangiopericytoma. Radiotherapy was performed with 59.4 Gy, which caused tumour regression and local control for several years. Eventually, the patient progressed and was evaluated for possible peptide receptor radionuclide therapy (PRRT) using [<sup>68</sup>Ga]DOTATATE positron emission tomography/computed tomography (PET/CT), as previously it was described that hemangiopericytoma might show somatostatin receptor expression [1].

As after venous application [<sup>68</sup>Ga]DOTATATE uptake in the majority of the tumour did not exceed the uptake in the liver (i.e. Krenning score 2 [2], panel A), we decided to explore the possibility of increasing the uptake by injection in feeding arteries, as described previously [3–5]. Upon arterial injection in the posterior cerebral artery (Panel B), the mean lesional standardized uptake value increased from 8.4 to 21.0 and the maximum standardized uptake value from 15.8 to 36.0 (Panel C). As a result, the uptake in the entire tumour now exceeds the uptake in the liver (i.e. Krenning score 3, Panel D). This case shows that, especially with arterial application, PRRT can be considered as a serious therapeutic option in this rare disease entity. Our patient's condition unfortunately deteriorated shortly after the diagnostic procedure to a point that therapy with [<sup>177</sup>Lu]DOTATATE was no longer possible.

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This article is part of the Topical Collection on Image of the month.

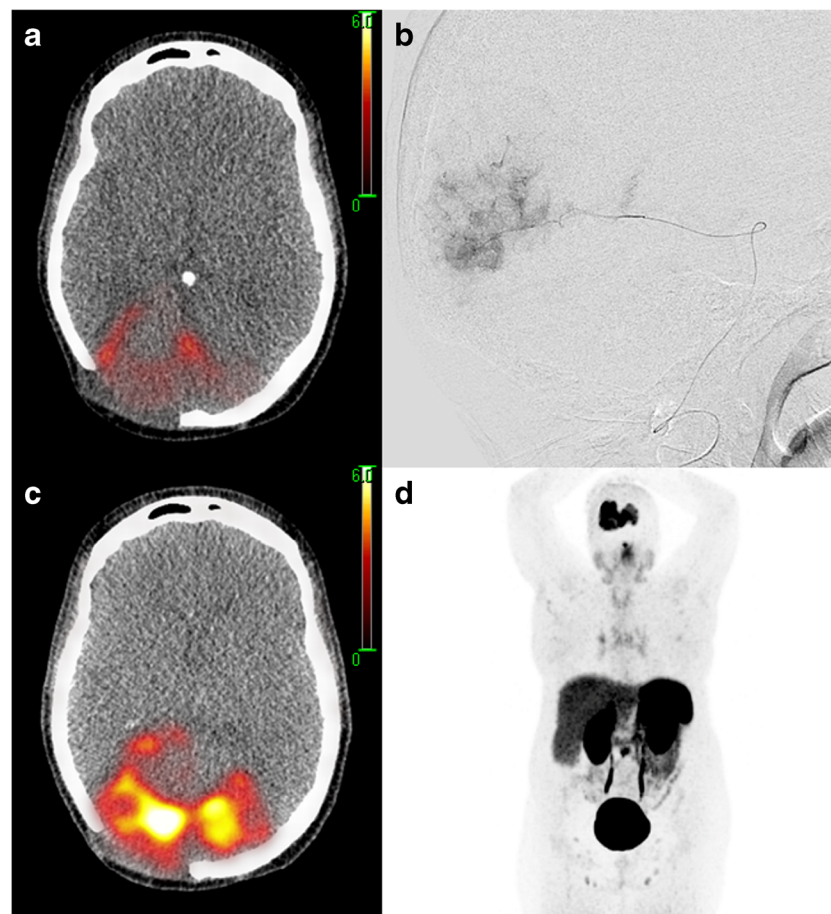
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### Compliance with ethical standards

**Conflict of interest** The authors declare that they have no conflict of interest.

**Ethical approval** This article does not contain any studies with human participants performed by any of the authors; instead, it describes regular clinical care.

**Informed consent** As only non-identifying PET/CT and X-ray images are shown here, no informed consent was deemed necessary. In order to fully ascertain anonymity of the patient, the age at presentation was altered slightly without this affecting the essence of the case.

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