



# FAPI PET for monitoring of rheumatological treatment in multifocal peritoneal nodular fibrosis: a case study

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Here we report a 71-year-old male patient with ANCA-negative vasculitis and rapidly progressive glomerulonephritis presenting with increasing fatigue, weight loss of 10 kg over 3 months, and elevated inflammatory biomarkers (CRP: 7.2 mg/dl). A contrast-enhanced CT showed diffuse soft-tissue proliferation in the perirenal region and the omentum majus with multiple nodular implants in the peritoneal fatty tissue. A biopsy from the infiltrated omentum majus revealed predominantly histiocytic serositis with multinodular fibrosis on H&E. Immunohistochemical analyses showed scattered CD38-positive plasma cells and a small number of IgG4-positive plasma cells (Figure).

An <sup>18</sup>F-FAPI-74 PET/CT was performed prior to systemic anti-inflammatory therapy comprising increased uptake in the multifocal peritoneal nodular implants (Figure: \*) and in the aortic arch (Figure, arrow). Five weeks after the initiation of oral treatment with prednisolone (initially 1 mg/kg bodyweight with a taper to ½ mg/kg bodyweight at week five), the patient underwent a follow-up <sup>18</sup>F-FAPI-74 PET/CT (follow-up 1) with significantly reduced FAPI-uptake in the aortic arch as well as in the peritoneal nodules, despite only slightly decreased morphological appearance of the peritoneal implants, but significantly improved general condition.

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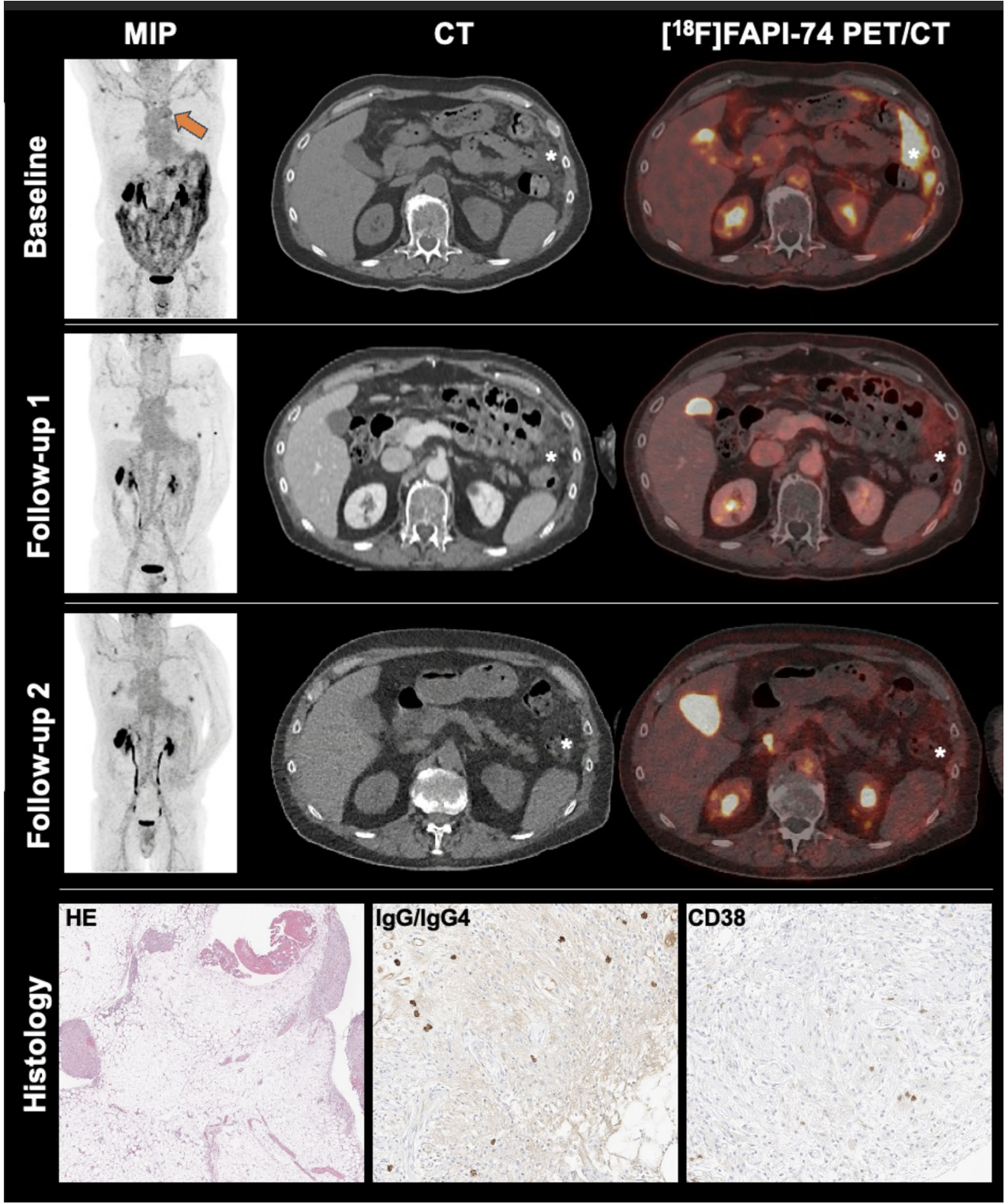
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A further  $^{18}\text{F}$ -FAP-74 PET/CT three months after the initiation of glucocorticoids showed a no further change regarding FAPI-uptake (follow-up 2). This case illustrates the potential of imaging FAP-associated changes in rheumatoid patients undergoing systemic anti-inflammatory therapy, where changes in PET imaging might depict disease activity earlier than morphological imaging and might predict response to therapy [1].

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**Data availability** The dataset generated for this case report are available from the corresponding author on reasonable request.

## Declarations

**Consent to publish** The patient agreed to publish this case report.

**Conflict of interest** The authors declare that they have no potential conflict of interest relevant to this article.

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