

LETTERS TO THE EDITOR

was progressively rotated to left anterior oblique and left lateral projections (Fig. 2). Cobalt-60 teletherapy was effective in relieving the patient's left anterolateral chest pain; tissue diagnosis was not obtained in this instance.

In Kaplan's case, perhaps the 10-hr image was performed with a slight but significant degree of rotation (toward the left posterior oblique projection) accounting for rib curvature differences as well as for apparent improved lesion visualization on their 10-hr view.

In any event, the present case demonstrates that

oblique projections may be beneficially employed at conventional imaging times especially when one is attempting to locate a lesion in a curved structure such as a rib.

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REFERENCE

1. KAPLAN WD, HOLMAN BL, LIEBOW PA, et al: Enhanced detection of a skeletal lesion with delayed ^{99m}Tc -polyphosphate bone scanning. *J Nucl Med* 15: 47-49, 1974

THE AUTHORS' REPLY

We thank Dr. Wetzel for his comments and agree with his observation that alterations in the degree of patient obliquity may be contributory in the enhanced visualization of skeletal lesions. However, in our report, bone scintigraphy, performed on two separate occasions with careful attention to patient position, produced identical results. Thus in our

particular study hypotheses other than patient position alone were suggested.

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HIGH INTENSITY AREAS IN BONE SCANS

A problem occasionally encountered when performing a bone scan is a local area of very high counting rate. This is most commonly encountered in Paget's disease in which affected areas may have ten times the counting rate of adjacent normal bone. Setting up over a normal region results in this area being blacked out, whereas if the scanner is set up over the "hot" area, detail is lost in the lower counting rate regions.

A simple expedient is to place two films in the cassette and set up in the usual way over an area of normal spine. This produces a conventional scan on the upper film (Fig. 1A).

The lower film (Fig. 1B) clearly shows the detail in the high counting rate area. The dots are slightly diffused by the first film but this is not sufficient to impair interpretation.

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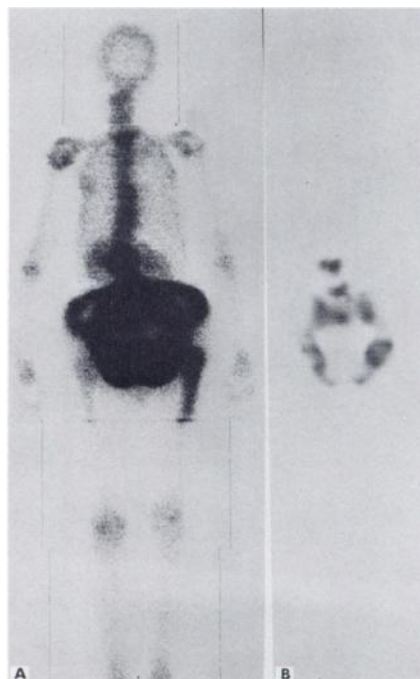


FIG. 1. (A) Conventional bone scan. (B) Scan obtained on second film.