

11 days makes this probable. The causal evidence is stronger in the second case since there had been no previous abdominal surgery.

In conclusion, pancreatic pseudocyst should be included as a possible cause for such splenic displacement in radionuclide image interpretation.

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REFERENCES

1. MCINTYRE P: Diagnostic significance of the spleen scan. *Semin Nucl Med* 2: 278-287, 1972
2. DELAND FH, WAGNER HN: Reticuloendothelial system, liver, spleen and thyroid. In *Atlas of Nuclear Medicine*, vol 3, Philadelphia, Saunders, 1972, pp 205-233
3. KUNE GA, KING R: The late complications of acute

pancreatitis; pancreatic swelling, cyst and abscess. *Med J Aust* 1: 1241-1246, 1973

4. TRAPNELL JE: The natural history and prognosis of acute pancreatitis. *Ann R Coll Surg Engl* 38: 265-287, 1966

5. ROSENQUIST CJ: Pseudocyst of the pancreas; unusual radiographic presentations. *Clin Radiol* 24: 192-194, 1973

6. WELLISH M, HOLMQUIST D: Diagnosis of pancreatic pseudocyst from the liver/spleen scan. *J Nucl Med* 14: 107-109, 1972

7. SCHOBBER B: Splenic displacement and changes of splenic size. *J Nucl Med* 13: 951, 1972

8. CHILES JT, MINTZER RA, HOFFER PB, et al: Splenic mobility and its effects on estimates of splenic mass. *Radiology* 114: 407-410, 1975

9. SPENCER RP, PEARSON HA, TOULOUKIAN RJ: Scan studies of "rapid" changes in splenic size. *J Nucl Med* 12: 397, 1971

10. LANDGARTEN S, SPENCER RP: Splenic displacement due to gastric dilatation. *J Nucl Med* 13: 223, 1972

11. HATCHETTE JB, SHULER SE, MURISON PJ: Scintiphotos of the pancreas: Analysis of 231 studies. *J Nucl Med* 13: 51-57, 1971

12. MATTAR AG, PREZIO JA: Visualization of pancreatic pseudocyst. *J Nucl Med* 16: 326-327, 1975

ERRATUM

Through an unfortunate mechanical error, Figs. 1 and 2 were switched in Dr. T. K. Chaudhuri's letter to the editor entitled "Some Differences between ^{87m}Sr and ^{99m}Tc -Polyphosphate in Their Secretion in the Serous Fluids" (*J Nucl Med* 16: 1208-1209, 1975). The correct figures and their captions are presented below:

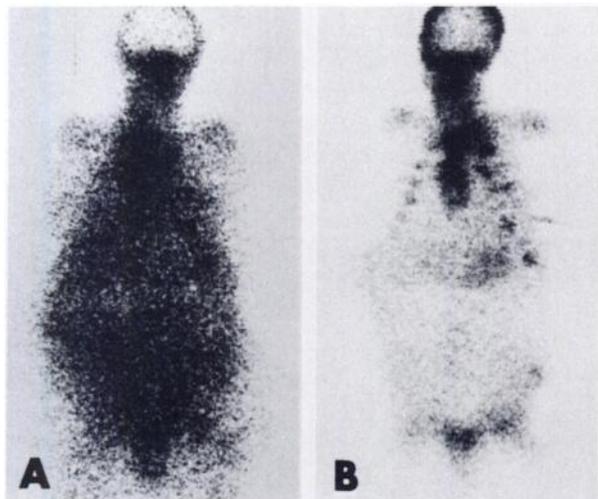


FIG. 1. (A) Strontium-87m anterior whole-body scan (3 hr after injection) of patient with massive ascites. Note diffuse abdominal activity. (B) Technetium-99m-polyphosphate scan (3 hr after injection) of same patient showing clear abdomen.

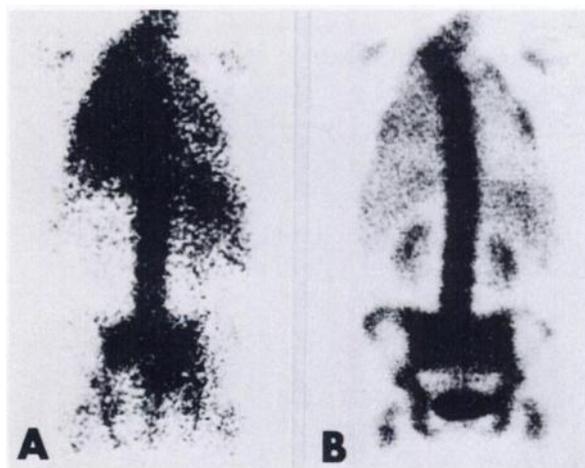


FIG. 2. (A) Strontium-87m posterior whole-body scan (3 hr after injection) of patient with massive pleural effusion. Note excessive activity in left hemithorax. (B) Same patient's ^{99m}Tc -polyphosphate bone scan shows almost no activity in hemithorax.