FIG. 3. (Left) Anterior view of abdomen in Patient 3, 72 hr after tracer injection. Tuberculous peritonitis produces diffuse Ga-67 activity in left and lower abdomen. (Right) After 1 mo of chemotherapy and some clinical improvement, image at 48 hr shows decrease in uptake.

diagnosis often requires histopathologic examination.

Standard radiographic tests have been used to identify those patients who need further workup for a conclusive diagnosis. However, localizing manifestations may be lacking and more than one extrapulmonary focus can be present. This necessitates radiographic studies of several sites including bone (selected areas), kidneys, and bowels, which are cumbersome. Furthermore, peritoneal tuberculosis can still be missed on radiography (*2*).

In this study, the Ga-67 scan correctly predicted presence or absence of active extrapulmonary tuberculosis in all patients. The spatial extent of disease in the spine (Pott's abscess), kidney, and peritoneum was clearly demonstrated. Gallium-67 uptake in peritoneal tuberculosis is also supported by a case report that appeared during this study (*12*).

Thus, Ga-67 scanning offers the convenience of a single reliable test to detect multiple sites of involvement, and may prove to be ideal for routine screening of all patients at risk. Positive scans can be followed by more definitive tests. In this regard, it is interesting that in Patient 1 the incidental finding of renal uptake on the Ga-67 scan (Fig. 1) prompted further workup, resulting in a diagnosis of renal tuberculosis.

Follow-up scans in our patients showed good correlation between scan findings and clinical response to treatment. Gallium-67 scanning may well play an important role in the long-term management of extrapulmonary tuberculosis.

ACKNOWLEDGMENT

We are grateful to Mrs. Jan Dysarz for preparing the manuscript.

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ERRATUM

In the Letter to the Editor entitled "In-111-labeled Platelets or Iodinated Fibrinogen for the Detection of Deep Venous Thrombosis" by Milo M. Webber, et al., appearing in *J Nucl Med* 20: 459, 1979, coauthor Leslie R. Bennett's name was omitted.