the day at different times can be done readily. We do not agree that the coincidence counting method will cure all of the problems of thyroid uptake measurements.

S. CHERVU
L. R. CHERVU
P. N. GOODWIN
L. M. FREEMAN
D. M. MILSTEIN
M. D. BLAUFOX
Albert Einstein College of Medicin

Albert Einstein College of Medicine Montefiore Medical Center New York, New York

#### REFERENCES

- CHERVU S, CHERVU LR, GOODWIN PN, et al: Thyroid uptake measurements with I-123: Problems and pitfalls: Concise communication. J Nucl Med 23:667-670, 1982
- WHITING JS, LEE WNP, MPANIAS PD, et al: Determination of spatially distributed iodine thyroidal activity using coincidence counting. Phys Med Biol 26:921-924, 1981

# Re: Attenuation Compensation in Single-Photon Emission Tomography: A Comparative Evaluation

I wish to offer two criticisms of the recent article by Lewis et al. (1) in which the following methods of attenuation compensation were compared: (a) filtered back-projection; (b) exponential ray-sum combining method; (c) geometric-mean corrector; and (d) iterative least-squares steepest-descent method. The authors concluded that "the additional expense of the iterative method is not justified under the conditions of this study." I suggest that this conclusion was reached primarily because their choice of an iterative procedure was inadequate.

First, the  $\chi^2$  function minimized by their iterative method did not contain any weighting factor for the random error of each projection-ray measurement. This might well explain the worse sum-of-squares error (SSE) that resulted from their iterative reconstructions of the low-count simulated data presented in Table 1. It may also affect the accuracy of lesion size determinations.

Second,  $\chi^2$  minimization using the steepest-descent method is significantly slower than the method of conjugate gradients, which converges in about ten iterations (2). Another iterative technique (3), based on the method of Chang (4), has been shown to be capable of providing absolute activity measurements in only three iterations by repeatedly applying a first-order correction during the analytic reconstruction of each iteration's error projections. If an array processor were available, the reconstruction time for this type of iterative procedure could be comparable to that of the noniterative reconstruction methods.

STEPHEN C. MOORE

Harvard Medical School and Brigham & Women's Hospital Boston, Massachusetts

### REFERENCES

- LEWIS MH, WILLERSON JT, LEWIS SE, et al: Attenuation compensation in single-photon emission tomography: A comparative evaluation. J Nucl Med 23:1121-1127, 1982
- BUDINGER TF, GULLBERG GT, HUESMAN RH: Emission computed tomography. In *Image Reconstruction from Pro*jections: *Implementation and Applications*. G. T. Herman, Ed. New York, Springer-Verlag, 1979, pp 147-246
- MOORE SC, BRUNELLE JA, KIRSCH C-M: Quantitative multidetector emission computerized tomography using iter-

- ative attenuation compensation. J Nucl Med 23:706-714, 1982
- CHANG LT: A method for attenuation correction in radionuclide computed tomography. *IEEE Trans Nucl Sci* NS-25:638-643, 1978

# Re: Attenuation Compensation in Single-Photon Emission Tomography: A Comparative Evaluation

There exists a tendency among nuclear medicine users of digital image processing to do lengthy computer work without paying due attention to the theory behind the image processing.

The paper referred to (1) is a typical example in which the authors confuse two very different problems in this field: image enhancement and restoration, and image analysis. Filtering in the reconstruction of images (paragraph B in the paper) belong to the first type of problem. Establishing relationships between an image and a template ("reference image") is a problem in image analysis to obtain a description of its properties. When the description refers to specific parts (regions or objects) in the picture, the technical literature speaks of "segmentation operations" (thresholding, edge detection, matching, and tracking). When these properties do not depend on the number of counts at each pixel but only on the relative positions of the points, we are talking of "geometrical operations," and when we are involved with properties of parts of the image and its relationships, "description operations" are required.

By calculating the SSE index for different images (obtained by the authors using different activity ratios and restoration methods), we are measuring a specific picture characteristic (perhaps texture). When using the Lesion Size index we are measuring a different property and, a priori, there should be no correlation between them.

Finally, the specialized literature (2,3) provides specific techniques to optimize restoration algorithms based on a-priori knowledge of the degradation function, the noise, constraints on the solution of the restoration algorithms (least-squares Winer filtering, residual statistical or average properties, etc.), or particular combinations (as in proposals A, B, C and D of this paper), in which a priori knowledge of the attenuation coefficient is considered. In this kind of discussion (Ref. 4 is a good example) phantom images are used for performance tests of the mathematical solution, but they are not used to extract information from the reconstructed image.

MAURICIO VERGARA Instituto Radiaciones Médicas Santiago, Chile

### REFERENCES

- LEWIS, MH, WILLERSON JT, LEWIS SE, et al: Alternation compensation in single-photon emission: A tomography comparative evaluation. J Nucl Med 23:1121-1127, 1982
- ROSENFEID A, AVINASH CK: Digital Picture Processing. Academic Press, 1976
- CAPELLINI V, et al: Digital Filters and Their Applications. Academic Press, 1978
- MOORE SC, BRUNELLI JA, KIRSCH C-M, et al: Quantitative multi-detector emission computerized tomography using iterative attenuation compensation. J Nucl Med 23:706-714, 1982

### Reply

The purpose of our work was highly focused in its scope, namely, to investigate a specific property of some selected reconstruction