

Extrapolating that the method should be used to differentiate malignant bone lesions from a basket containing a whole variety of benign lesions including "... arthrosis deformans, spondylosis deformans, chondroma, osteochondroma, fracture, acute and chronic osteomyelitis..." is erroneous. Such lesions contain both lamellar and woven bone, hence the overlap in the results obtained is not surprising.

Differential diagnosis should be attempted only when there is a clear separation between lamellar and woven bone. We have found indeed that the T/F ratio values in untreated osteomyelitis were similar to those found by Kosuda et al. in "benign" lesions and that the T/F ratio decreased significantly after successful treatment (unpublished data). We believe that monitoring treatment which results in woven bone changing into lamellar bone, and not necessarily differential diagnosis, will be the main indication for using the T/F ratio.

We conclude by again stressing the point that there is a difference in uptake of technetium-99m-labeled phosphates between lamellar and woven bone and that this difference should be discriminately explored by nuclear medicine techniques.

#### References

1. Israel O, Front D, Frenkel A, et al: 24-hour/4-hour ratio of Tc-99m methylene diphosphonate uptake in patients with bone metastases and degenerative bone changes. *J Nucl Med* 26:237-240, 1985
2. Arnold JS: Mechanisms of fixation of bone imaging radiopharmaceuticals. In *Studies of Cellular Function Using Radiotracers*, Billingham ME. Boca Raton, Florida, CRC Press, 1980, pp 115-144

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#### Correction: NMR Physics and Instrumentation Diplomates

The following diplomates certified by the American Board of Science in Nuclear Medicine, Inc. "NMR Physics and Instrumentation" were inadvertently omitted from a list appearing in *J Nucl Med* 27:302-303, 1986: John R. Ferrell, Roberta C. Locko, and Albert L. Wiley.