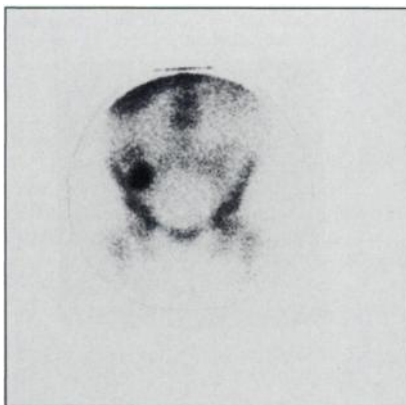


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## FIRST IMPRESSIONS

The <sup>111</sup>In-leukocyte scan visualized leukocyte accumulation in the abdominal right lower quadrant, typical of abscess formation. Was this an abscess or something else?  
For acquisition information, turn to page 1722.



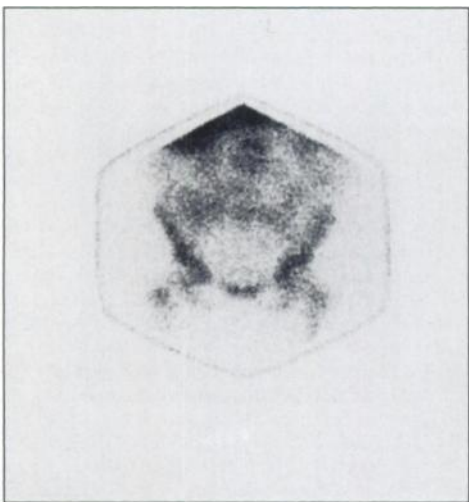
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(continued from page 1560)

**FIRST IMPRESSIONS:  
FOCAL INTRA-ABDOMINAL INDIUM-111-LEUKOCYTE ACCUMULATION: IS IT ALWAYS AN ABSCESS?**



**FIGURE 1.**



**FIGURE 2.**

**PURPOSE**

A 45-yr-old woman with acute liver failure secondary to acetaminophen overdose underwent  $^{111}\text{In}$ -leukocyte scintigraphy because of persistent fever. Twenty-four hour delayed spot images of the entire body revealed intense, focal  $^{111}\text{In}$ -leukocyte accumulation only in the lower right abdominal quadrant (Fig. 1) that was typical of abscess formation. Because abdominopelvic CT obtained 3 days earlier revealed no abnormality in this area, repeat imaging was performed 24 hr later and showed dispersal of labeled leukocytes throughout the colon (Fig. 2). This changing scintigraphic pattern was most consistent with localized ileocecal colitis rather than abscess formation. Colonoscopy 2 days later confirmed focal cecal inflammation and several large ulcers. This case illustrates two points: correlating the scintigraphic findings with current anatomic imaging modalities and the value of selective repeat, delayed imaging to avoid misdiagnosis of abscess formation.

**TRACER**

Autologous mixed leukocytes labeled with 0.5 mCi (18 MBq)  $^{111}\text{In}$ -oxine

**ROUTE OF ADMINISTRATION**

Intravenous

**TIME AFTER INJECTION**

24 and 48 hours

**INSTRUMENTATION**

Large field of view Siemens Basicam with a medium-energy collimator

**CONTRIBUTOR**

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