

atic controlled subjects would be needed. Such a study would be clinically relevant. A high percentage of patients with anginal-like pain due to esophageal dysfunction will respond to antacid therapy (15). However, in view of the limitations of current methods for predicting which patients will respond to H-2 blockers and other anti-reflux therapy, Stahl has recently pointed out that the best method for identifying such patients remains unknown (15). In particular, some patients with non-cardiac chest pain in whom an empiric therapeutic trial fails may still have reflux-related chest pain. Furthermore, esophageal studies including esophageal manometry, acid perfusion testing, edrophonium challenge and 24-hr esophageal pH monitoring, are "insensitive methods of determining which patients will respond to aggressive anti-reflux therapy" according to Stahl. Thus, while further research is needed, it is tempting to speculate that the scintigraphic finding of marked EGBR during ^{99m}Tc -sestamibi cardiac imaging studies may identify a potentially treatable noncoronary cause for chest pain.

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Erratum

In the case report, "Gallium-67 Imaging of Pericardial Lymphoma in AIDS," by Prvulovich et al. (June issue of *JNM*, pages 995-996), the administered dose of gallium in the section, Indications for Gallium Scintigraphy, was printed incorrectly. The correct dose was **120 MBq (3.2 mCi)** and not 20 MBq (3.2 mCi).