

recounted in 1–2 hr or the next day to exclude falsely elevated counts due to chemiluminescence.

#### **PART V: DISCLAIMER**

The Society of Nuclear Medicine has written and approved guidelines to promote the cost-effective use of high-quality nuclear medicine procedures. These generic recommendations cannot be applied to all patients in all practice settings. The guidelines should not be deemed inclusive of all proper procedures or exclusive of other procedures reasonably directed to obtaining the same results. The spectrum of patients seen in a specialized practice setting may be quite different than the spectrum of patients seen in a more general practice setting. The appropriateness of a procedure will depend in part on the prevalence of disease in the patient population. In addition, the resources available to care for patients may vary greatly from one medical facility to another. For these reasons, guidelines cannot be rigidly applied.

Advances in medicine occur at a rapid rate. The date of a guideline should always be considered in determining its current applicability.

#### **PART VI: ISSUES REQUIRING FURTHER CLARIFICATION**

None

#### **PART VII: CONCISE BIBLIOGRAPHY**

1. NIH consensus statement. *Helicobacter pylori* in peptic ulcer disease. *JAMA* 1994;272:65–69.

2. PYtest package insert. Draper, UT: Ballard Medical Products.
3. Soll AH. Consensus statement. Medical treatment of peptic ulcer disease—practice guidelines. *JAMA* 1996; 275:622–629.
4. Stubbs JB, Marshall BJ. Radiation dose estimates for the Carbon-14-labeled urea breath test. *J Nucl Med* 1993;34: 821–825.

#### **PART VIII: LAST HOUSE OF DELEGATES APPROVAL DATE**

June 7, 1998

#### **PART IX: NEXT ANTICIPATED APPROVAL DATE**

2000

#### **PART X: ACKNOWLEDGMENTS**

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#### **FIRST IMPRESSIONS Thoracic Uptake of Technetium-99m-HDP**



**Figure 1.**

#### **PURPOSE**

A 46-yr-old man with history of B-cell lymphoma who has been weight lifting for the past several months was referred for a bone scan to follow-up osseous metastasis. A <sup>99m</sup>Tc-oxidronate (HDP) whole-body scan (Fig. 1) showed markedly intense and symmetric increased soft-tissue uptake in the region of both pectoralis major muscles, which had a bat wings appearance. This striking extraosseous localization reflects sequelae of a muscle injury related to weight lifting. Prominent deltoid tuberosities are likely due to stress reaction related to this exercise as well. Otherwise, stable bone scan appearance compared with 6 mo earlier.

#### **TRACER**

Technetium-99m-HDP (960 MBq)

#### **ROUTE OF ADMINISTRATION**

Intravenous injection

#### **TIME AFTER INJECTION**

2 hr

#### **INSTRUMENTATION**

GE Maxxus (Milwaukee, WI) gamma camera equipped with low-energy, all-purpose, parallel-hole collimator

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