

RAO to 45° LPO arc is used for the 180° acquisition. There are obvious differences between 180° and 360° images in the right-posterior region of the phantom patient. These simulation and experimental phantom results are consistent with those reported from a clinical study which compared filtered 180° and 360° images using <sup>99m</sup>Tc-sestamibi and found no significant difference between 180° and 360° images with respect to either the diagnostic accuracy or defect contrast (18).

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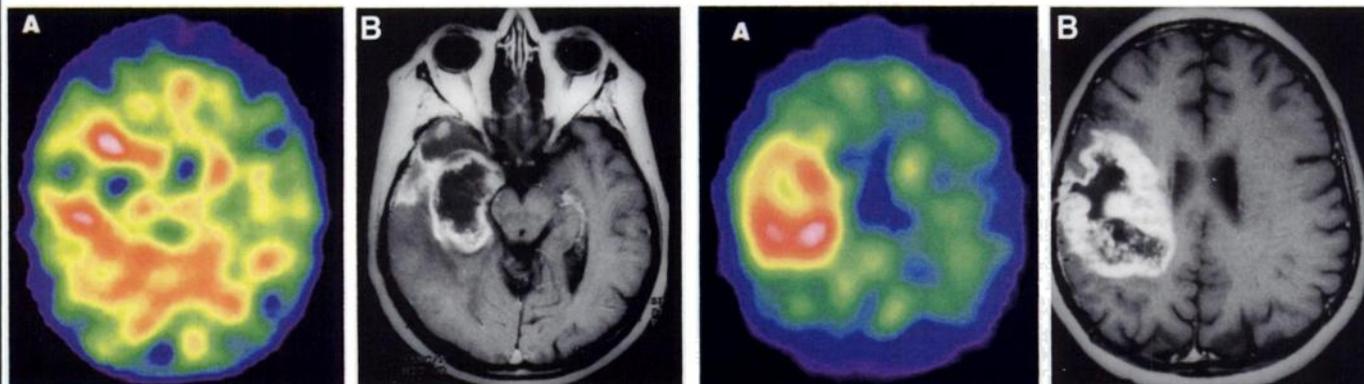
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#### Erratum

Due to a printer error, Figures 1A and 2A in the article, "Diagnosis of Recurrent Glioma with SPECT and Iodine-123- $\alpha$ -Methyl Tyrosine" by Kuwert et al. (*J Nucl Med* 1998;39:23-27) were reversed. The images are reprinted correctly below.



**FIGURE 1.** Minor IMT uptake in the contrast-enhancing rim of a postsurgical defect (A; transaxial) presented together with the corresponding postgadolinium T1-weighted MRI scan (B) in a patient without clinical deterioration during 13 mo of follow-up after surgery for a glioma IV (Patient 7; IMT uptake ratio = 1.49). The SPECT image is calibrated to its own maximum, with white and red indicating the highest values.

**FIGURE 2.** Marked IMT uptake in the contrast-enhancing rim of a postsurgical defect (A; transaxial) presented together with the corresponding T1-weighted postgadolinium MRI scan (B) in a patient with recurrence of a glioma IV (Patient 24; IMT uptake ratio = 2.24).