## THE AUTHORS' REPLY

We appreciate the courtesy shown us by Oak Ridge Associated Universities in discussing their results with us before submitting their Letter to the Editor.

The reason for the publication of the incorrect liver radiation dose (0.17 rads/mCi instead of 0.43

rads/mCi) was the inadvertent use of a shorter biologic half-life for the liver.

E. LEBOWITZ
H. L. ATKINS
Brookhaven National Laboratory
Upton, New York

## THE PANCREAS SCAN IS A FUNCTIONAL STUDY

Many articles with contrasting viewpoints in regard to the value of pancreatic scanning with  $^{75}$ Semethionine continue to appear (1-4). Most observers agree that the study does not contribute to the diagnosis of pancreatic carcinoma in an early stage. However, active pancreatitis is characterized by a virtual absence of nuclide uptake. The findings in



FIG. 1. Rectilinear scan of pancreas with <sup>75</sup>Se-methionine.

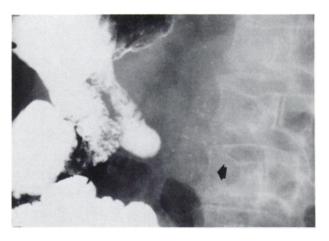


FIG. 2. Left oblique view taken during roentgenographic examination of upper digestive tract demonstrates pancreatic calci-

chronic pancreatitis probably relate to the severity of the process, either in localized areas or diffusely.

We were impressed with the unusual clarity of a pancreatic rectilinear scan done on a patient to "rule out carcinoma" (Fig. 1). This 79-year-old male had a partial gastrectomy (1942) for duodenal ulcers, an ancient history of pancreatitis, a nonfunctioning gallbladder, and the abdominal radiograph shown in Fig. 2. Pancreatic calcifications were seen on many other views as well. Although the calcifications are almost pathognomonic of chronic pancreatitis, this patient does not have any of the symptoms or any of the other clinical signs of chronic pancreatitis (diabetes mellitus or steatorrhea). This case would seem to bear out a view previously expressed (1) that scans may be of value in determining the degree of recovery from acute pancreatitis, at least in a clinical sense. This man has normal pancreatic function as far as his clinical health is concerned but obviously has a pancreas full of asymptomatic stones, which is not "normal." This should re-emphasize the need for many nuclear medicine procedures to be evaluated and reported as physiologic procedures and not simply as anatomic ones. The pancreatic scintigraph should be interpreted as a measure of function and not only as an anatomic image.

JOHN B. SELBY
GARY O. HUNTER
DON O. MOORE
Veterans Administration Hospital
Charleston, South Carolina

## REFERENCES

- 1. BACHRACH WH, BIRSNER JW, IZENSTARK JL, et al: Pancreatic scanning: A review. Gastroenterology 63: 890-908, 1972
- 2. WINSTON MA, GUTH P, ENDOW JS, et al: Enhancement of pancreatic concentration of \*Se-selenomethionine.

  J Nucl Med 15: 662-666, 1974
- 3. CHANDRA S, PREZIO JA: Successful modifications for pancreatic imaging. J Nucl Med 15: 935-937, 1974
- 4. MATTAR AG, LAOR Y: Improvement of pancreatic imaging. J Nucl Med 15: 707-708, 1974