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## REFERENCE

1. BARROWS GH, SAMOLS E, BECKER B: Quenching curves: Solutions by second-order polynomial regression. *J Nucl Med* 17: 1017-1018, 1976

## Reply

We wish to thank Dr. Paquet for his corrections. The signs of equations in Figs. 1 and 2 were erroneously transcribed on the figure for the manuscript. The errors in Table 1 resulted from a programming error occurring during revision of the manuscript causing A/B ratios to be listed under efficiency and utilized for calculating the corrected counts.

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case where poor technique was excluded as a contributory factor (2).

A similar observation was made on a patient who had hot spots in the upper arm and lung region after  $^{99m}\text{Tc}$ -MAA was injected in a peripheral vein by the recommended technique (Fig. 1). A previous lung scan showed no hot spots (Fig. 2). Venous angiography of the upper extremity excluded thrombophlebitis (Figs. 3A and 3B). The only difference between the two studies was that the congestive failure was growing worse, with pronounced elevation of central venous pressure (24 cm H<sub>2</sub>O), and prolongation of the circulation time as manifested by a marked delay in appearance of radioactive material in the lung.

Possibly, in addition to upper-extremity thrombophlebitis and faulty injection technique, hot spots may appear when the circulation is greatly slowed by congestive heart failure. Such stasis of the relatively undispersed bolus of radioactive material permits aggregates to form within the arm veins and be trapped in the lungs.

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## REFERENCES

1. LUTZER LG, PEREZ LA: Radioactive embolization from upper extremity thrombophlebitis. *J Nucl Med* 16: 241-242, 1976
2. PRESTON DF, GREENLAW RH: "Hot spots" in lung scans. *J Nucl Med* 11: 422-425, 1970

## "Hot Spots" in Lung Scans

Lutzer and Perez have recently shown radioactive embolization from upper extremity thrombophlebitis (1) in a

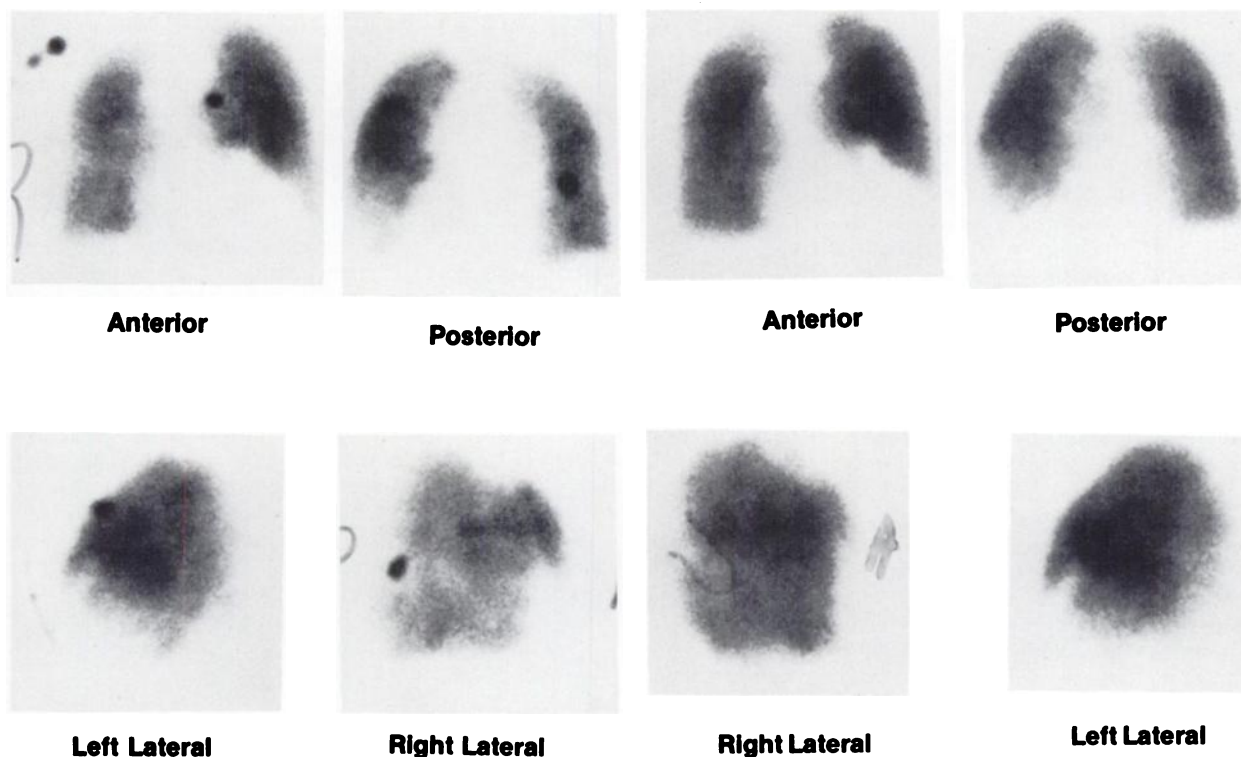


FIG. 1. Hot spots are seen in right upper arm and lung.

FIG. 2. Lung scan taken 3 days before scan in Fig. 1.