

critique and comparison of various noninvasive methods of determining the efficacy of an intervention in limiting infarct size, and I believe that this is the major importance of their work.

I don't feel that "infarct sizing" is ready yet for general clinical application, but await with interest further developments in this very important field.

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2. PAGE DL, CAULFIELD JB, KASTOR JA, et al: Myocardial changes associated with cardiogenic shock. *N Engl J Med* 285: 133-137, 1971
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Inexpensive EKG Gate for Computer-processed Cardiac Motion Study

It came to my attention that a pull-up resistor was not shown in the accompanying figure for my recent paper (1). A 1K resistor between the output pin of the comparator (LM 311) and the 5-volt power supply will serve the function as pull-up resistor and ensure proper voltage swing for the following stage.

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REFERENCE

1. KAN MK: Inexpensive EKG gate for computer-processed cardiac motion study. *J Nucl Med* 19: 320-321, 1978

Lung Uptake of Indium-111 Chloride

In-111 chloride has been used to visualize the bone marrow or tumors (1-6). Its uptake in the lungs, however, has not been reported in the literatures. We have encountered two cases showing pulmonary retention of this tracer.

Case 1. A 53-year-old male was referred to our hospital for treatment of leukemic lymphoblastic lymphoma. Seven cycles of combined chemotherapy were performed, including vincristine, cyclophosphamide, adriamycin, and prednisolone. The patient then developed leucopenia. To evaluate the bone-marrow distribution, whole-body scanning was performed starting 48 hr after the administration of 2 mCi of In-111 chloride, using a whole-body scanner equipped with a 5-in. high-energy collimator. Settings were as follows: 20% window centered around 247 keV, intensity setting 750, scanning speed 360 cm/min, line spacing 4 mm, minification on the film 1:3. The scintigram showed no tracer activity in the bone marrow but increased uptake in the kidneys and lungs (Fig. 1). Conventional chest radiographs, on the other hand, showed no abnormalities. Clinical examination of the respiratory system was considered nor-

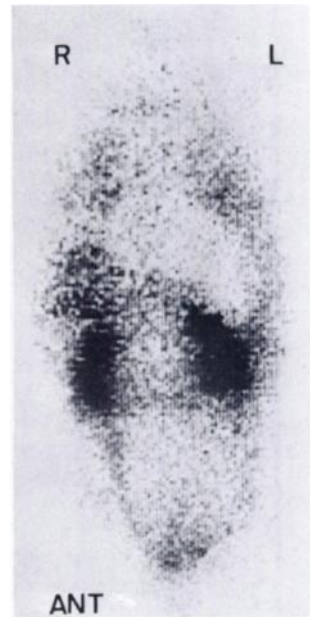


FIG. 1. Anterior whole-body scan, showing unusual In-111 uptake in both lungs and kidneys.

mal. During the subsequent 12 mo he has fully recovered and no pulmonary complications have occurred.

Case 2. A 65-year-old female was admitted to our hospital suffering from cervical tumors. Clinical examination revealed stage III diffuse histiocytic lymphoma. She was treated with total nodal irradiation (2,000-4,000 rads) and combined chemotherapy, including vincristine, procarbazine, cyclophosphamide, and prednisolone. Pancytopenia developed. In-111 whole-body scanning was performed. The scintigram showed increased tracer activity in the kidneys

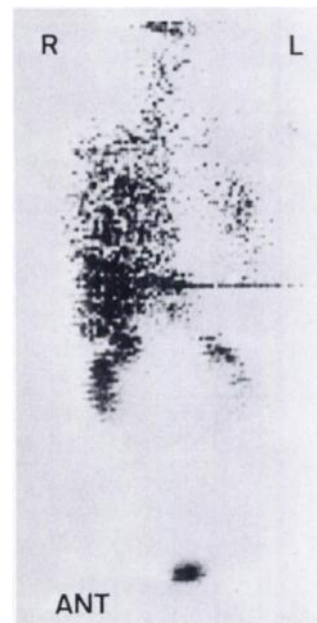


FIG. 2. Anterior torso scan, showing unusual In-111 uptake in both lungs and kidneys.