

ABSTRACTS OF CURRENT LITERATURE

also of value to exclude clinically suspected obstruction. The value of this finding is the avoidance of unnecessary ureteral catheterization.

**The Dynamic Uterus Revealed by Time-Lapse Echography.** B. Buttery and G. Davison. *J Clin Ultrasound* 6: 19-22, 1978.

Sequential ultrasonic scans of the uterus of four pregnant patients, obtained at intervals from 30 sec to 10 min, showed striking dynamic changes. Gain settings and planes of the scans were not altered throughout the sequences. The position of the placenta relative to the uterus was observed to change rather markedly. On an initial scan transient thickening of the posterior uterine wall was interpreted as a submucosal fibroid, but on a scan performed approximately 30 sec later the thickening was absent. An impression of a posterior uterine wall septum also disappeared on a subsequent study. The authors feel that normal physiologic contractions of the uterus during pregnancy were responsible for these dynamic artifacts and caution that the appearances may simulate abnormalities of both uterus and placenta. Because of the slow and rhythmic nature of the contractions, neither sector nor real-time scanning is likely to detect these features. By maintaining constancy of patient position, machine calibration, and scanning plane, sequential gray-scale studies were most effective in demonstrating such dynamic changes.

**The Ultrasonic Demonstration of Gastric Lesions.** V. J. Mascarello, G. F. Carrera, R. L. Telle, M. Berger, H. H. Holm, and E. H. Smith. *J Clin Ultrasound* 5: 383-387, 1977.

In a series of 15 patients with circumferential gastric antral disease, ultrasonic studies were characteristic in 93%. On the longitudinal scans an ovoid anechoic area was observed posterior to the dorsal border of the liver, and this area contained a region of dense central echoes. Similar findings that corresponded to this region were found in the transverse plane as well. The authors propose that the an-

choic region represents thickening of the gastric antral wall secondary to a variety of disease processes such as gastric carcinoma, lymphoma, metastatic disease, and inflammation. The dense central echoes were felt to represent the gas-filled gastric lumen. In a study of 50 patients without known gastrointestinal disease, this "ring-sign" was found in only one patient, representing the single false-positive scan. In addition to the identification of a pathologic process in the region of the gastric antrum, ultrasonography provides a noninvasive method of monitoring therapeutic response during the followup period. Percutaneous biopsy may be accomplished under ultrasonographic guidance as well.

**Ultrasonography in Tumors Arising from the Spine and Bony Pelvis.** L. A. deSantos and H. M. Goldstein. *Am J Roentgenol* 129: 1061-1064, 1977.

Four patients are presented in whom ultrasonography proved helpful in the evaluation of the soft-tissue components of bony tumors. The soft tissue components in two patients with giant cell tumors, and one each with Ewing's sarcoma and a sacrococcygeal teratoma, were examined. The ultrasonographic technique proved of value in defining all dimensions of the soft tissue mass allowing proper planning of radiotherapy portals and depth dose calculations. The relationships of the tumor mass to adjacent viscera can be established with this procedure and results of therapy can be assessed sequentially on followup studies.

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ERRATUM

In the article entitled "Collimator Evaluation for TI-201 Myocardial Imaging," by H. Nishiyama et al., appearing in *J Nucl Med* 19: 1067-1073, 1978, the second sentence in the legend to Fig. 4 should read as follows: "Defect is seen on lower portion of lateral wall just above apex in PHC image in anterior view (lower row)." A corrected Table 2 in the same article is printed below.

TABLE 2. DETECTION RATE (%) OF MEDIUM-SIZED LESION

Distance	HRC		CONV		PHC	
	5 cm	10 cm	5 cm	10 cm	5 cm	10 cm
<b>Endocardium</b>						
ANT	89	44	33	11	89	89
LAT	100	100	78	44	100	100
<b>Epicardium</b>						
ANT	100	100	100	100	100	100
LAT	100	100	100	100	100	100