midline due to lordosis (*6*). Our patient had marked kyphoscoliosis to the right as seen on the bone scan; consequently, the liver scan showed an abnormality along the margin of the right hepatic lobe. This might be explained either by indentation of the liver or by photon absorption due to the deformed spine. We think the latter more likely in this case. This is felt to be so because the defect is seen only in the right lateral position and not on the others. The subsequent bone scan (Fig. 2) also confirmed that the exact area of the liver scan abnormality corresponds to the spinal anomaly.

Whenever doubt exists regarding the interpretation of the liver scan, extra studies should be done to elucidate the diagnostic problem. These may include I-131 rose bengal studies for gallbladder fossa (*4,6,8,9*), the recently developed Tc-99m iminodiacetic acid (HIDA), Tc-99m pyridoxylideneglutamate,or renal scans for retroperitoneal masses, or rapid sequential cardiac images to define the impression of the superior border of the left lobe (*10*). Most important, however, is careful physical examination, which should be performed on every patient who is referred to a nuclear medicine department.

WEI-JEN SHIH
Orlando Regional Medical Center, Inc.
Orlando, Florida

NICHOLAS G. NOLAN
Washington Hospital Center
Washington, DC

REFERENCES

1. SEYMOUR EQ, PUCKETE SE, EDWARD J: Pseudoabnormal liver scans secondary to residual barium in the bowel. *Am J Roentgenol* 107:54–55, 1969
2. CHAUDHURI TK: False positive liver scan caused by dextrogastria. *J Nucl Med* 17:1109, 1977 (Letter to the Editor)
3. CHAUDHURI TK: Caution in interpretation of liver scan in presence of hypernephroma. *J Urol* 114:481, 1975 (Letter to the Editor)
4. FREEMAN LM, MENG CH, JONSON PM, et al: False positive liver scans caused by disease processes in adjacent organs and structures. *Br J Radiol* 42:651–656, 1969
5. BOLICH PR, TYSON IB: False-positive liver image due to localized hepatic thinning. *Radiology* 109:139–140, 1973
6. COVINGTON EE: Pitfalls in liver photoscans. Am J Roentgenol 109:745–748, 1973
7. CHAUDHURI TK: Extrahepatic lesions causing false-positive liver scans. *Virginia Med Month* 103:129–165, 1976
8. SHIH WJ, CHEN TB: An iodinated rosebengal study for gallbladder indentation in the radiocolloid liver scan. *Chinese Medical J* 22:76–82, 1975
9. COVINGTON EE: The gallbladder fossa in liver photoscans. *Am J Gastroenterol* 59:262–266, 1973
10. YEH EL, POHLMAN GP, MEADE RC: Liver-heart imaging in evaluating hepatic focal defect. *J Nucl Med* 16:896–898, 1975

Tc-99m Glucoheptonate Renal Imaging: Congenital Mesoblastic Nephroma

The mesoblastic nephroma is the most common renal neoplasm seen during the first few weeks of life (*1*). The tumor is also referred to as leiomyomatous hamartoma, fetal mesenchymal hamartoma, and fetal renal hamartoma. It must be distinguished from the congenital and potentially malignant Wilms' tumor (*2*).

Clinically, the most common presenting feature of a mesoblastic nephroma is a large asymptomatic flank mass, as was noted in our newborn patient. Our evaluation consisted of a standard radiograph of the abdomen, which showed a large mass without calcification, and an ultrasound examination, which confirmed a solid left renal mass. A Tc-99m glucoheptonate (2 mCi) renal scan demonstrated two functioning kidneys with marked discrepancy in size. No focal defects were noted (Fig. 1). At surgery a large left renal tumor was removed. The sections indicated that the tumor was a mesoblastic nephroma.

In general, renal tumors in children—such as Wilms' tumor, mesoblastic nephroma, hypernephroma, and angiomyolipoma—produce focal renal defects with radionuclide imaging. The patient illustrated is an exception. The histopathology of the tumor explained the scintigraphic appearance. The kidney was infiltrated by a mass composed of fibrous and mesenchymal stroma that isolated and surrounded islands of normal glomeruli and tubules, but with preservation of complete nephrons. The tracer was con-

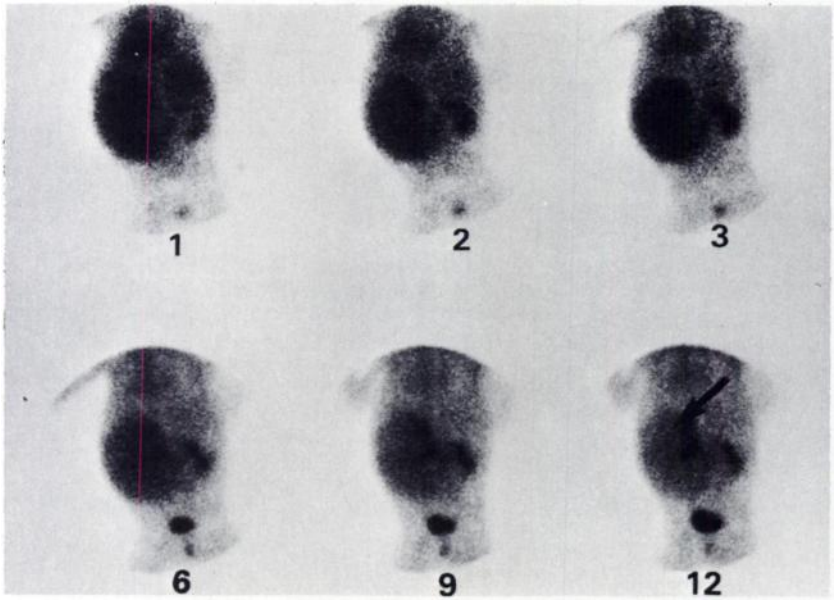

FIG. 1. Tc-99m glucoheptonate renal images, posterior view. Note two functioning kidneys. Arrow marks kidney with large mesoblastic nephroma.

sequently filtered and attached to the renal tubules within the tumor, producing the scintigraphic appearance of a large functioning kidney.

J. R. STY
H. OECHLER
Milwaukee Children's Hospital
Milwaukee, Wisconsin

REFERENCES

1. BOLANDE RP, BROUGH AJ, IZANT RJ: Congenital and infantile neoplasia of the kidney. *Lancet* 2: 1497-1503, 1974
2. GILCHRIST GS, KELALIS PP: Tumors and related disorders *Clinical Pediatric Urology*. Kelalis PP, King LR, Belman AB, eds. W. B. Saunders, 1976, pp 915-917

ANNOUNCEMENT

The Education and Research Foundation of the Society of Nuclear Medicine welcomes applications for two of its projects.

Student Fellowship Program: This educational project is designed to stimulate interest among students in the United States and Canada in the field of nuclear medicine. It will make it possible for interested and qualified students to spend elective quarters and summers in active nuclear medicine laboratories working and associating with experts in the field. Maximum grant: $3,000. Application letters in duplicate, including a description of the project and budget, should be sent to Merle K. Loken, President of the E & R Foundation, c/o Society of Nuclear Medicine, 475 Park Avenue South, New York, NY 10016.

Pilot Research Grants in Nuclear Medicine: The goal of this research support is to provide limited sums of money to scientists to support deserving projects that are pilot in nature. It is hoped that it will make it possible for nuclear medicine scientists to apply for small sums of money for clinical and basic research, and to get a decision within a short time following application. The grants will not support salaries, major equipment purchases or travel, but are designed to provide essential materials so that innovative ideas can be quickly tested. Maximum grant: $3,000. Application forms are available from Merle K. Loken, President of the E & R Foundation, c/o Society of Nuclear Medicine, 475 Park Avenue South, New York, NY 10016.

5th ANNUAL WESTERN REGIONAL MEETING SOCIETY OF NUCLEAR MEDICINE

October 9-12, 1980 **Marriott Hotel Los Angeles Airport** **Los Angeles, California**

The 5th Annual Western Regional Meeting of the Society of Nuclear Medicine will be held October 9-12, 1980 at the Marriott Hotel.

Invited Guest Lecturers are David Rollo, M.D., Ph.D., Director of Nuclear Medicine at Vanderbilt University and H. William Strauss, M.D., Director of Nuclear Medicine at Massachusetts General Hospital.

The Special Program will be "Instrumentaton for the 80's" Panelists: John Verba, Ph.D., Michael Phelps, Ph.D., Leon Kaufman, Ph.D., David Williams, Ph.D., David Rollo, M.D., H. William Strauss, M.D., with L. Stephen Graham, Ph.D. serving as the moderator.

The 5th Annual Western Regional Meeting will have commercial exhibits and all interested companies are invited. Please contact the Western Regional office at the address listed below.

Seven refresher courses are scheduled as follows: 1. Nuclear Medicine Instrumentation, Ernest Garcia, Ph.D. 2. Update on Assessment of Cardiac Function, William Ashburn, M.D. 3. Update on Assessment of Myocardial Profusion, Heinz Schelbert, M.D. 4. Imaging Studies of the Gastrointestinal Tract, Robert Stadalnik, M.D. 5. Diagnosis and Therapy of Thyroid Disease, Lawrence Greenfield, M.D. 6. Update on Bone Imaging, Frederick Mishkin, M.D. 7. Current Concepts of Radioimmunoassay, Albert Nichols, M.D.

For further information please contact:

Justine Parker, Administrative Coordinator
Western Regional Office
PO Box 40279
San Francisco, CA 94140
Tel: (415) 647-0722