

three-phase bone scan increases the sensitivity of bone imaging for this disorder. I have found that this point is not well known. I must admit that I was unaware at the time of its original publication of an even earlier presentation of the use of the three-phase bone scan in the early diagnosis of heterotopic ossification by Freed et al. (3). Hopefully, the use of the three-phase bone scan will be further studied in this patient population.

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References

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2. Drane WE: Myositis ossificans and the three-phase bone scan. *American Journal of Roentgenology* 142:179-180, 1984
3. Freed JH, Dreisbach JN, Hahn H, et al: The use of the three-phase bone scan in the early diagnosis of heterotopic

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REPLY: We thank Dr. Drane for his kind comments concerning our article on heterotopic bone formation (HBF). We apologize for not acknowledging his publication. We were not aware that he had published images of one of the patients in our series who we initially evaluated and suggested that hyperemia, in the absence of soft tissue diphosphonate uptake, might be an early sign of actue HBF. This was one of many studies in our series which led us to conlude that radionuclide first-pass and blood-pool images increase the sensitivity of radionculide bone imaging in the evaluation of HBF. Although the patient published by Dr. Drane was the same, our figure is unique and has not been previously published. The valuable contribution of Freed et al., which was published in abstract form, was appropriately cited in our paper (Ref. 12).

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