

References

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2. Goodgold HM, Samuels LD. Misleading findings on indium-111 leukocyte images. *Clin Nucl Med* 1986; 11:392-395.
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REPLY: We acknowledge that one possibility for focal inguinal activity during indium-111 (¹¹¹In) platelet scintigraphy might be ¹¹¹In leukocyte uptake in inguinal lymph nodes. At first glance, the focal activity in the inguinal region in Fig. 7 of our paper appears to suggest nodal localization (1). However, in our opinion, this is extremely unlikely for the following reasons.

1. The degree of localization present at 4 hr is rather intensive. Indium-111 leukocytes accumulate more slowly in most inflammatory lesions. Datz et al. (2) identified only 33% of abdominal abscess at 1-4 hr compared to 24 hr. Furthermore, 70% of the studies showed more intense uptake at 24 hr. In addition, we would expect to see greater uptake in pelvic bone marrow if labeled WBCs were present as a contaminant.

2. Minimal leukocyte contamination in each of our labeled-cell preparations was verified by microscopic examination. Unlike Goodgold and Samuel's experience of "an abundant number of leukocytes", our experience has always demonstrated little contamination with leukocytes. The maximum contamination we have observed was 3%, the largest fraction of which were red cells. Although we have not determined the radioactivity distribution among the various cells present, only a few microcuries at the most would be associated with leukocytes. The degree of inguinal localization in the patient described above is not consistent with their hypothesis.

3. The patient did not have palpable lymphadenopathy and did not have signs or symptoms referable to the inguinal regions.

4. Tracer localization in normal lymph nodes related to subcutaneous extravasation has been reported. Wallis et al. (3) have observed localization of technetium-99m methylene diphosphonate in apparently normal lymph nodes proximal and ipsilateral to the injection site. This was not a considera-

tion in our patients, since they were all injected in an upper extremity. The example of ¹¹¹In leukocyte lymph node uptake published by Goodgold et al. (4) was confined to the left axilla and abdomen in a child with generalized lymphadenopathy. We wonder if the axillary focus might have been related to extravasation during injection in the left arm.

5. Finally, ¹¹¹In platelet localization has been reported at sites of inflammation/infection (5). Focal localization of ¹¹¹In platelets in inflamed inguinal lymph nodes would be an alternate clinical consideration, but would usually be a unilateral process.

References

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4. Goodgold HM, Samuels LD. Misleading findings on Indium-111 leukocyte images. *Clin Nucl Med* 1986; 11:392-395.
5. Sugarman HJ, Tatum JL, Hirsh JI, et al. Gamma scintigraphic localization of platelets labelled with indium-111 in a focus of infection. *Arch Surg* 1983; 118:185-189.

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Correction: Table Corrections

In the article by Spinks et al. "Performance Characteristics of a Whole Body Positron Tomograph," (*J Nucl Med* 1988; 29: 1833-1841), Table 1 appears incorrectly. Please note corrected Table 1 below including author alterations.

Measurements of Axial Resolution at Different Distances from the Center of the FOV

Distance from center of FOV (cm)	Axial resolution (FWHM) mm			
	Direct plane		Cross plane	
	Septa in	Septa out	Septa in	Septa out
0	15.4	16.6	14.2	19.6
6	15.2	16.9	14.6	20.6
12	15.8	17.3	16.5	21.8
18	16.8	18.1	19.9	23.7