in the legend, they describe "increased lung uptake". Presumably, they imply diffuse lung uptake, but there appears to be increased uptake in the perihilar regions bilaterally which may be at the costochondral junctions rather than hilar or lung uptake.

We have stated that the absence of ^{67}Ga uptake in muscular distribution in our case may be related to prior steroid therapy. However, other factors such as predominant cellular infiltration by lymphocytes and plasma cells, but rarely by eosinophils on muscle biopsy, may be another reason for the lack of ^{67}Ga uptake (*2*).

We agree with the authors, that gallium lung uptake in eosinophilia myalgia syndrome (EMS) is a nonspecific finding. However, we believe the gallium scan could be used in defining the disease process and in monitoring the response to the treatment.

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Proposal of a Modified Scintigraphic Method to Evaluate Duodenogastroesophageal Reflux

TO THE EDITOR: We have read with interest the article of Borsato et al. (*1*) and concur with the idea that not only the severity of the reflux but also the duration of the reflux episode should be evaluated. An index taking into account the amount of refluxed ^{99m}Tc HIDA into the stomach multiplied by the duration of the reflux may offer an interesting parameter.

However, the question arises that there is no correlation between scintigraphic grading and the presence of alkaline exposure on pH monitoring (*1*) and if there is no correlation between the intensity of the reflux and the endoscopic findings (*2*), then why do we need an index? Is it not enough just to detect the reflux?

There are multiple causes for gastritis (*3*). Duodenogastric reflux, although not accepted by everybody (*4*), is one of them, but the endoscopic finding of damaged gastric mucosa does not give a clue about the origin of the damage. Therefore, we wonder if it is possible to find a correlation between the endoscopic findings and the detection of alkaline reflux, either by pH monitoring or by scintigraphic duodenogastric reflux. Let us review the data of Borsato et al. (*1*) in which there are 7 of 25 patients (28%) with gastritis, but in these 7 patients the scintigraphic findings as well as the pH monitoring were negative. Was this a gastritis due to alkaline reflux or to another etiology? Could the lack of correlation be due to differences in etiology of gastritis?

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REPLY: We appreciate the opportunity to reply to Dr. Roland's letter concerning our paper. Indeed, about one-third of our patients (28%) had gastritis and no evidence of pathologic duodenogastric reflux on scintigraphy and pH monitoring. Whether this reflects true absence of reflux or inaccuracy of the current tests is hard to know.

We agree with Dr. Roland that differences in the etiology of gastritis may explain the negative findings with the tests for reflux. As it was pointed out in the discussion of our paper, factors other than reflux, such as *Helicobacter pylori* infection, should be considered in the pathogenesis of antral gastritis (*1*).

Another problem may be the low dependability of the currently available tests in the detection of an increased frequency of sporadic reflux events (*2*). Quantitation of duodenogastric reflux is a formidable task, and at present there is no single test that can be used with confidence to assist in the choice of treatment for the individual patient (*3*).

Although the concerns raised by Dr. Roland are reasonable, we believe that further validation and development of the diagnostic techniques may help in understanding pathophysiology and in providing better management for symptomatic patients.

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Detection of Reversible Thallium-201 Defects With Ribose

TO THE EDITOR: In the February 1991 issue of *The Journal of Nuclear Medicine*, our paper showing that ribose increased the detection of reversible ^{201}Tl defects (*1*) was followed by an editorial (*2*) which raised the following general issues.

The editorial referred to the differences in the number of "reversible defects" observed at 1 hr and at 4 hr delayed imaging.

The numbers in the text and Figure 3B are both correct. The total number of reversible defects on either 1-hr or 4-hr delayed images was 75. The total number of reversible defects at 1 hr was 53 (Fig. 3A) and at 4 hr the number was 62 (Fig. 3B). Therefore, more (not less) reversible defects were seen on 4-hr than on 1-hr delayed imaging. There were 14 reversible defects seen on 1-hr and not on 4-hr delayed images, and there were 22 reversible defects seen on 4-hr and not on 1-hr delayed images. At present, we do not have a good explanation that proves why some regions exhibit redistribution at 1 hr but not at 4 hr. In the 13 patients with quantitative angiography, the percent stenosis of the arteries supplying regions showing reversible defects at 1 hr were not different from the percent stenosis of the arteries supplying the other regions showing redistribution at 4 hr (75% ± 6% and 76% ± 4% (mean ± s.e.m.), respectively).

The editorial is correct in the presumption that normally perfused regions were included in the saline-negative and ribose-negative category (along with fixed defects). All of the reversible defects occurred in regions supplied by arteries with significant stenoses in the patients in whom quantitative angiography was available. In Figure 5B, 25/29 (86%) of jeopardized vascular territories demonstrated reversible defects.

The editorial suggests that it might have been helpful to provide raw quantitative data on which the segmental assignment (RD+ or RD−) was based. We did specify the quantitative criteria upon which segmental assignments were based in the Methods section and reported quantitative ^{201}Tl myocardial clearance data as well. Potentially in the future, we could also try to quantitate the magnitude of the "fill-in" of a defect as a "% redistribution" value.

We agree with the need to compare this method with other methods of enhancing ^{201}Tl redistribution in this and other subsets of patients with coronary artery disease. It would also be of interest to study a group of patients with akinesis or dyskinesis, but that was not the focus of the present study.

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