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Erratum

Due to a production error, Figures 1C and 2C in the article, Liver Transplant Rejection and Cholestasis: Comparison of Technetium-99m-DISIDA Hepatobiliary Imaging with Liver Biopsies, by Kuni et al, which appeared in the August issue of the *Journal*, were printed as black and white instead of color. Color reproductions are printed below.

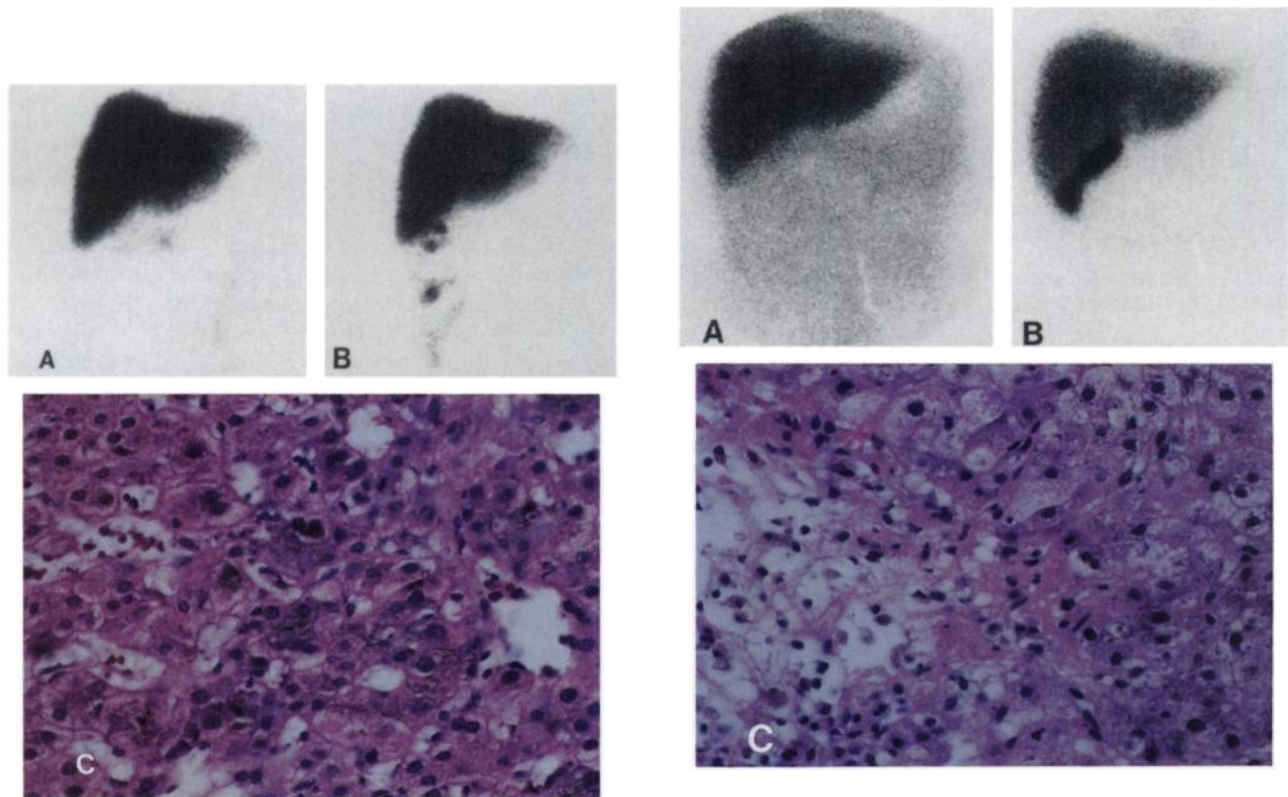


FIGURE 1. The cardiac blood pool is only barely visible at 1 min (A), indicating normal uptake. The 30-min image (B) shows intestinal radioactivity but no decrease in parenchymal intensity from 10 min, indicating severely abnormal excretion. Biopsy (C) shows normal hepatocytes (HD score = 0). Bile collections are seen in hepatocytes, canaliculi, and ductules (CS score = 2). These biopsy findings of normal hepatocytes and cholestasis correspond to the scintigraphic findings of normal uptake and impaired excretion.

FIGURE 2. The cardiac blood pool is prominent at 10 min (A), indicating abnormal uptake. The 30-min image (B) shows intestinal radioactivity and a decrease in parenchymal radioactivity from 10 min; this decrease is less than expected in a normal liver. These findings suggest moderately impaired excretion. Biopsy (C) shows hepatocyte damage manifested as ballooning degeneration and spotty necrosis (HD score = 6). Only minimal bile stasis is present (CS score = 1). These biopsy findings correspond to the scintigraphic findings of abnormal uptake and excretion.