

analysis of mean condensed images reflects the visual impression of a multiple swallow test. A parameter describing the progression of a bolus through the esophagus would be clinically useful to monitor the development of esophageal disease.

## REFERENCES

1. Drane WE, Karvelis K, Johnson DA, Curran JJ, Silverman ED. Progressive systemic sclerosis: radionuclide esophageal scintigraphy and manometry. *Radiology* 1986;160:73-76.
2. Kazem I. A new scintigraphic technique for the study of the esophagus. *Am J Roentgenol Rad Therapy Nucl Med* 1972;115:681-688.
3. Klein HA, Wald A. Normal variation in radionuclide esophageal transit studies. *Eur J Nucl Med* 1987;13:115-120.
4. Bartlett RJV, Parkin A, Ware FW, Riley A, Robinson PJA. Reproducibility of esophageal transit studies: several single swallows must be performed. *Nucl Med Commun* 1987;8:317-326.
5. Tatsch K, Schroettle W, Kirsch CM. Multiple swallow test for the quantitative and qualitative evaluation of esophageal motility disorders. *J Nucl Med* 1991;32:1365-1370.
6. Jörgensen F, Hesse B Tromholt N, Højgaard L, Stubgaard M. Esophageal scintigraphy: reproducibility and normal ranges. *J Nucl Med* 1992;33:2106-2109.
7. Richter JE, Wu WC, Johns DN, et al. Esophageal manometry in 95 healthy adult volunteers. Variability of pressures with age and frequency of "abnormal" contractions. *Digestive Dis Sci* 1987;32:583-592.
8. Tatsch K, Voderholzer WA, Weiss MJ, et al. Simultaneous assessment of bolus transport and contraction parameters in multiple-swallow investigations. *J Nucl Med* 1992;33:1291-1300.
9. Klein HA. Improving esophageal transit scintigraphy [Editorial]. *J Nucl Med* 1991;32:1371-1374.
10. Åkesson A, Gustafson T, Wollheim F, Brismar J. Esophageal dysfunction and radionuclide transit in progressive systemic sclerosis. *Scand J Rheumatol* 1987;16:291-299.
11. Subcommittee for scleroderma criteria of the american rheumatism association diagnostic and therapeutic criteria committee. Preliminary criteria for classification of systemic sclerosis (scleroderma). *Arthritis Rheum* 1980;23:581-590.
12. Efron B, Tibshirani RJ. *An introduction to the bootstrap*. New York: Chapman & Hall; 1993.
13. Davidsson A, Russel C, Littlejohn GO. Assessment of esophageal abnormalities in progressive systemic sclerosis using radionuclide transit. *J Rheumatol* 1985;12:472-477.
14. Carette S, Lacourciere Y, Lavoie S, Halle P. Radionuclide esophageal transit in progressive systemic sclerosis. *J Rheumatol* 1985;12:478-481.
15. Sand A, Ham H, Piepsz A. Oesophageal transit patterns in healthy subjects. *Nucl Med Commun* 1986;7:741-745.

## FIRST IMPRESSIONS

A  $^{99m}\text{Tc}$ -pyrophosphate study was ordered to evaluate a recently transplanted kidney for acute tubular nephrocalcinosis. What was confirmed?  
For acquisition information, turn to page 1653.



mographic film-processor temperature, development time, and chemistry: effect on dose, contrast and noise. *Am J Roentgenol* 1989;152:35-40.

31. Kurata C, Kobayashi A, Yamazaki N. Dual-tracer autoradiographic study with thallium-201 and radioiodinated fatty acid in cardiomyopathic hamsters. *J Nucl Med* 1989;30:80-87.
32. Weinstein H, King MA, Reinhardt CP, McSherry B, Leppo JA. A method of simultaneous dual radionuclide cardiac imaging with  $^{99m}\text{Tc}$  and  $^{201}\text{Tl}$ .

Part I: analysis of inter-radionuclide crossover and validation in phantoms. *J Nucl Cardiol* 1994;1:39-51.

33. Reinhardt CP, Weinstein H, Wironen J, Leppo JA. Effect of triphenyl tetrazolium chloride staining on the distribution of radiolabeled pharmaceuticals. *J Nucl Med* 1993;34:1722-1727.
34. Villegas BJ, Reinhardt CP, Dahlberg ST, Heller LI, Leppo JA. Sestamibi distribution in viable and nonviable myocardium assessed independent of the vital stains [Abstract]. *J Nucl Med* 1994;35(suppl):152P.

(continued from page 1538)

### FIRST IMPRESSIONS: METASTATIC CALCIFICATIONS IN HYPERPARATHYROIDISM



FIGURE 1.



FIGURE 2.

#### PURPOSE

A 26-yr-old man with end-stage renal disease and secondary hyperparathyroidism was referred for a  $^{99m}\text{Tc}$ -pyrophosphate study to evaluate his recently transplanted kidney for acute tubular nephrocalcinosis. On physical exam, the patient was noted to have huge shoulders out of proportion to his thin stature, with a palpable doughy consistency. The  $^{99m}\text{Tc}$ -pyrophosphate scan revealed extensive globular, markedly increased tracer uptake overlying both shoulders with a focus of activity in the head of the left clavicle corresponding to a brown tumor seen on radiography (Fig. 1). Chest radiography revealed massive flocculent soft-tissue calcification in both the axillary and shoulder regions, consistent with secondary hyperparathyroidism (Fig. 2). Surgery demonstrated marked parathyroid gland hyperplasia.

#### TRACER

Technetium-99m-pyrophosphate, 22 mCi (814 MBq)

#### ROUTE OF ADMINISTRATION

Intravenous

#### TIME AFTER INJECTION

2 hours

#### INSTRUMENTATION

Hitachi Spectrum LFOV gamma camera with LEAP collimation

#### CONTRIBUTORS

Charles W. Sutter, David K. Shelton, University of California, Davis Cancer Center, Sacramento, CA