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Clemens Decristoforo
Georg Riccabona
University Clinic for Nuclear Medicine
Innsbruck, Austria

Lymph Node Visualization in the Elbow Region

TO THE EDITOR: We read with great interest the article by Ongseng et al. (*1*) on ipsilateral axillary lymph node visualization due to extravasation of ^{99m}Tc-MDP. There was, however, no description of lymph node uptake in the elbow region in their results listing 48 of 2435 (2%) of axillary lymph node visualization. We encountered a patient who had extravasation of a bone imaging agent in the wrist region resulting in visualization of lymph nodes in the ipsilateral elbow region on bone scintigraphy.

In a 73-yr-old man with a 40+ yr history of smoking referred for bone scintigraphy because of lung cancer in the right upper lobe with mediastinal lymphadenopathy and right pleural effusion, a total-body anterior bone image (Fig. 1) acquired 3 hr after intravenous administration of 22 mCi ^{99m}Tc-HMDP showed increased uptake in the patient's right shoulder. We also observed an area of activity in the right wrist, which was the known injection site with infiltration.

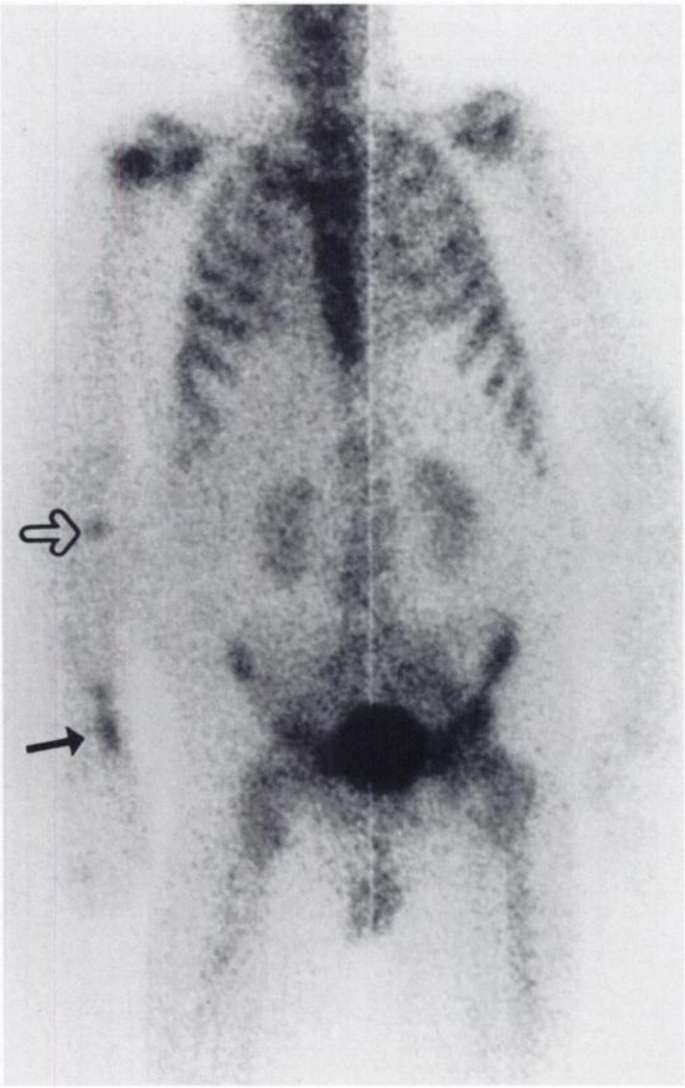

FIGURE 1. Total-body anterior bone image shows increased uptake in the right shoulder, suggestive of increased uptake in the left acetabulum and linearly increased radioactivity near the right wrist (arrow). Note the focal area of increased uptake near the elbow, possibly in the right proximal radius (open arrow).

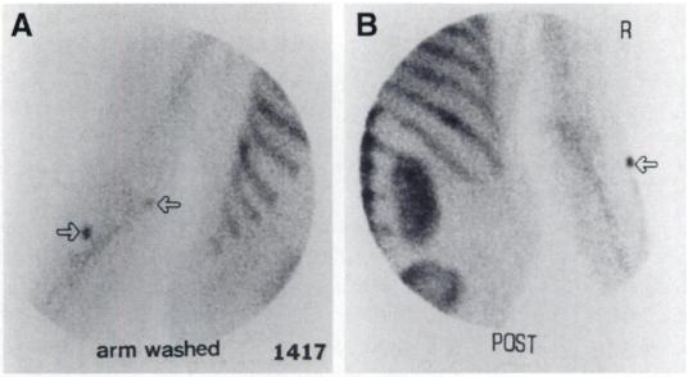

FIGURE 2. (A) Anterior image of the right elbow with slight rotation shows two discrete areas of uptake (open arrows) being separated from the joint or bone structure; the medial area is located in the superficial area of the soft tissue. (B) Posterior image of the right elbow shows focal uptake (open arrow) in the forearm in the superficial soft tissue and a suggestive lesion is seen in the right 10th rib posteriorly.

The abnormal area of activity near the elbow was thought to be urine contamination. Therefore, the patient's forearm and elbow regions were washed; two additional images were then obtained (Fig. 2).

Incidental axillary lymph node visualization after radiotracer subcutaneous infiltration of ^{99m}Tc-MDP into the antecubital region has been well documented (*2–6*). Our patient had extravasation of radiopharmaceutical around the dorsal part of the wrist leading to superficial lymphatic drainage to the lymph node near the elbow. The lymph node visualization might be misinterpreted as a lesion in the radius or as urinary contamination. After the patient's forearm and elbow were washed, two additional images depicted two discrete superficial foci in the elbow region, which were separated from the overlying bony structure, the elbow joint or were located in the superficial area of subcutaneous tissue. These foci were concluded to result from lymphatic drainage from the subcutaneous infiltration near the wrist.

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Wei-Jen Shih
Becky Wierzbinski
Sylvia Magoun
Department of Veterans Affairs Medical Center
University of Kentucky Medical Center
Lexington, Kentucky

Effective Communication on Radiation Risk: Who Is at Fault?

TO THE EDITOR: This communication addresses the Editorial "Scatter: Invasion from Mars" in the October 1995 JNM. I find it remarkably inconsistent with your previous professional writings. The use of generalizations and an attack on the issues of ignorance toward realistic radiation