

and subject to different signal intensity distribution due to the tumor heterogeneity of the magnetic resonance or PET signal. Despite this limitation, the center-of-mass distance was <2 mm, underscoring the accuracy of this method. This is probably due to the fact that the signal distribution of these particular tumors was relatively homogeneous because the tumors were relatively small (from 15×15 mm to 40×40 mm in diameter as defined by MRI) and the fact that the center of gravity is robust against the heterogeneity effect. Characteristics of these particular tumors do not affect the validity of the coregistration procedure because our method uses the normal structures not the tumors.

The grading system is for semiquantification of visual inspection using primary and metastatic lesions as internal fiducial markers. It is a reasonable approach to consolidate the accuracy of the measurement of each internal fiducial marker by the center-of-gravity distance because the grade was determined by the degree of coregistration of multiple markers. This is particularly useful in the head and neck regions, to which rigid-body assumption cannot be applied.

CONCLUSION

High-resolution PET with multisectional displays depicted normal FDG distribution in the head and neck region, which, in turn, allowed efficient coregistration of PET and MRI.

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Erratum

The labeling of "p" and "i" in Figure 2C in the article, "Dual-Head Pinhole Bone Scintigraphy," by Bahk et al. (*JNM* 1998;39:1444-1448) was printed incorrectly. The correct labeling would be the reverse of how they are marked.