CLINICAL CASE

A 65-year-old-male with the diagnosis of multiple myeloma and squamous cell carcinoma of larynx was evaluated for bone metastases. He underwent a whole body bone scintigraphy after an i.v. injection of 740 MBq of Tc-99m MDP. On the static images increased uptake of activity was observed in his right hand (fig. 1). The unusual localization and pattern of the images had given rise to the suspicion of metastasis and reflex sympathetic dys-

Selected intra-arterial injection of Tc-99m MDP

Inyección intra-arterial de Tc-99m MDP

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FIG. 1.—Whole body and spot images showed increased Tc-99m MDP uptake in the right hand, distal of the radius and all metacarpals and the distal phalanx of the first digit, the proximal and distal phalanges of the second and metacarpophalangeal joint of the third digit.

FIG. 2.—The x-ray of the right hand revealed no pathology.

FIG. 3.—A three phase bone scintigraphy was performed after injection it to the dorsum of the foot. The blood pool (A) and delayed images (B) were normal. The increased uptake of the tracer in the first scan has been attributed to the isolated intra-arterial injection of Tc-99m MDP into the right radial artery.

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trophy. A consecutive bone X-ray graphy (fig. 2) showed no abnormality. The authors decided to repeat the scintigraphy with an injection on the dorsum of the foot. The repeated three phase scintigraphy was normal (fig. 3) so the increased Tc-99m MDP uptake seen on the first scan (fig. 1) has been contributed to the intra arterial injection (radial artery) of the tracer.

REFERENCES