

In the case reported here, initial cardiac catheterization did show pulmonary venous blood desaturation with normal cardiac and pulmonary pressures; however, pulmonary angiography initially failed to show any evidence of intracardiac or intrapulmonary shunting. Eighteen months later the dynamic perfusion pulmonary study was done and showed that part of the labeled microspheres traversed the pulmonary vasculature and lodged in other systemic organs. This finding could not be accounted for on the basis of intracardiac shunting and therefore the diagnosis of pulmonary arteriovenous shunting at the arteriolar level was made and confirmed by conventional pulmonary arteriography. Clinicians should be aware that the presence of a right-to-left shunt demonstrated by static perfusion scan does not localize

the site of the lesion and that computer-assisted dynamic perfusion pulmonary scintigraphy is a valuable tool that helps in the evaluation and diagnosis of this unusual group of patients.

## REFERENCES

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3. GATES GF, ORME HW, DORE EK, Measurement of cardiac shunting with technetium-labeled albumin aggregates. *J Nucl Med* 12: 746-749, 1971
4. UTZON F, BRANDRUP F: Pulmonary arteriovenous fistulas in children. *Acta Paediatr Scand* 62: 422-432, 1973

## ERRATUM

Regarding the abstract, "Evaluation of Learned 'Puffing Response' of Monkeys with In-113m Labeled Smoke," by G. D. Robinson, Jr., and R. K. Siegel, included in the Proceedings of 21st Annual Meeting (*J Nucl Med* 15: 528, 1974), C. A. Johnson was inadvertently omitted as the third author.